

From: [Bloodworth, Dana](#)
To: [Smith, Susan](#)
Subject: 5th Grade Essay Contest Submissions
Date: Wednesday, May 14, 2014 1:34:10 PM
Attachments: [EssayContestSpreadsheet2014.xlsx](#)
[Essays2014.pdf](#)

Good Afternoon Susan,

Please find the Florida Missing Children's Day 5th Grade Essay Contest submissions attached. There is a spreadsheet listing all of the submissions and a PDF file containing scanned copies of all submissions.

The essays are numbered and grouped by region.

If you need any additional information, please let me know.

Thanks so much!!!

Dana M. Bloodworth

Government Analyst I

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2	FMROC	Maria Migueles-Kruglik	Bayshore Elementary
3	FMROC	Ciara Kelley	Blessed Trinity Christian School
4	FMROC	Kaylee Buehler	Pelican Elementary School
5	JROC	Rachel Woods	Callahan Intermediate School
6	JROC	Tanner Dawson	Hogan Spring Glen
7	JROC	Elissa Wannamaker	John Stockton Elementary School
8	JROC	Tony Johnson	Oakcrest Elementary School
9	JROC	Kennedi Ray	Parkwood Heights Elementary
10	JROC	Erik Garratt	Romeo Elementary School
11	JROC	Courtney Inman	Ward Highlands Elementary
12	JROC	Jayden Kelly	Youth Development Programs
13	MROC	Addison Gentile	All Saints Catholic School
14	MROC	Samantha Gelberg	Arthur I Meyer Jewish Academy
15	MROC	Jane Nguyen	Calusa Elementary
16	MROC	Joseph	Citrus Cove Elementary
17	MROC	Lorenzo Jayakantham	Crosspointe Elementary
18	MROC	Ema Antoeche	Cypress Trails Elementary
19	MROC	Ashanti Johnson	Freedom Shores Elementary
20	MROC	Alyssa Jones	Jupiter Elementary School
21	MROC	Genesis Kuffo	Lorah Park Elementary
22	MROC	Talula Foote	Palm Beach Virtual School
23	MROC	Herleyd Remy	Parkview Elementary School
24	MROC	Mia Guarnaccia	Parkway Christian School
25	MROC	Azhalia Pauline Pottinger	Royal Palm Beach Elementary
26	MROC	Aidan Miller	St. Joan of Arc School
27	MROC	Connor Wilt	Sunset Palms Elementary
28	OROC	Ashley Larkins	Basilica School of Saint Paul
29	OROC	Alexis La Rosa	Celebration K8 School
30	OROC	Jaylee Torres	Chestnut Elementary School
31	OROC	Hiranna Maldonado-Ortiz	Deerwood Elementary
32	OROC	Karina Jimenez	East Lake Elementary
33	OROC	Samuel P Zyak	First Baptist Christian School
34	OROC	Dena Lyman	Lockmar Elementary
35	OROC	Nikki Jeferson	Our Savior Catolic School
36	OROC	Rebekah Pratt	Ralph M Williams Elementary
37	OROC	Sydney Mulligan	St. Teresa School
38	OROC	Luis Martinez	The Conrad Academy
39	OROC	Zelle Towery	Trinity Christian School
40	PROC	Lindsey Moody	Deane Bozeman School
41	PROC	Banks Benitone	Destin Middle School
42	PROC	Rosslynn Roberts	Lynn Haven Elementary
43	PROC	Beckett Moser	St. Paul Catholic School
44	TBROC	Jaela Bandes	Berkeley Preparatory School
45	TBROC	Nina Vaughn	Bishop Larkin Catholic School

46	TBROC	Amelia Priede	Brooksville Elementary School
47	TBROC	RayQuez Simmons	Candelight Christian Academy
48	TBROC	Indu Parameswaran	Collins Elementary School
49	TBROC	Nicolas Machado	Corpus Christi Catholic School
50	TBROC	Alexis Christine Guzman	Millennium Academy
51	TBROC	Elizabeth Johnson	St. Paul Catholic School
52	TBROC	Missy Poe	West Hernando Christian School
53	TBROC	Grace Weaver	Westlake Christian School
54	TROC	Dina Cisneros	Florida State University Schools
55	TROC	Elijah Hunt	Lee Elementary School

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4001 Boggy Creek Rd.	Kissimmee	FL	34744	407-943-8450
201 West Ocean Blvd	Stuart	FL	34994	772-287-5161
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FMCD Essay Contest

FMROC

Essay # 1-4

FM RUC
#1

HOW TO PREVENT CHILD ABDUCTION

By Naydelin Reyes

Abel Elementary School – Manatee County

There are a number of methods, and steps, that may be considered to use when making preventions for the abduction of children, which is listed through out my research paper. When it is suspected that a child may be abducted, there is a proper way to handle the situation. I will include some facts about missing children as my second main point. My third point I will explain how to find your way when you get lost.

"Although abductions by nonfamily members receive more public attention, a number of child abductions are committed by family members such as moms, dads, uncles or noncustodial parents, commonly called parental kidnapping." Parental kidnapping can have a deep effect on the child. They must suffer the consequences of being departed from there home and there parents. Here are some tips on how to PREVENT abduction. First of all, never talk to strangers and NEVER ever keep secrets. Stay away from cars you don't know such as vans and other types of vehicles. What if you were walking home from school and someone says to you "Can you help me I've lost my dog and I can't find him/her?" or "Hey sweetie do you want a ride home?" What do you do? You don't say NO you don't say anything just turn around and run away find a safe place and tell someone you need help. The reason you don't say anything is because at the moment you say No the kidnaper is going to turn around and grab you! But if you are in a public place and they tell you to be quiet, you scream and shout and bring as much attention to yourself as much as you can because the second you get into their car your chance of survival goes down.

Many children in the United States and through out the whole world have been abducted. Here are some facts & statistics about missing children: An estimated 2,300 children are missing every day in the United States. Missing children and victims of family abduction and non-family abduction, can be runaways which means that they have runaway from their homes. Family/Parental Abductions-1.) 78% of abductors are the non-custodial parent, 2.) 35% of children were between 6-11 years old, 3.) 24% of the abductions lasted between 1 week and 1 month, 4.) 21 % are other relatives, 5.) 42% of children were living with a single parent when kidnapped, 6.) 66% were taken by a male relative. *Non-Family abduction and stereotypical kidnapping findings:* 1.) 40% of stereotypical kidnappings, the child was killed, 2.) In another 4%, the child was not recovered 3.) The abducted children were usually female.

Have you ever gone to the grocery store with your parents, stopped to look at something and all of a sudden you turn around and they aren't there? Most of the time it will be fine just look around the corner and they'll probably be there, But wait what if there not? What will you do? Well, you need to find a female adult with children, a cashier, another person who works at the store or a police officer wearing a black green or blue uniform a big badge and a gun. There is no doubt in my mind that they will help you. WAIT! Before I forget to tell you a very important rule that I am certain you should NEVER break. If you are lost you should NEVER go out to the parking lot to check if your car is still there because I am pretty sure your parents won't leave without

FM ROC
#1

you.

I've tried really hard to try to teach and explain to you how to prevent child abduction. I hope you've learned a lot by reading my research paper. I also hope I've reached my goal of explaining to you my 3 points and have made the world a safer place.

FMROC

#2

If you look closely on the streets
you are going to see many fliers of missing
kids. Many of those fliers are caused by
social media. Be careful parents maybe someday
a picture of your child will be on one of
those fliers.

Maria Migueles -
Kruglik

5th grade
Bayshore Elem.

6120 26th ST. W.
Bradenton, FL
34207

Maria Migueles Mrs. Angel

Attn:

Essay Contest
CoordinatorFMRC
#2

The Risks of Social media

HELLO!! Stop don't type your name there. Seriously, it wants your cell phone number too. **NO NO** don't, ~~Oh~~ man, you just typed your home address now nothing can save you.

There are many consequences because of social media like kidnapping and murder. Almost everyday a kid gets kidnapped due to social media. Parents **BEWARE** supervise your children when they are online because one day you might not be able to see them again.

One of the online dangers is phishing, **P-H-I-S-H-I-N-G**. Phishing is the act of attempting to acquire sensitive information such as usernames, passwords, and credit card details by masquerading as a trustworthy entity. Many people get fooled because of this.

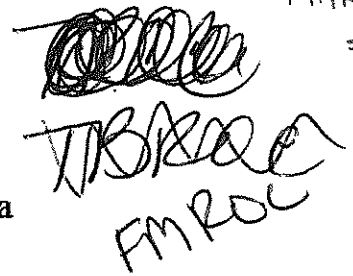
Think before you act. Be wary of communications that implores you to act immediately, offers something that sounds too good to be true, or asks for personal information. Parents, kids secure your accounts. Passwords are no longer the only protection from would-be hackers. Passwords should be different for each account, have as many characters as allowed and include numbers, symbols and letters.

Ciara Kelley

BLESSED TRINITY SCHOOL
556 17TH ST.
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THINK BEFORE YOU CLICK:

Staying Safe on the Internet and Social Media


FMROC

Internet safety is an important topic. Almost everyone is able to access the internet. It just makes it a more dangerous place. This is why I came up with these three tips that you should always be aware of when using the internet.

My first tip is to not share your personal information. When I say information I mean your school, age, email and much more. For example, if you give someone your phone number or address they can find you and possibly stalk or harm you. This is why it is so important not to share your personal information.

Another tip is about knowing who you talk with on the internet. Meeting up with someone is a very dangerous thing to do. Do not just trust people online. If someone asks to meet up tell a trusted adult. If you do meet up with someone you are putting yourself in danger. They could harm or abuse you. Many people lie about their age and are actually much older adults trying to get you to trust them.

Be careful what you share. You especially don't want to share your password. If you do share your password someone can possibly take your identity or bully you. When someone bullies you on the internet it is called cyber bullying. Many people have committed suicide because someone stole their identity and put them in embarrassing situations. This is why you do not want to share your password.

I hope that these three tips will help you be safe on the internet. In the future think about these tips. Remember, no sharing personal information, never meet up with someone on the internet, and keep your password private. Always be safe on the internet, but don't forget about the real world too. BE SAFE AND PRACTICE SAFETY.

Backspace

Everyone is always saying how important online safety is. Do they actually take their own advice, though? I'm about to tell you how to avoid unsafe internet and social media situations, as well as my own experience with these scenarios.

To kickoff, most online issues are actually preventable! There are a few do's and don'ts to the wide world of web. First, you should not accept any friend requests if you are unsure of whom they are. Try to stay away from chat rooms, too. And the Golden Rule: Never should you ever, under any circumstance, give out personal information online. This can lead to serious problems. If you ever get a message that makes you scared or uncomfortable, tell a parent or trusted adult immediately. After they have viewed the message, they will probably tell you to delete the message and block the user. Don't hide something like this from adults, though. This will harm you, not help you.

Internet issues can happen to anyone. Even you or me. As a matter of fact, it did happen to me. One peaceful Friday, I was on a social media site after school. Then I saw a message that sent chills down my spine. A random user had sent me a message that said "Give me your phone number and address so we can play!" I immediately told my mom. "Hey Mom, could you check this out for me?" She was as astonished as I was, and told me to delete the message and block the user. I was glad that I had told her. It surely was a weight off my shoulders!

All in all, avoiding internet dilemmas is plain and simple. All you have to do is think before you click!

FMCD Essay Contest

JROC

Essay # 5-12

Think Before You Click!
By: Rachel Woods
Callahan Intermediate School

You could be putting yourself in danger without even knowing it. If you play online games or use social media, then you have a higher risk of putting yourself in danger. There are lots of things to be careful about online. Several of them are people you communicate with, information you give out, and your passwords. Personally, I believe with a little help, everyone can be safe online.

To start off with, you should be careful about the people you communicate with. Believe it or not, some people try to trick kids into giving them information so they pretend to be someone they're not. You may think that they're young and sweet, but they could truly be old and cruel. If you're communicating with someone online in anyway and they begin to ask you personal questions, or are making you feel uncomfortable, then you need to tell a parent about it. Your parent or guardian could help you figure out how to get them to leave you alone.

Next, the information you give out. If you're giving out any personal information to someone online, you could be putting yourself in danger, and you could be putting friends and family in danger. You could be so caught up in the game you're playing, that before you know it, someone you're communicating with knows everything about you. The kind of personal information that you don't want strangers to know about you, is your address, your phone number, your password, and if you stay home by yourself or not. There are lots of other things, too. In my opinion, I don't believe a stranger should know anything about you.

Last, but definitely not least, you should be careful about your passwords. Some people are so focused on finding all about your life that they will try to hack into your social media accounts. To prevent being hacked, try to make your password something long that only you will be able to know it. If unusual things begin to happen to your social media account, or feel like somebody has hacked you, then delete your account, and start fresh! Keeping your password secure is highly important.

Now you can see, you should be careful about the people you communicate with, the information you give out, and your passwords. Remember, think before you click!

By: Tanner Dawson

Date: 5/8/14

THINK BEFORE YOU CLICK

Staying safe on the internet is important. Read on to find out why.

First, if someone (a random person you do not know) asks for personal information you should say I can not give that out. You always say no because of identity theft. Identity theft is when someone steals your identity. When a person steals your identity they do not only have your name they also have your personal information. Personal information not only includes bank accounts, credit card numbers (if you are an adult), and all of your other personal information.

Second, if you are on a website that you can chat with people on be sure not to expose anything your not supposed to. Something you never give out is your address. If you give out your address to the wrong person bad things can happen. Bad things include but are not limited to break ins, robbery. Also do not give out phone numbers because someone you do not know can keep calling.

Third, do not give out bank account numbers. If you give that out say goodbye to all your money in the bank. When or if you give this out someone can login as you and with draw all of your money. So never ever give out bank account number.

Fourth, do not and I mean do not give out your name. You never give out your name because somebody can look you up and find out about your life. When the person looks you up there is a chance they will find your home address. We already know we do not want that to happen. They also might find your phone number.

Fifth, do not talk about family members lives. If you do and it is someone you do not know but the family member knows they can black male the family member. When someone black males another they have something the person they are black maling does not anybody else to know. They can black male your family member into doing something illegal. What they do might or might not get arrested.

Sixth, while on a computer do not just randomly click buttons. If you like games like me then get a gaming console. I say this because it can put a virus on the computer. The virus will screw up a lot of things. Say you have an essay do in a few days, so you try trusty old Microsoft word. Well as I type this my computer is screwed up because all of the internet surfing I do. So do not play online games all the time on your computer. I know it is hard for all of you computer gamers out there but you must do what you have to do. Do not screw up your computer like me.

Please do what these paragraphs say. Watch out on the internet.

JROC #7

Internet Safety

On the internet there are many dangerous things and people to help us stay safe. There are many helpful tools.

When Pop-up boxes appear asking for information you should X-out. NEVER give out personal information, such as, phone number, address, name, e-mail, etc.

When someone or something make you uncomfortable you need to always tell an adult, they will take care of it.

If you are chatting online and they ask to meet up with you, do not go! They could try to take or hurt you.

Instagram, Face book, and twitter are some websites we need to stay safe on.

JROC # 7

Whenever you go online
Remember to be safe. Think
Before You Click!

Internet safety is so important! Do you ever wonder why so many kids disappear every year? That's because they share photos, personal information, and don't get their parent's permission half of the time. Here is how I think we can reduce those 100 kids that disappear each year into zero kids; by informing parents and kids of how dangerous it is on the internet.

First of all, don't share photos of you, or your peers. Putting photos online can put your whole future in jeopardy, and anybody can copy and edit that photo, and make it look like something that it isn't. Also, someone can print thousands of that picture and put them all across their walls, and be your number one stalker. Then it would lead them to dressing the same way as you, and that psychopath does everything like you. I bet you wouldn't want that to happen, so don't post photos of yourself!

Secondly, don't share personal information! That is like asking to get kidnapped! Don't give away your address to that 11 year-old kid you thought you were talking to online. He might actually be a 10 year-old man who is going to take your things while you are out. Also, don't give away your age and school name. That "online friend" can easily trick you into thinking he goes to your school. He will tell you to meet him after school in a quiet place, and just like that, you are kidnapped and you would have wished you never gave away your school name!

Third, get your parents' permission to register for that online site you are dying to get on. If there's one thing your parents know, it's what is best for you, and what will keep you safe and happy. Plus, trying to hide something will make your punishment even bigger. You probably already know it's wrong if you are trying to hide it.

In conclusion, sharing photos, personal information online, and not getting your parents' permission can either get you in serious trouble, or you could even come up missing. So, whatever you do, please listen to those safety tips so you will not be the next missing kid.

Tony Johnson

Oakcrest Elementary School

Ms. Lipphardt's class

Everyday, children go missing, and most of the time they are never found. Many times, only the lucky children survive things like this. Those who do survive are never the same they could develop paranoia or there friendships destroyed. It is important to be vigilant and to understand the importance abduction.

When you visit a friends house many times you forget about the dangers. It's all fun and games, but when it's time to leave and your alone; you may feel as if some one is watching you. It is important to always follow your instincts. If you feel frightened or uncomfortable, go straight back to your friend's house, or to your own home if that's closer. If neither is close grab your cellphone and call for help. If none of these suggestions help neighbors are always there to help. It is better to be safe than sorry.

When you are in a public space you develop a false sense of security, but you should know you can be taken by anyone from anywhere. However, this doesn't mean the tons of people in your location won't come to your aid, but if nobody comes to help you must take matters into your own hands. If a person grabs you and places a hand over your mouth, don't be afraid to bite, kick, punch, or scream. You must do whatever it takes to get away from the person's grasp. There are many ways to get from your attacker, but my favorite bite their hand, and scream as loud as you can. Then, run faster then you have run in your life screaming for help the whole time. Any of these things can happen, but only one scenario is most common and there are many ways to get from it. This is when that person comes up to you when you are alone and may ask you to go with him (or her) for a favor, or from helping to get a kite, to meeting a puppy. The only things to do in this situation is to check if they're telling the truth by mentioning you can get your mom or dad to help.

A tip I would recommend is don't freeze up, it seems impossible but if you act normal and pretend that they have caught you attention, you could turn around sprint off and yell for help. The situations above are not always what may happen sometimes the monsters who call themselves human can be smart. They use the internet social media websites like Twitter, Facebook , or even Instagram. Many times they trick children by using fake photos. When your mom or dad tells you no "personal information". It's because these online monsters can learn what you like and where you live. They say things alluring to children, so that when they have you in their grasp they can trap you and there is no way out. Being careful online is not being over protective, it's just making sure your safe.

Be carful wherever you go in life and online. Remember what you put out there is not only for family and friends. Remember that real life monsters do exist. They are predators (the people who take kids or any type of person really) They can find anyone, but this doesn't mean stay locked up in your home, it just means to stay safe and to always think before you click.

THINK BEFORE YOU CLICK:

Staying Safe on the Internet and Social Media

Internet safety is important. Here are some ways to stay safe on the internet, don't talk to strangers in chat rooms, don't answer strange e-mails, don't be a Cyber Bully and don't post pictures or videos that you don't want everyone to see.

Talking to strangers in chat rooms is dangerous. You don't know who they are or if they want to hurt you or not. Even if they seem nice you should not take a chance. There are many different safeguards to protect yourself from letting someone strange know who you are. Never give out any personal information such as your birthday, address or your age.

Strange e-mails could be dangerous too. You never know who they're from or what it might say. It could be something mean and nasty. If you see a strange e-mail send it to trash.

Safe websites for kids are KidZui, Yahoo Kids and PikLuk. Parents should know that there are different internet filters such as Net Nanny and monitoring software such as Web Watcher that are there to help protect their children. No tool is 100% effective.

Parents should make sure to put the computer in a family room not in the child's bedroom. Watch what your child is doing online at all times. Many electronic devices can also be dangerous, including MP3's, video games, computers, smart phones and any electronic devices.

In conclusion don't do something online that you feel is unsafe. Remember ask your parent to set up a safe web site for you and your family!

By: Erik Garratt

Staying Safe

My parents are very strict about safety and have taught me many things about strangers, being On line, and how to avoid uncomfortable situations. This essay will tell you what I do to stay safe. I hope it helps you to understand how important being safe is.

My cousin was kidnapped when she was six years old. The men who took her got her to go with him by telling her she could play with his grandkids. My cousin Regina went and she was never seen again until the police found her skill and dress three years later. I don't talk to strangers or go with anybody that doesn't know the family password. I never tell anybody including my friends what the password is. My parents have to meet and know anybody that I play with. They also have to know the parents and where they live. If a stranger ever comes near me or tries to get me to go with them I would scream and run.

When I log onto the computer I can't go to certain websites. I have to use the computer room with my parents so they can monitor me. If anybody tries to chat with me I don't talk to them unless my mom or dad says it is ok. I can't accept any friends on Face Book unless my parents say approve. When a new window comes up I can't click on it without showing my parents what it is. If a web site asks for my name or age I show my parents to make sure it is not a stranger trying to trick me. There are bad people on the internet that will try to make and make me give them my personal information like name, address, phone number or my picture. The bad people may want to use the information to hurt me. That's why it is important to tell my parents when a stranger tries to talk to me on line.

Another rule in my house is that I am not allowed to go somewhere by myself. When I am in the yard I have to stay there unless my parents know exactly where I am going. If a person or car comes near my house while I am outside alone I have to run back inside and tell my parents. I am not allowed to answer the door without my mom or dad saying it is ok. I may not know who is at the door and they might try to harm me or come into my house.

I try hard to follow the safety rules and stay safe. If I don't know what to do I ask my parents, my teacher, or a grownup that I trust. I hope these ideas help others stay safe like me.

Jayden Kelly

Youth Development Center

Hello, my name is Jayden, and I am here today to tell and explain to you why thinking before you click is important. Thinking before you click is something the world needs to know about and so should you. When you click on a website, do you think about how this can effect your position or your situation? When I click on a site that I want, I do not necessarily think right away. However, when I do, I try to make sure it does not harm me or others.

According to Internet Predator Statistics, predators commit over 16,000 abductions, over one hundred murders and, thousands of rapes each year. A strategy to protect yourself on the internet involves a student requesting the help of an adult when finding a website. Determining the site's reliability is another important step for safety. If you do not trust the site, do not have personal and private information given to the website. You do not want to have regrets about not heeding this advice.

Twenty percent of U. S. teenagers who log daily onto the computer have experienced unwanted sexual solicitation. They were told to either talk about sexual activities or to give sexual information. Extortion, blackmail, occurs when a predator threatens the safety or dignity of a person. Pictures or information are often used to humiliate another individual. Before you meet any unseen online friend or individual, make sure that your parents' approval of that individual has been made. Otherwise, you could be harmed or in serious danger. As I conclude, remember thinking before you click is necessary and very important in some situations; however, for your family and friends remain cautious and careful.

FMCD Essay Contest

MROC

Essay # 13-27

Addison Gentile
April 26, 2014
All Saints Catholic School, Jupiter, FL

MROC #13

THINK BEFORE YOU CLICK!
STAYING SAFE ON THE INTERNET

Sometimes there are bad men and women in the world who try to hurt, abuse, or trick us kids. So, have you thought about what could we do to keep safe? Lucky for you, I brainstormed some good ideas, which I call **S.A.F.E.**

STAY AWAY FROM INAPPROPRIATE WEB SITES

Many social networking websites (Facebook, Twitter, Second Life and MySpace) and blog hosting websites have minimum age requirements to sign up. These requirements are there to protect you! Talk to your librarian, teacher or parent about safe and accurate websites for research. The public library offers lots of resources. If you use online information in a school project make sure you explain where you got the information.

ALWAYS ASK YOUR PARENT FIRST

Don't give out personal information without your parents' permission. This means you should not share your last name, home address, school name, or telephone number. Don't share your password with anyone but your parents. Don't post photos or videos online without getting your parents' permission or buy anything online without talking to your parents first. Some ads may try to trick you by offering free things or telling you that you have won something as a way of collecting your personal information. Talk to your parents before you open an email attachment or download software. Attachments sometimes contain viruses. Never open an attachment from someone you don't know.

FASTLY REACT TO CYBERBULLYING

Don't send or respond to mean or insulting messages. Tell your parents if you receive one. If something happens online that makes you feel uncomfortable, talk to your parents or to a teacher at school immediately.

EVERYONE YOU DON'T KNOW PERSONALLY IS A STRANGER

Don't agree to meet an online friend unless you have your parents' permission. Unfortunately, sometimes people pretend to be people they aren't. Remember that not everything you read online is true. Remember, just because someone asks for information about you does not mean you have to tell him or her anything about yourself! When creating your screen name, do not include personal information like your last name or date of birth.

I hope that S.A.F.E. is way you can remember how to not get into trouble on the Internet. The Internet is such a wonderful thing that we can use in our day-to-day life, but only if we use it sensibly. So, please stay S.A.F.E.!

Think before you click essay

By Samantha Gelberg

The internet, place of fun, information, online games and more but we should be careful what we post and look up. From face book to insagram to twitter we should always control how many selfies we take, because omg and lol is not always sss (seriously super safe.)

When using social media networks it is important not to give your full name or address. With networks like these most users are regular people like you and me but it is so easy to hide your real identity that it is recommended to not "favorite" or "like" someone unless you have met them in person because they might not be who you think they are.

Keeping a strong password is part of staying safe a password like 1234 is too easy for someone to hack. Let's say the name of your goldfish is Mr. Bubbles mix up some letters and numbers and Bata Bing Bata Boom you have a strong password like "M.Bubs145" or to make things easier just enter an important day in your life birthdays, anniversaries, or even holidays, pick a date any date.

Think Before you Click; Staying Safe on the Internet and Social Media

Essay by: Jane Nguyen

In our society today, we children have technology. Technology is helpful, but sometimes it could be very harmful. As children we learned to stay safe, teachers and parents show that safety is important for all human beings, from being a baby to an elder. This applies to every choice you make, even if it's online. So, I have gathered up some tips that will help you be safe everywhere you go.

1. Stay with a trusted adult

Being alone without an adult makes you vulnerable. The predator will know when it is the right time to attack its prey.

2. Don't talk to strangers

We all know how mothers keep on nagging you as a child to never talk to strangers. Even though she does this, she is trying to teach you to be safe. As nice as they may seem, they aren't what they seem.

3. Say "No"

When a stranger asks you to come with them someplace, say no and go to a trusted adult and tell them about it. As I mentioned before, having a trusted adult near will ensure safety.

4. Walk Away and Tell.

When a stranger approaches you and you feel uncomfortable, walk away and go tell a trusted adult. Never hide your feelings from your trusted adult, who knows what that person was and what they were planning on doing.

5. Don't Share It!

When you are on a social media site or in a chat room and a stranger asks your personal information (such as a photo, where you live, or what school you go to) don't share it. Get away from that chat room. Ignore that person. Predators may seem to be your friend, but they are just lying and wanting to know where they can pick up their prey.

No matter what situation you are in, children of Florida, be safe so that our parents don't get a heart attack and you are in a comfortable position!

Bloodworth, Dana

MROC #16

From: FMCD
Sent: Monday, May 12, 2014 9:13 AM
To: Bloodworth, Dana
Subject: FW: Essay contest Coordinator

From: Julia Morien [<mailto:julia.morien@palmbeachschools.org>]
Sent: Friday, May 09, 2014 5:50 PM
To: FMCD
Subject: Essay contest Coordinator

Good afternoon. This is the essay for the contest from my student, Joseph. He is in my 5th grade class at Citrus Cove Elementary in Boynton Beach, Florida. Thanks so much.

Julia Morien

THINK BEFORE YOU CLICK: STAYING SAFE ON THE INTERNET AND SOCIAL MEDIA by Joseph

You see an ad after watching a video on YouTube saying you won a free iPad. All you have to do is click on the button, enter your serial number, and you got a free iPad. WRONG! You just got scammed. You are never going to receive a free iPad. And then you never know who's on the other side of the screen, and you possibly just gave your serial number to a bad person.

Did you know children under the age of 18 are 35% more likely to have their identity stolen because they give out their personal information like their phone number, address, and last name? I learned this information from the communication specialist at University of Texas' Center for Identity. So before you friend someone on Facebook or Instagram, make sure you know the friend and still ask your parents if you're allowed to let the friend see your personal info.

Also, if you see an advertisement with inappropriate remarks or saying you won a free iPad, just exit out.

If you want a social media account like MySpace, Facebook, Twitter, or Instagram, have a family discussion about internet safety and be careful who you friend because you never know who's on the other side of the screen. They could steal your identity by stealing your school name or maybe even your password of your social media account. If someone hacks your password and then someone likes, comments, friends, and even hacks things that you don't want to be liked, commented, friended, or hacked, you could get in serious trouble for

something you aren't even aware has occurred. If you have an iPhone or an iPod, try using Chinese, Spanish, or even Arabic characters for your password.

Now that you have learned a few tips about how to be safe on the internet and social media websites, I hope you use these tips in the real world. Some of these tips are just common sense, so be cyber smart.

Congratulations Class of 2014! For Graduation dates, times and locations, click here. Watch Graduations Live May 14 - 23 on Comcast 235 and online.

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MROE #17

Think before you click: Staying safe on the internet and social media.

Do you ever think twice before clicking the send button? Well if you do, great! That probably means that you're responsible. Anyway, you wouldn't want anybody stealing your personal information. By giving information like your date of birth or your phone number, you're inviting hackers or identity thieves. That's why I use the words "think twice". Hackers and identity thieves are people who go into people's personal things, trust me it's not funny at all. They could take all the money out of your bank account. They do it for the money. CHA-CHING!

Let's first talk about social media, such as facebook, instagram, and twitter. I believe that kids under 13 should not be allowed to use any kind of social media. Some kids don't know how to control themselves while using social media. They cyberbully someone or get cyberbullied by someone else. Some kids should know that they need to inform an adult as soon as it happens or it might be too late to do so. Trust me I've been in a very similar situation.

Anyhow, so many kids in my class have asocial media, and that's not good. Some kids don't do so well at school because they always have their minds thinking that when they get home they'll use their social media. It also makes other kids feel bad because they're not allowed to have a social media. Actually they shouldn't care, because the ones with social media are the ones who are wrong.

Now let's talk about the internet. People use the internet for lots of things. Good things and bad things. We're mostly concerned about the bad things. Kids could go online and look up really inappropriate things such as pictures or words. That will probably have a tremendous negative effect on a kid. It's really not right. I believe kids should be more cautious while they're surfing the web.

I just think that kids should not have all this control. I know what your thinking-how can a kid say that. It's a little bit of common sense. I just want what's best. So next time think before you click.

Lorenzo Jayakanthan
Ms. Ruth Brown 5th
Crosspointe Elementary School

How to stay safe

More than 50,000 predators and cyberbullies roam around the internet world. Their goal is to make kids feel comfortable around them. And when the perfect moment arrives the predators strike. But you can not only find them on the internet. You can find them on the streets, in subways, even around schools. You might not want to be one of the kids that fall into their trap. In this essay, I will tell you how to stay safe on the internet and in real life.

Let's begin with Rule #1, which is don't share personal info. Don't give out your last name, e-mail address, home address, phone number, your school's name and/or address and your parents' place of work to a complete stranger on the street. Use that information to sign up for a school or for a job. Even having information to a site is dangerous so make sure you read the privacy policy at the bottom of every site before you share any information.

Next we will talk about Rule #2, also known as: pay attention what's around you. You might not know when a suspicious human might kidnap you and take you to a place who knows where to kill you. This can also happen in the internet world. First they will chat with you like an ordinary kid your age. Second, they will make fake relationships so you can gain their trust. And finally, they will tell you to meet somewhere in real life so they can do something to you (kill you, kidnap you etc.). So if you feel irritated where you stand, look around to make sure everything's ok.

Lastly, let's talk about Rule #3, that is, to be careful when you download something. That download might be filled with viruses that can hack (or worse, crash) your computer. You can also have a lot of pop-up ads if you install too many downloads at the same time. It also depends where you get the download. You MUST get the original download, or you will break the copyright rules, and you will end up going to jail. So be careful what or where you're downloading.

In conclusion, the internet, even real life is dangerous. The rules that I told you about were three of the of the many important rules of safety for kids. Children are kidnapped each day (not just in U.S.A.). Many people are still trying to find the lost kids. You do not want to be one of them, so please, follow these rules to be safe for now. Remember, the predators are watching your every move, so be alert every time, every day.

THINK BEFORE YOU CLICK

Have you ever been on a social media website with someone you never meet? Well that is ok for an adult, but what if a kid went onto a social site and was talking to someone they didn't know? In this essay I will talk about asking an adult first, saying no to someone you don't know and, if it feels creepy it is creepy.

ASK AN ADULT FIRST

You should always consult an adult before going on to a social media website because billions of people young and old have access to these types of sites. Some adults pose as kids to try to get kids personal information such as phone numbers or even addresses. If someone asks for this information DO NOT give it to them consult a trusted adult and stay away from that site. An adult's permission is advised for almost everything on the internet because the internet is full of things for ranges of ages.

SAYING NO TO SOMEONE YOU DONT KNOW

If they continue to ask for personal information don't be afraid to say NO. If you realize that the person seems older than they suppose they are then keep away from the site all together. Say you are a 6-8 year old girl and your online with a new kid you never seen who wants to talk to you. So when you guys start talking she starts to ask for lots of personal information. Should you give her the information or tell an adult? If you said tell an adult you are absolutely correct, but if it is someone you really do know and that your parent is ok with you giving that person that kind of information to then that would be considered ok as long as you asked an adult .

IF IT FEELS CREEPY IT IS CREEPY

As a kid we were always told to trust our guts. Have you ever knew something was creepy because your guts tells you it is? Sounds crazy right but not interlay. Here's an example you go to the mall without an adult and you see an adult staring at you. Your guts try to send this feeling of creepiness to your entire body, and when this happens you leave the area were the person is at. Even though you don't know this person you can still get the sense that something isn't right. You have to trust your gut to get you out of sticky situations like these. Make up a secret code with your parent so they know when something isn't right. Say you come up with the code "red trucks run around outside" when you want to let your parents know you want to leave and that something isn't right they will automatically know to come get you RIGHT AWAY!!!

In conclusion, you now know to ask an adult first, say no to someone you don't know, and if it feels creepy it is creepy. These are only basics in internet safety there's plenty of more. These tips in more can help you a lot when being on the internet or on social sites so stick to the rules and be internet safe.

Jupiter Elementary School

MROC #20

Florida's Missing Children's Day
Alyssa Jones ~~ESSAY~~ Mrs. Kudlinski's

When you're online in a chat room or something and you meet someone that asks you for your personal information, you may be talking to an online predator. A online predator is someone who meets children online and gets their information to try to hurt them. Here are some ways to avoid them.

First of all, never give any one online your personal information. Such as phone number, address, school, password and more. If someone online asks you something that makes you feel uncomfortable, tell a trustworthy adult such as a teacher, parent and/or guardian. In some case scenarios call the police. They know how to handle online predators!

Second of all, never agree to meet someone online in person. If someone online asks to meet somewhere, make sure you bring a friend, parent or guardian. Meet at a location where

MROC
#20

there's alot of people, such as ^a mail.
So if they want to meet in a
forest, that won't be the best idea.

Last but not the least, never
make a username or password that's
easy to figure out. Use letters, numbers,
and symbols in your username or
password. Tell an adult your username
and password. Make sure it's
something you can remember. If your
username and/or password is easy
then online predators and hackers can
get into your account and get
your email, birth date, age, and more.

In conclusion, it's a good idea
to stay safe on the internet. Use
these tips + tips to avoid online
predators and hackers from getting
into your personal information. Also,
remember think before you click. They
may not seem to be who they
say they are. Sometimes adult
predators pretend to be kids.

MROC #21

Genesis Kuffo
Lorah Park Elementary/ 3041
Miami Dade County Public Schools
Ms. Anderson/ 5th Grade Gifted Reading
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Essay Contest

Topic: What would you do if you were approached by someone who made you feel uncomfortable?

If someone approached me and made me feel uncomfortable. I will contact an adult, or go get help, or just run away from that person. When you find an adult tell them what happened explain how the person approached you. Tell the adult how the person looked. Explain whether the person is short or tall, fat or skinny, and tell what their ethnic race is also. Tell the adult everything that person did. And most importantly tell the entire truth of what happened.

You can go get help from an adult that you can trust. If you cannot find a trusted adult, then look for a police officer. Law Enforcement officers are your friends and will always be ready to help a person in need of their services. If you call 911, remember to talk calmly and clearly. And give the officer your name and address. So they can get to you quickly.

If in a case a stranger grabs, you need to run away as fast as you can. Do not look back. Scream as loud as you can. As soon as you see your parents tell them what happened. They will help you get through the situation. Never go somewhere alone, because anything can happen. My teacher always says, "There is safety in numbers." It is better to be protected by an adult you trust than getting in a bad situation. These are the steps I would take to get away from someone who makes me uncomfortable and tries to harm me. All these are good actions to take in order to be safe. Follow these steps in order to stay safe in your neighborhood, park, mall, and pools.

Think Before You Click-Staying Safe on the Internet

Two of the most significant things children learn while growing up are how to stay safe and how take care of themselves. Parents, teachers, and even grandparents tell us not to talk to strangers but, there's more to it than that.

Of the 837,055 missing people in the world, 80 percent are children. It is important to stay safe from those who would do you harm. To safely use the internet, listen to steps one through three.

First and foremost, always know who you are talking to even if you're chatting online. Someone you meet online may not be your friend. They may be trying to steal private information from you. For example, they may ask "what's your name and address," "where do you live," or "do you want to meet in person?" Those are just a few things they might try to get you to reveal. Also, never agree to meet a stranger somewhere. They may be trying to trap you as if they were a dog catcher and you were a stray.

Secondly, before you click on any site, read the description in the search engine. The description may provide clues about whether a site is credible or can't be trusted. You may not know it at the time, but you could be on a site set up to trick you so that the creator can try to steal your private information and use it against you.

Finally, watch out for cyberbullies! Cyberbullies are bullies that stroll through the internet in hope of finding the perfect prey. Translation, they may try to post something online that could be embarrassing or just plain mean. If you are ever cyberbullied **DO NOT WRITE BACK!** Instead, tell a trusted adult and they will take care of everything.

Remember, always stay safe online and think before you click!

By,

Talula Foote

"How I stay safe all day?"

Kidnappers! Missing children! Abduction! Can you guess what day it is? If you guessed my big sister's birthday, then you are 100% correct! Today is a sorrowful day for my family and me because on the day of my big sister's birthday she had been kidnapped, raped, and abused. It all happened when she was returning home from college to celebrate her 20th birthday during the year of 1999. She exited a tri-rail train where a man in a black mask snatched her right off the streets. Ever since that day, I've learned a huge lesson to follow the rules and to protect myself from any harm. Now that I've told you, I better explain ways I stay safe all day.

To begin with, missing children in the United States are a major problem that can be prevented. Within every second in the world, there's a child reported missing because of abduction. On the day I was born, my parents became my guards and protectors who always provide me with shelter, food, and clothing. But as I continue to grow up to become an obedient person, my mom always inform my siblings and me that there will be a lot of strangers approaching us who may look bad but are good some times when they help you in certain circumstances. With mom's advice, I've learned that strangers don't have to look ugly in order to be bad. They can be ugly, pretty, or handsome but in either way all I know is "they may look pretty on the outside but bad on the inside" and this phrase all adds up to several questions almost every parent would ask a child. What would you do if you were approached by someone who made you feel uncomfortable? If someone tried to take you somewhere or get you to go somewhere with them, what would you do? If you are chatting online and the person asked you to meet them somewhere or asked you for personal information, what would you do?

In response to these three questions, there are four important words. These critical words will remind you of what your parents used to ask you when you were little. "What would you do?" Well, I'm not a scientist, a psychic, or a teacher, but I do know a lot about safety. First, be aware of your surroundings at all times! A predator can be waiting for its opportunity to catch you. Second, make sure you know your relatives. Do not go anywhere with a predator or let them take you to certain places you're of which you are not familiar. Predators have sneaky ways to take or convince you to go to harmful destinations and third, be internet safe. There's a lot of predators online who may pretend to be nice by trying to be your friend and impress you by their looks or pictures they send you in certain websites. However, these sites would spread out your information in just split seconds, so don't forget the phrase "they may look pretty on the outside but bad in the inside." If you're a parent your child will learn the importance of safety especially when they're at school. But here's some advice! If you're facing a life changing situation and you're about to lose your love one, always remember, just because you're not strong like some bad guys doesn't mean you're not smart about safety. Certainly, the incident with my sister has altered by family's life structure.

In short, all of these things that I've told you would help you or your child (if you're a parent) stay safe when you're facing a life changing situation. If you follow these rules, your life would change in a blink of an eye. Remember, be street smart and always know the ways to stay safe. Be aware of your surroundings at all times because someone can be watching you!

Think Before you Click!**By: Mia Guarnaccia**

The internet is an exciting place and an exceptional educational tool, however, we all have to be aware of the hidden dangers online. It is of the utmost importance that we make good choices while on the internet and any type of social media. Ways to safe while on online and using social media are you shouldn't let strangers follow you, this includes only chatting with friends or family when chatting online. Second, you should not put personal information on websites or social media. Lastly, you need to inform a parent or guardian immediately if someone makes you feel uncomfortable online.

On social media, such as Instagram, Facebook, and Twitter strangers might request to follow you. Do not let them! No matter how nice or harmless they seem, you shouldn't let strangers look at your page. While chatting online, make sure you're talking to people you know. You should only chat online with friends or family. Predators can use this internet feature as a lure. Another reason you should only video chat or communicate with people you know online is because strangers may be trying to gather as much information about you as they can. Make sure who you talk to online is a close friend, family member, or trusted adult.

Another rule to staying safe on the internet is to never put personal information online. Putting personal information online, such as your address, phone number, and what school you attend is very dangerous. If a dangerous stranger has an opportunity to contact you they will ask you personal questions or they may ask to meet you somewhere. Predators can be very convincing and often can trick their prey into doing what they want. Be sharp and ahead of the game; leave your private information off the internet and make sure all your social media is set to private. Remember to never put any personal information online!

If you are online and someone says something or shows you something that makes you feel uncomfortable you need to tell a parent or guardian right away. Keeping this kind of information from your parents or guardian will allow child predators to get away with it time and time again. Never be afraid to report inappropriate internet behavior because your report just might save a life one day.

There are many ways to stay safe on the internet and these are just a few. Make sure you don't let strangers follow you on social media and only chat with close friends or family online, don't put personal information on the internet, and make sure you tell an adult if someone makes you feel uncomfortable online. While the internet is fun, it is also a dangerous trap for innocent children. To stay safe online, follow all these safety tips to the internet world and remember to always think before you click!

The internet! Two words that can change your life forever. While the internet can be good in various ways, there is a dark side, and if you're not careful and wise you'll get reeled into it all. Knowledge about how to be safe in the world is essential and puts you at the top of the food Chain from predators that lurk in the World Wide Web. Smart use of the internet, abduction safety tips, and where to go to get away from unbearable and frightening situations are three life saving and key components to being safe when using the internet.

Use Your Brain on the Web

The internet is a great way to get information and also a great way to share loads of privacy. Not giving out personal information is a way you can be smart on the web because, the less they know about you the better. For example, if you're online and an anonymous advertisement pops up asking you a lot of private questions, like your location or password. Hackers can hack into your private accounts and ruin your life. Take my friend for a good reason why not to give out your personal information. She was purchasing a product online and gave out information that didn't need to be shared. Not too long after, her account was hacked. It was very stressful to know that her private information was being read and used. My recommendation for that situation is to change your password immediately. When you change your password the hacker will get locked out right away, in other words your privacy will now be secured. Websites are not valuable enough to give out your private data. Securing your personal information is a shield to your privacy.

Abduction safety tips

There are monstrous people in the world, who pretend to be someone they're not. A tip to this dirty trick is to never talk to strangers. Internet users hide behind this so called wall, the Web. They pretend be anybody they want to be, and usually want to put you in a dangerous situation. These people creep their way into your life and act like they care, but really their intention is to put you in an awkward situation. Not talking to strangers is extremely beneficial. If you're online and a random person bribes you to meet up with them, ignore and delete the message. This will help you resist temptation. One of my experiences of dealing with this situation was when I was on a social media site and all of a sudden, a message pops up bribing me to meet up for an amazing prize. This scam was really wicked. Almost falling for this trick, I remembered that people play this dirty hoax so I deleted it without a doubt. I resisted, and got myself from harm's way. Flee From Harm

You're on your computer, all of a sudden a message comes up bribing you to talk to them, meet up with them, and slowly crawl into your life. Continuously the messages keep popping up. What do you do? Where can one go for help? I suggest going to a parent. After all, they are your protector and guardian since the day you were born. Another person you can go to is your guidance counselor. They are trained especially to deal with these situations. "An uncomfortable situation can really be awkward, says Michelle Johnson, going to a guardian or relative can really relieve the stress and get your questions answered. The best thing to do is don't respond and consult a family member and alert them of your situation." Never doubt the power of a conversation; it can really make your perplexity go away.

Questions and Answers with the Web

Q: How does one keep safe from other internet dangers?

A: Do not share regretful information and don't follow strangers on social media. This will prevent cyber bullying and eliminate talking to strangers.

Q: Should one just stop using the internet completely?

A: No, it's a great source of information; you just have to be cautious when using it.

The internet can be a great way to connect with the world but it's more enjoyable when you're safe on the web. With the three wise ways to use the internet, smart use of the internet, abduction safety tips, and where to get away from unbearable situations, you will no longer be pray to hunt. Using the internet smartly equals a path away from trouble.

Aidan Miler
Mr. Currier
4th Quarter
May 5, 2014

MROC #26

Safety on Social Media

Safety on social media is very important. You can get hurt or even worse be abducted. There are bad people who are out there and want to hurt you. Here are some ways you can stay safe.

Do not follow anyone you do not know and do not lie about your age. There are predators who will follow you on social media for the purpose of abducting you or causing you harm.

Never lie about yourself or provide too much information about yourself such as where you live, your phone number or any other personal information about your family. Do not click on sites that you do not know. This can put you into some bad areas on the web. Keep safe by not commenting on inappropriate photos or posting "likes" on the pictures or comments.

Cyber bullying is also a problem on social media such as Facebook, Instagram, Twitter, etc. It can hurt people's feeling by saying mean things. These mean things can make someone hurt themselves or even make them hurt other people. Cyber bullying is never the answer to anything.

There many more ways to stay safe on the social media sites. Always make sure your parents are aware of how you use social media and share your experiences with them. Your parents can also set up controls for your safety. Always alert your parents if you see something that makes you feel uncomfortable or you think it is wrong. You can also block users that are bad.

Social media safety is something you should share with your friends and talk about how to stay safe.

Connor Wilt
Sunset Palms Elementary School
Mrs. Preece's 5th grade class
May 8, 2014

Think Before You Click

Think before you click. What do you think that means? What would you do if you were approached by someone who made you feel uncomfortable? Or what if someone tried to take you somewhere or get you to go with them? Or if you were chatting online and the person asked you to meet them somewhere or asked you for personal information? What would you do? Well, I am going to tell you.

What would you do if you were approached by someone who made you feel uncomfortable? For example, you are walking home from school and while you are walking this guy comes walking towards you. Then he stops you when walking by him. He asks your name. You feel scared. What do you do? What you do is take two steps back and don't answer his question and turn and run until you can find a trusted adult to talk to about what happened.

Secondly, what do you do if someone tries to take you somewhere or get you to go somewhere with them? For example, you are playing outside when a man pulls up at the end of the driveway with his car. The man said "I am a friend of your neighbor. Can you come here to my car? I have a painting that they want to give to you." What you do is run inside and get a trusted adult or if no adult is there just run inside, lock the door, and call your trusted adult.

Lastly, if you were chatting online and the person asked you to meet them somewhere or asked you to meet them somewhere or asked for personal information, what would you do? For example, you are playing an online game when you get a message from one of the players asking you where you live and what is your address. What you do next is do not reply and go tell your trusted adult about the message and let them handle it.

Think before you click. I hope you learned about what to do if you were approached by someone who makes you feel uncomfortable or what to do if someone tries to take you somewhere or get you to go somewhere with them. Remember to never give personal information to someone online. Think, what would you do? Think before you click.

FMCD Essay Contest

OROC

Essay # 28-39

Ashley Larkins
Essay

4/7/14
5th grade

Think Before You Click;
Staying Safe on the Internet and Social Media

In life, it is really important to stay safe. Staying safe on the internet is not always easy, but kids need to learn about it to stay safe. You should never give someone you don't know your phone number, address, school name, or information of where your parents work. Also you should never post or take pictures of any part of your body that your bathing suit covers. If you feel uncomfortable with something you should always tell an adult you trust.

Never give your phone number to anyone. If someone approaches you online and ask you for your phone number, do not give it to him. People can call you and know your location. Only give your phone number to close friends or family members you know. One time I answered the phone and a guy wanted my address because he said his daughter was at my house, and he wanted to pick her up. I hung up and told my mom because there was nobody at my house to be picked up. Here's my advice, if you don't know who you're talking on the phone with or who is asking you for information online, hang up and don't give any of your personal information to anyone.

You should never give anyone your address. Never, ever post your address on any social media. Someone could go to your house and kidnap, rob, or hurt you or your family. You would always want to keep you, your family, and your house safe. Every single day the news and the newspaper talk about how people are getting kidnapped and how people are giving information they shouldn't online. Never give your address to anyone you don't know.

Another thing you should know is to never post the name of your school anywhere. Someone could go to your school and hurt you or kidnap you or any of your friends. Last year on the news there was a guy in Connecticut who shot one class, some teachers, the principal, and even himself. Sometimes people ask because they are looking for a good school for kids to go to. It is still important to stay safe and not to give or post the name of your school to anybody.

You should never tell someone you don't know where your parents work. It is ok to tell others what they do for a living, but not the address where they work at. Some information is private and strangers should not be asking for private information like that.

Make sure if you're texting someone or chatting with someone, that you know that person. Some people aren't always the age, gender, or height you think they are. Or what they say they are. It is important to have a magic word with your parents and friend. It is very important you know what to do if someone makes you feel uncomfortable or if someone wants you to go somewhere with them. Always remember to be smart about being safe, say no, and go away to tell an adult.

I think staying safe is an important part of life. It is not just keeping you safe, but it is what you think is best for you and your family. If someone asks you something you don't feel comfortable responding back don't respond. Never let anyone make you do anything you don't want or feel comfortable doing. Don't do it! Most of all think before you click.

OROC #29

Think Before You Click

By: Alexis La Rosa

(celebration K8)

If you're 10, 11, or 12 and have anything to do with social media and you think it's cool to have the most followers, well it's not cool. Those people let random people follow them. And the random people can see where you are and can locate you. Then will you think it's cool?

People out there create fake accounts and use them to locate the people they're following. Also whatever you're doing on the internet and you think it's private-it's really not. Nothing on the internet is private.

You shouldn't follow people you don't know even if you like their posts. Did you know that the people monitoring can see every little thing you're doing? So be careful with what you're clicking on, and if by any chance you accidentally click on something bad, immediately tell an adult or the person you're with so they know what you have seen.

An example for accounts you might want to follow is @free_apple_give_aways on instagram. They say if you give them a shoutout then you will get an iPhone. Well that is fake! They just want to get your address when they mail it to you. When they do mail it they can show up at your front door. It could be an adult when you thought it was a kid around the age of 10. They may try to persuade you to leave with them. Then only bad things can happen from there.

All I am saying is think before you click.

How To Stay Safe On The Internet

By Jaylee Torres

We all use the internet and social media websites, but we all must remember that the internet is as dangerous as the real world. For example when you are in a chat room and someone suspicious wants to talk to you. They can seem friendly and pleasant at first but they are just trying to lure you in little by little. As soon as you trust them, it can lead to more serious situations. That might put you and others in danger. However here are three precautions that you can do to prevent the danger of online active.

The first precaution you can do is to know what to do when you are approached by someone online that makes you feel uncomfortable. If you are facing this situation you should first block the person. By doing this you are preventing the person from contacting you anymore. After you block the person if you still feel uncomfortable about the situation you should report it to a trusted adult. By telling a trusted adult you are taking something off your chest. Which can help the adult on making you feel comfortable, and help you resolve the problem.

The second precaution you can do is to be familiar with what to do when someone online tries to get you somewhere with them. When or if you are faced with this obstacle you should respectfully decline the offer. There are thousands of inappropriate images, videos, comments, websites, among many other inappropriate things on the internet. Someone might want you to do or see something that is not age appropriate for you. As you see and do the things that are not appropriate you will be slowly breaking away your innocence. After you decline the offer you should probably block the person. Even if the person has no intentions to show you anything inappropriate better safe than sorry!

The third precaution you can do is to be very cautious of what you post online and to never plan to meet with someone you met online. When I say be very cautious of what you post online I mean I mean it! You should never post anything that is hurtful to or about someone. Whether you are just saying it for your amusement or because they said something to you first. You shouldn't or else you are going to be considered a cyber-bully. So always think before you click. Which brings me to another reason you should be very cautious when you are online. You should never post any personal information. If you give out personal information you can risk many dangers including but not limited to someone stealing your identity, someone being able to locate you among other possible dangers. If the wrong person gets your personal information there is a risk of you getting abducted. Which brings me to my next point. You should never arrange to meet with someone that you never met in person before. You never really know who is behind the screen so you should never meet with someone you meet online. The person can be a predator looking for some prey, which is you. This can lead to many dangers. You can never become too trusting or you might become a victim. There are a lot of predators online as there is in the real world. No matter how long you have been talking to the person never be 100 percent sure that you can trust them. Every 40 seconds in the United States a child becomes missing or abducted. About 135 children were abducted or molested as a result of internet contact and going to meet the person. This states why you should never meet with someone you meet online and be cautious.

To summarize, the three precautions we can take to be safe when online is to know what to do when you feel uncomfortable online, what to do when someone tries to get you to go somewhere with them, and to be cautious of what to post online and to never meet a person you meet online. By doing all these precautions you're ensuring that you will be safe if you ever have to face one of these dangerous situations. You are making it a safer environment when you are online, and last but not least of all you are protecting yourself from potential predators.

Hiranna Maldonado-Ortiz

5th Grade, Deerwood Elementary

May 5, 2014

How Children Can Stay Safe

Jimmy Ryce was only nine years old when he was abducted from his school bus stop at gunpoint on September 11, 1995. After he was raped, Jimmy tried to escape the clutch of his predator and was shot as he tried to escape. Jimmy Ryce is only one of the many children that are abducted in America. This could happen to you at any time so don't get angry at your mom for not letting you go to the movies alone with your friends or not letting you talk to that cool guy on Facebook. Whether you are online or offline, predators are always watching you so take your embarrassing mom with you to the movies and keep on talking to your besties because you don't know who's watching you.

All those cool apps like Kik, Facebook, and Instagram are actually full of creepy stalkers that aren't really those cute guys that go to that school. Those are most likely those nosey people that stalk your profile because you never know who is on the other side of the screen. What if that "cute" guy says to meet him at the mall alone? Would you meet up with him or would you stay home? You never go meet someone you don't know from online without a parent or a trusted adult because you never know if he is a predator, waiting to take you. For example, you are creating a profile on Facebook (which your parents should know about), and it asks you for your school, address, phone number, or birthdate, do you think you should put ALL of that personal information? NO! A predator could easily find out your age, school, where you live, etc. This doesn't mean you have to scrub all of your profile from things about you, but just keep private things private. A quick reminder too: if that mean girl, Lindsey, at school texts you mean things through Kik, don't just take her unthoughtful words, report her to your school principal and they'll take care of her. What if Lindsey texts you again and you reply with a mean comment? Now you are going on her level and being as mean as her. Just drop the online drama people because the Internet is to have fun.

Not only is the Internet a dangerous place where predators lurk around, but the real world is no safe haven either. Not only are those stalkers on your favorite social network sites, but they can be watching you hang out with your friends at the mall or even when you're walking from school. That's creepy! So, when you're walking home from school and getting home, lock your doors. So, your doorbell is ringing and you don't know who it is, but you don't know if to answer or not. The answer is no because you don't know if that is a predator wanting to take you. Also, if you are at the mall and a random person asks to take you home, say no and run away.

So everywhere you go, online or offline, keep these safety tips in your mind.

OROC #32

Karina Jimenez

There are many ways to stay safe on the internet and social media. The internet is great, but you have to be careful of strangers and stalkers.

To begin with, a way to stay safe on the internet and social media is to have a private account. I say this because if you have a private account strangers and or stalkers can't see your information or pictures, only your contacts can see this. This way it is better and safer for you on the internet and social media.

Secondly, another way to stay safe on the internet and social media is to only be friends with people you know. I say this because if you only be friends with people you know you can prevent strangers from knowing where you live, how old you are, and what's your name and many more things. But if you are only friends with people you know you can prevent this from happening. So this is another way to

OROC #32

Karina Jimenez
Stay safe on the internet and
social media.

In conclusion, there are many
ways to stay safe on the internet
and social media. If its by having
a private account or by only being
friends with only people you know.
You always have to try your best
to stay safe on the internet and
social media.

INTERNET ABDUCTION

IS REAL

Internet abduction is a really bad problem these days. For example *Java* was just recently hacked because of a hole found in the interior of the running system. When kids play games such as *Roblox* or *Minecraft* they usually ask for a password at least eight digits long. When making a password you should always go to a website called *HowSecureIsMyPassword.com*. A password three digits long such as 911 can be cracked in 0.00000025 seconds, or a three digit letter password such as boo can be cracked in 0.000004394. This is because computers are better with numbers then letters.

Some hackers can be in pop-ups, so if a random pop-up appears, press the x in the corner of the ad if it is available. Another name for a pop up is a cookie. Additionally, a way they can get your info is from Spyware. Spyware is like a mini virus that is used to watch what you type on the computer and memorizes things you type more frequently such as, passwords or usernames. Spyware does not watch through your computer camera, but through a screen camera virus.

Samuel P. Zyak

Avoiding dangerous people online is EXTREMELY easy. What's difficult is when you are approached in real life. On the internet, you have full command of what happens (what you say, what you do etc.), but out on the streets, one may not be able to control the situation they're in.

One day, at my friend's house (Bea) we were talking and having a nice time. All of a sudden, Bea gets a mysterious message from her Facebook asking her to meet someone at the park. She told me she'd been getting the same question from that person a few times lately. I asked her if she'd told her parents, which she replied with a no. Therefore we decided to go ask what to do. Bea and I went and found Mr. Utiful (Bea's Dad). He suggested we block the person and report him or her.

to Facebook. Bea and I thanked Mr. Utiful and gave it a try. It was getting dark, and I had to go home, she said she'd tell me if she got anymore strange messages. Days passed weeks went by, and NO MORE STRANGE MESSAGES!!! Yay! Mr. Utiful's idea had worked. To celebrate, Bea and I popped open a soda next to the fireplace, and cooked s'mores. As we were talking I said, "I never realized your name was Bea Utiful." We both chuckled, and she never recieved any strange messages ever again.

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"Think Before You Click"
May 6, 2014

Ways to Avoid Stranger Danger

Most preteens have their social life on social networking. In our society today seventy-three percent of teens are online. As a preteen, I have learned how I can stay safe on the internet and on social media like Instagram, Kik, Facebook and Twitter. I always have to remember things that I put on the internet can last forever, and I try to always enforce good behavior on the internet.

I stay safe on the internet in many ways, my mom is really carefully about what I put on there and makes sure it is not too personal. When I got an Instagram and a Facebook account she made sure I had a good password and made sure there was no information about me on there. I am not allowed to put my address or phone number on my websites so I cannot be tracked or followed. I try to change my password every few months so people cannot sneak onto my account. In my opinion no one should ever go on websites that you know you aren't supposed to. Posting things that are inappropriate is also risky because the internet is forever. Some teens put postings and pictures on their accounts and other people can then, look at these pictures and spread them all over the internet. It can be very dangerous and embarrassing for the victims and their families. I know not to do those things, for one because my mom would get really mad and I would not be allowed to ever go online again. I have to show her who I talk to on Kik. If she doesn't know who the person is she makes me delete and block them. I am also not allowed to be on any social networking website with anyone who my mom doesn't approve of. I am very careful because I know my mom can log on and check up on anything I do on these sites, and she does.

Overall the internet is an incredible resource, however, it can also be very dangerous. I took a poll out of my fifth grade class and some sixth graders in my school. Eleven out of fourteen have social media sites, that same group of students all have smart phones. Nine out of fourteen kids can go on the internet without their parents knowing what they are doing online. I think all parents should have access to their kid's phone and social media sites; that way we can avoid the dangers that the internet holds.

Online Safety

Online safety is very important! If you end up making a mistake online it can turn out badly. If you are chatting online and the person asked you to meet them somewhere or asked you for personal information, what would you do? In order to prevent having to make this decision you must follow many online safety tips. In this essay about online safety I will be telling you all about what to do.

No matter what websites you may go on, you should always be careful not to give out your personal information. These things may be, but aren't limited to your name, number, pictures of yourself, your school, address, or any other information to strangers online. This is because if giving out personal information you are allowing a stranger to find and know everything about you. This can lead to them stalking you, or tracking your every move. If your information gets into the wrong hands it can ruin your whole life and there's no turning back to erase what you've done. This can cause depression or even thoughts of suicide. Before making a mistake that can hurt you for the rest of your life, think before you send.

Along with keeping personal information to yourself comes chatting online. Everyone knows that kids like to go online and chat with friends, but you must be careful of who you're talking to. Even with what you say, strangers can figure out things that you don't want them to know. It's good to keep parents involved with situations like this. For instance, if you want to talk to someone online but you don't know them, make sure you get approval from your parents before starting a conversation with that person. After getting approval from your parents, if the conversation starts to get a little weird make sure to tell your parents or a trusted adult, cut off the conversation, and if needed block that person. Sometimes with this type of situation people online may not be who they say they are and the things they may tell you aren't always true, so be careful with chatting online.

Lots of kids have accounts on social networks such as Facebook, Instagram, and kik. On these websites you must be careful not to give anyone any hints about your life. This starts with your account's name. You should never use your real name or even put parts of your name in it. If doing this people online can research your name and find out things about you. These things can be, but are not limited to where you live, your number, your school, and even the places that you go. This subject goes along with not giving out your passwords for your accounts to anyone at school or anywhere. If strangers get a hold of this type of information they have the power to post certain things on your accounts that may not be true or that can get you into a lot of trouble. It's good to always be safe online.

Depending on your actions, the internet can be either a safe or scary place. To avoid having to go through anything bad be sure not to give out your name, number, images of yourself, your address, or school. Also remember that if you don't know someone online don't talk or chat with them. Don't forget that you should never give out your name or password to anyone. I'm sure that if following these tips you will be able to have a great time on the internet and not get into a situation. Just remember to always be safe and not sorry.

Rebekah Pratt

By: Sydney Mulligan (maybe that was too much information)

Think Before You Click: Staying Safe on the Internet and Social Media

Think before you click. You should know some safety tips before you go online. First you should know how to use your privacy settings on any electronic or social media. Limit who can see what is on your profile, game, and pictures, anything that has personal information. Say NO to unknown emails which can be ads or traps for finding out your login or password. Avoid social broadcasting, more than your friends could learn personal information. Only tell who needs to know. For example, if you are going on vacation your friends and others don't need to know. Only post the past. If you are giving out information it can be about the past, because you don't want unwanted people knowing where you are going ahead of time. Verify links before clicking them.

Have you ever heard the saying the more the merrier? Well in this case it's the more the worst. The more computers the more chances of bad things happening to them like viruses. Did you know that 100% of online users are targeted by marketing? Also over 50% of online users are targeted by scams and fraud. 1 in 7 children are solicited online and a violent crime happens every 25 seconds. Stop and think about that for a while and be more aware of the internet. Stay updated about the latest crime and tragedy (on the news or other resources). Stay educated about viruses and other problems with your computer. If you have a problem with your computer ask your network provider about it. If you see something online that's wrong like bullying say something. Selfie safely, pictures give more than you think. Pictures give date, time, and location. There could be clues in the background of a selfie also you might have a piece of clothing with a team you like. For example a Miami dolphin shirt is in the background of your selfie then an abductor would suggest you live in Miami.

Do you know how you get followers or friends on apps or online? 30% or any amount could be a bunch of creeps trying to get information about you and maybe abduct you. A tip to get out of this situation would be to forget the popularity contest, only have people you know in person be your friend or follower. Keep your social network tight and hard to get through. In a worst case scenario of any abduction situation you either run (if the person is chasing you), hide (if the person is looking for you), or fight (if the person has you). Avoid giving too much information. Don't give anyone online your name, address, phone number, social security number, place of birth, or any other information. I had my own personal experience on Animal Jam. This person asked me where I lived but I am glad I could not of said where I lived because I didn't have free chat. I reported the person and tried to keep away from them. I also had an experience on Clash of Clans, I was looking through chat and found someone trying to be someone's girlfriend I said that wasn't right and blocked the person hoping he/she learned her/his lesson. Extra tips: 1. If you were approached by someone that made you feel uncomfortable you probably should walk away with a trustworthy adult. 2. If someone tried to get you to go with them somewhere you should tell your parent or the authorities and don't go with them. 3. If you are chatting online and someone asks you to meet them somewhere or asks you for personal information you should see if its someone you know first. Then if its someone you don't know you should tell your parents or the police.

Think about what you put online it stays there FOREVER.

Luis Martinez 4-28-14
 "Think Before You Click"

There are many good uses for the Internet such as communication with friends and family, watching videos, playing games, and more. But, today people use the Internet for bad uses such as cyberbullying, identity theft, etc. Yet there is another major problem with the Internet, and that is cyberabduction. Cyberabduction is when certain adults secretly pretend to be kids or teens on the Internet in order to abduct other children. It is most likely to occur on social media. These are the many ways for you to prevent cyberabduction.

Educate yourself. To prevent cyberabduction from happening you must learn and understand what it is. Research what makes cyberabduction, as well as how and where it is most likely to befall.

Protect your password. Safeguard your password and other private information from sneaky, curious eyes. Do not leave passwords or other identification where lots of people can see it. The reason why you should do this is so that no one else will be able to steal your private information.

Google yourself. Habitually search your name on search engines such as Google, Bing, Yahoo, etc. Try your best not to be open and remove all personal information or

photos, if any. The purpose of doing this is so that you will know if someone had stolen your information or not.

Don't be a cyberabductor yourself. Treat others with respect on the Internet. Do unto others as you would want others to do unto you. Being sneaky and knowish will reinforce the idea that the behavior is sufficient. As shown above, these are the many ways to prevent cyberabduction.

Think Before You Click: Staying Safe on the Internet and Social Media

By Zelle Towery
Trinity Christian School
Apopka, FL

If someone you don't know comes up to you and asks you to come into their van to go to Taco Bell what would you say? I know I would say no and run away. If anyone ever approaches you and makes you feel awkward always get help, if you have to scream, go ahead. You should also watch out when you're on social media sights. You never know what you're going to get asked, but you should never give out your phone number, address, or your full name. I really hope you don't give out any personal information.

If anyone you don't know ever asks you to go get ice cream or to grab a snack with them always say no. When I took martial art classes they always told me to scream, "Fine! Fine! This is not my daddy (or mommy)". Don't go anywhere with someone you don't know. Always ask your parents if you can go somewhere with someone. Always tell your parents if anyone ever asks you to go somewhere with them.

If you are online and someone asks you to meet them somewhere, never say yes. If anyone asks where you live, never tell them. Don't tell a person that you don't know where your school is or where your parents work. If you're on Instagram or Twitter and someone asks you something inappropriate, always show your parents so they can block and report them. To be safe always listen to your parents and show them what you are doing.

FMCD Essay Contest

PROC

Essay # 40-43

PROC #40

**"Think Before you Click:
Staying Safe on the Internet and
Social Media"**

Written By:

Lindsey Moody

Deane Bozeman School

Mrs. Merritt's Class

May 5, 2014

Think Before you Click; Staying Safe on the Internet and Social Media!

The internet is a dangerous place! It can be dangerous for many reasons. Websites such as Facebook, Twitter, and Instagram should be used with caution. Here are some things you should never do on the internet.

One thing you should never do is post any inappropriate pictures. Once a picture is on the internet it is on there forever! Even though you delete it, the picture is always there. Though posting a picture may seem insignificant at the time, it could reveal personal information about you or your family. An example of this would be what you look like, or the appearance of your house and vehicle. This could result in someone stalking you, or even robbery. Another thing to avoid is posting or sharing explicit pictures of yourself.

Also, you should always consult your parents before logging on the World Wide Web. Make sure that you only go to sites that you know and are approved by your parents. While on social media sites like Facebook, Twitter, and Instagram make sure that you only friend people that you actually know. Never accept or like posts from someone unfamiliar to you. You may think that you are talking to someone you know, but you could actually be talking to someone who is trying to hurt you or your family. Be very careful about posting where you are going or that you are home alone. There are predators that stalk social media in hopes of catching kids that are not careful.

The internet can be an unsafe place! If you don't use caution while on the internet especially social media sites, bad things could happen. Some of the things that you should never do are posting inappropriate pictures, posting personal information or revealing where you are going or if you are home alone. Use good judgment when on the internet and ALWAYS get permission from your parents or guardians.

Think Before You Click

PROC#41

By: Banks Benitone

5th Grade

Destin Middle School

Mrs. Pittman's Class

Think before you click. I hope that really sticks. Everyday kids everywhere are stolen because gave away information online; sometimes they don't even realize it! To stay safe on the Internet, always ask a parent or trusted adult before giving out information, like your phone number, zip code, address, and all other personal information.

If you get an instant message, phone call, FaceTime, or anything else from a mysterious number, or the person sends an inappropriate picture, do not reply. Think, "Should I do this?" If you have to think about this for more than thirty seconds then the answer is, "no!" When in doubt, think it out. Ask yourself again, "Will this affect me? Will this harm me or anybody I know? Could I get in trouble?" If the answer is "yes" for any of these questions, tell your parents or any other trusted adult.

If anyone is trying to get personal information from you, think of the word "S.T.O.P." "S" stands for safety; think about your safety and other people's safety before giving out personal information. "T" is for think; remember, when in doubt, think it out. "O" is for obedient; try to be good and remember what to do. "P" is for parent; they are the best people you could go to, if you think you are in danger.

So, if you're on the Internet and someone asks you for personal information, think S.T.O.P., and hopefully you will never be harmed.

PROC #42

Social media websites can be unsafe for kids. Here are some ways that might help children stay safe on social media websites if they are allowed to have them. I'm 12 and I actually do have an Instagram account which is a type of social media. I knew from the beginning though, that I really shouldn't have made one, but I did. My parents monitor the sites that I visit.

To start with, what happens if someone gets all of your personal information from one of your social media accounts and contacts you? First, before you do anything, you block and report that user. Second, you would want to tell your parents as soon as possible. Initially, don't go in your front yard or anywhere by yourself if they tell you they know where you live. Then, immediately delete the account where the hacker found your information.

Next, if someone you don't know asks you to meet them somewhere so you could get to know each other what do you do? Before you do anything, DON'T RESPOND. If you respond they could get more of your information even if it's just a simple "No." After you do that, tell your parent or your guardian. The last thing you need to do is delete all of your personal information that is on your social media account.

Another thing is, what if someone or some inappropriate website gets your phone number or e-mail? What are you going to do? Again, Tell a parent or guardian right away. Next, DO NOT RESPOND TO ANYTHING. Last, if they get your address and say that they'll hunt you down, notify the police.

You can trust me about all of this because someone got my phone number and e-mail. They were asking me to tell them where I lived and other things. I simply didn't reply. I have an iPhone and it would've told them my exact location. That's when I immediately deleted my account and told my parents. My mom is a probation officer. She mostly deals with child abuse, kidnapping, and hackers. The other day, she was given a case where someone hacked a girls Facebook and Instagram account and threatened her. She is currently investigating the case.

Never put any of your personal information on worldwide social media websites. Better yet, don't even get a social media account like Twitter, My Space, Facebook, or Instagram unless you are 18 years old or older. Make sure, even if you are 18 years old, DON'T put any personal information on there.

Beckett Moser
St. Paul Catholic School

04/27/2014
5th grade

"Oh! Thank you! I love it!" said Chrissy Kendrick on her 11th birthday. She had just received an iPod. "Now I can text Lianne and all my other friends," thought Chrissy.

The next day at school, Chrissy got her friends' numbers and was planning to chat with them all night. But when she got home, it seems she had lost the paper with all the numbers on it. Lianne was her best friend, so she had to know hers already. She typed in her number from memory, or what she thought was her number.

At school Chrissy was talking to Lianne, "Yeah, I love texting, it is so much fun!" said Chrissy. "Oh have you started texting anyone yet?" asked Lianne. Chrissy thought that Lianne was messing with her. She went home to text Lianne.

"Hey mom, can I meet Lianne at the park?" asked Chrissy. "Lianne" had texted her and told her to meet her at the Bellview Park in Chrissy's neighborhood. "Okay, but you need to be home at 4:25," agreed Chrissy's mom.

When Chrissy got to the park she couldn't spot out Lianne. But there was someone who Chrissy had never seen around their small neighborhood. There was a tall, skinny man who was leaning against a van with Oregon License plates. The number on the plate was 9713NXX. He saw her and started to walk towards her. "Hi, are you Chrissy," said the odd man. "Yes, why?" asked Chrissy. "Because I've been waiting for you," he said. "You look lost, let me drive you home." At that moment Chrissy remember the "Stranger Danger" lesson that she had been taught at school. She immediately turned and ran as fast as she could back to her house. She looked back and saw him following her.

As soon as she got in her house she told her mother the story. Her mother called 911. A police officer came to her house. Chrissy told the police officer that the man had said he "knew" her, but she had never seen him before. The officer asked her if she had been texting anyone lately. She told him that she had been texting her friend, Lianne. She then told him that she wasn't sure that it was Lianne because of the conversation that she and Lianne had had at school. She then saw all the dots connecting. "That man was texting me, pretending to be Lianne!"

The officer asked if she had remembered anything about the man. Chrissy told him that he drove a black van with an Oregon license plate with the numbers 9713NXX.

The next week her mother was reading the newspaper and there was an article about a man that was accused of attempt to kidnap. He would spend the rest of his life in jail.

Chrissy felt bad that she had fallen for his trick and was relieved that he had been caught. After all of this, Chrissy decided to stay as far away from texting sites where predators might be lurking.

FMCD Essay Contest

TBROC

Essay # 44-53

Bloodworth, Dana

From: FMCD
Sent: Tuesday, April 29, 2014 4:14 PM
To: Bloodworth, Dana
Subject: FW: Essay Contest

TBROC #44

From: Reader, Melanie [<mailto:reademel@berkeleyprep.org>]
Sent: Monday, April 28, 2014 10:08 AM
To: FMCD
Subject: Essay Contest

Think Before You Click

By: Jaela Bandes

“Mom can I please have an Instagram?” “Dad can I please have a Snapchat?” Numerous parents have been hearing this plea from their children throughout the past several years, as social media becomes more typical in our daily lives. There are parents whose children haven’t ask this question, and may have already signed on to these social networks. This is a dangerous thing because their safety might be compromised. Participating in these social media sights might sound fun, but there are great risks. Online hacking has become a more serious and frequent problem. Hacking can be done in a variety of ways such as breaking into a person’s social network profile without their permission or clicking on a link that was sent through a message that isn’t expected. Social networks are very entertaining and convenient, but just like you were behind the wheel for the first time, there are some significant rules that you need to follow.

Be careful about the information you share online. This goes for pictures as well as words. You should understand that many of these social media sights can be viewed by anyone. Leave out details that could easily identify you such as your email, home address, and date of birth, mobile phone number, or the name of your school. Just remember that once you publish this kind of information on line, it is not always easy to delete it. The internet never forgets anything that you post, whether you make it private or not, it could become public sometime in the future. I clearly remember a time when I was with my grandma, and I was five years old. An ad had popped up on the screen saying ‘you can win a computer! Just click here!’ If I knew at five years old what I know today, I wouldn’t have clicked on the ad. And let’s just say that my grandma wasn’t up to date with all of the ways people could hack into your electronic devices. The curiosity got the better of my grandma and me. We clicked on the ad, and entered all of the information needed. We waited for days, and weeks, and months, and the computer never came. Ads continuously popped up on her screen shortly after. To this day I am regretful of the mistake I made with my grandma.

Never click on links or install applications that are sent to you if you’re not expecting them. Hackers will frequently use links or apps to install viruses onto your electronic devices. They can even hack into your friends’ accounts, and use their accounts to send you links. If a message seems out of character from your friend, don’t click on it. Especially never click on the side ads when you are in a website. Hackers will often

hack into websites so they can post interesting ads on them. When you come across a fascinating side ad on a website, chances are, it isn't true. If you were to click on the side ad, you might install a virus or a spam onto your computer.

To avoid being hacked, you need to keep your software up to date. It may seem obvious, but keeping all of your software up to date is vital in keeping your computer secure and safe. Also, use a strong password when you are signing up for a social media site. Everybody knows they should have complex password, but some people don't. Passwords should be a random combination of letters, symbols and numbers. It is crucial to use a very strong password whether you are signing up for a website, or a social network.

Social networks and websites are great fun, and extremely useful in today's connected world, but it's best to follow a few basic ground rules to make sure you stay safe and get the most out of them. The internet is filled with millions of people looking to meet, chat, and share information with each other. As the social network has become enormously popular, so many kids have become increasingly keen to sign up. In my opinion it is best to avoid these social networks when you are 14 and under. Just remember to stay safe whether you are on a website or a social media sight, and think before you click!

Teacher: Melanie Reader

School: Berkeley Preparatory School

Contact Information: Reademel@berkeleyprep.org

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Nina Vaughn

"Think Before You Click"

Who is safe from danger? Well, if you think you are, you should know that not everyone is safe. Some people get hacked on the internet or taken in person. It is a very bad thing, so that's why I'm here, to teach you how to stay safe.

The internet is a dangerous place if you are not careful. People you don't know could see your posts or a comment that you don't want to get out. Just think of this saying before you post or make a comment on a post, "If you wouldn't say it to your principle or boss, don't say it at all." People can get really hurt or mad and try to hurt you. So remember, "Think Before You Click."

You are not just unsafe online, but you are also sometimes not safe in public, either. People can kidnap and hurt other people. My mom says, "It's because they had problems when they were little." Now that I'm older I believe it, too.

These are some tips you can follow. Travel in groups, follow only people you are friends with on the internet, don't say rude things about people, and yell for help if you are in trouble.

I hope you follow these tips and my advice so you will be safe. You never know who is watching or listening. Remember, if you wouldn't want your boss or principle hearing it, don't say it.

THINK BEFORE YOU CLICK:
Staying Safe on the Internet and Social Media

Jenna: Hey, I need your Email address to give you that URL for the cheat code.

Kristen: Why can't you just tell me?

Jenna: Uh... I have to go.

Jenna leaves the message.

"Man," Kristen says to herself "I was about to beat Mining Mayhem's 100th and final level! There's no way I can beat it without that cheat code!"

Did Kristen do the right thing? No. She was using a public chat room on the open chat setting. Kristen didn't know Jenna very well when she accepted Jenna's friend request. Here are some tips on how both you and Kristen can be safer online

For starters, make sure you inform a parent whenever you create any type of account and include their Email address and not yours. Make sure you have parental controls, such as private chat (an online messaging system where only approved players can join your conversation) activated. Kristen could have avoided her conversation with Jenna if she were on private chat. Use a fixed messaging system, where you can only send pre-written and appropriate messages. These systems are commonly provided on sites designed for youth.

Be careful who you friend! They may be predators. Have a parent approve anybody who you would like to friend before you send them a request. Think to yourself, *would I be friends with this person in the real world?* If not simply don't friend them. If you have online accounts only so you can make new friends, think, you can make plenty of friends on a sports team, in an art club, and even in a book meeting, live and in person. Continue your friendship by safely interacting with your new friends online!

Just in case somebody does send you an inappropriate or personal message, you need to inform an adult (preferably a parent) about what happened. Don't leave out any details at all, because that could change the whole story. In order to keep you safe they need to know about any questionable online activity.

So remember, when you are online you may just want to think before you click!

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TBROC #47

Staying Safe on the Social Media and the Internet

My fifth grade class and I had a statewide essay assignment on how to stay safe on the Social Media and the Internet. Well, this is what I want to share with you. At the age of eleven years old, my mother told me that about 20% of my family was raped or molested by sexual encounters. Forty one people in Polk County were arrested in 2013 in an online child sex sting.

From the people I interviewed and from my research on the internet here are a few tips on how to stay safe on the Internet and staying safe when encountered by strangers and some tips for the parents.

- Be aware of your environment
- Do not talk to strangers
- Never be alone walking by yourself
- Be aware of how you dress
- Know where your children are at all times
- Never leave your children in the car

If I am approached by someone who makes me feel uncomfortable, I would not respond and try to get away to safety and talk to an adult about it. If someone tried to take me somewhere or get me to go with them, I would try to get people's attention by screaming or trying to fight back. If I am in the parking lot of a store and a predator tries to get in the car, I will try to get someone's attention by blowing the horn. If I am on the internet chatting online, and someone asks me to meet them or ask for my personal information, I would go to my parent or guardian and show them. I will not text back.

What I want you to learn is to be careful on the internet because there are predators waiting to pounce on their prey. Be careful on Facebook, instagram, oovoo, and kik. Be aware of your environment!!! Do not give anyone your personal information. This is a dangerous world so be careful on the social media and the internet.

Safety on the Internet

Once upon a time, there was a young girl. It was two days before her twelfth birthday and she was chatting on Facebook. "Hey girls!" she typed. "Saturday's my B-day! My parents are taking me to California for the week! See you later!" After she left Saturday morning, something terrible happened. Her house was robbed! It was all because she said that she wouldn't be there.

The Internet is educational and fun but it can also be a dangerous black hole. Dear reader, posting on websites like "Facebook" and "Instagram" is like announcing information to the entire world! Some information should not be shared. Here are some tips on Internet safety.

Private!

Phone numbers, addresses, passwords, locations, schools, and other similar things are for private eyes only. Posting them in any way will let the world know. Even family photos are private! If that information gets onto the wrong screen, there could be consequences for you, your family, and your friends.

Pick your People

Reader, make sure you know who you are talking to. Don't give random people access to your page just because they asked. Only chat with good and trustworthy friends. With webcams, ask parents' permission before starting.

Strange?

Have you ever received a strange email? Well, DON'T OPEN IT! It could be a virus that will damage your computer! Don't open emails unless it is from a friend that you know.

Have "free download" or "You've won money!" ads ever popped up? Well, DON'T TRUST IT! Those pop-ups are not true! Beware of them!

Think

Before you hit the "send" button, pause and think. Ask yourself: "Does this reveal any private information about my family?" "Will this hurt anybody?" "Will my mother be okay with this post if she saw it?" The answers to those questions should be "no".

Get Help!

Now, picture this: Once there was another girl, chatting on Yahoo. She suddenly got threats and insults from a kid in her class at school. But she didn't tell anyone, thinking that nobody will understand her. Now reader, do you see something that the girl is doing wrong? She isn't telling anybody! For these types of issues, you need help or it will get worse. So reader, know when you need and should get help.

Internet safety is very critical. The Internet can be a dark and unforgiving place yet fun and interesting if used wisely. One wrong click can ruin your life! Reader, think before you post!

By: Indu Parameswaran, 5th Grade, Collins Elementary

TBProc #49

"Think Before You Click: Staying Safe on the Internet and Social Media"
by: Nicolas Machado

Fifty years ago, no one had ever heard of internet safety. Kids and their parents never knew that there could be adults that wanted to know where they lived, worked or played. In the 1990's, the main risks for children were pornography and sexual predators. By 2008, the growth of social media like Facebook had led to children being exposed to internet crime and abuse.¹

In the U.S., statistics published by the Kaiser Family Foundation show that 95% of 12 to 17 year olds use the internet. Seventy percent go online daily resulting in an increased risk of abuse or cyberbullying.² Thus, learning to be a responsible "digital citizen" is a new concept in the 21st century.

I interviewed Mrs. Carolyn McDonough, a security officer for the Office of Quality Management at the James A. Veterans' Hospital in Tampa, Florida. She told me one of her most important roles is to protect patient information. She told me that the Veterans' Administration is very strict about having proper clearance for personnel. They receive specialized training in order for them to handle patient information belonging to veterans. The VA computer system has a very strong firewall that protects against viruses and hackers, particularly their electronic medical records system. Mrs. McDonough told me she encrypts e-mail messages so they are "locked" and can only be used by people who have proper computer clearance. Many passwords and user names expire within ninety days which helps protect information if there is a breach.

Internet safety for young adults and children needs to incorporate similar safety mechanisms as those that exist with the Veterans' Administration. Today, many computers and gaming systems have parental controls that if used can ensure a high degree of internet security. Microsoft programs can block inappropriate sites and downloads from the internet. There are also controls that will allow only messages from approved contacts. Smartphones even have controls under "settings" where certain phone numbers and restricted sites can be blocked using password protection. Parents can also set web browser security levels.

I think that parents and children should work together to ensure safety on the internet and social media sites. Children have to be educated on internet safety at home and at school. As Mrs. McDonough told me, the age of a child using the internet without adult supervision depends on the child's maturity. However, parents should routinely monitor common sites they visit. Internet safety is a responsibility that goes with parenting.

I don't think children under age 17 should have chat capability because it is too easy for predators to masquerade as other children. There are other ways you can be safe on the internet:

1. Never share personal information and turn off your location services on your smartphone.
2. Stay away from web based gaming sites. Invite friends over so you don't have to worry about potential predators pretending to be children joining your player network.
3. Look for secure websites that have the letter "s" at the end of the usual https. The "s" represents "secure" and that the site is using SSL (Secure Socket Layers) which keeps information encrypted.

Knowledge is power. Proper education and parental guidance are essential so that children can be safe on the internet. In the United States, we take freedom of speech and our privacy very seriously. Consequently, internet safety should go hand in hand with freedom of speech and our privacy. Digital citizenship is a privilege which should be taken very seriously.

References:

¹ "Generation M2: Media in the Lives of 8- to 18- Year Olds." Kaiser Family Foundation, 2010. [Online] Available <http://slideshare.net/larrymagid/online-safety-30-presentation-for-parents-and-teachers>. April 26, 2014.

² "How do you know a website is secure?" Pw Internet and American Life Project: Dec. 2009. [Online] http://www.choy.com/how_5864969_check-website-secure_.html#page=0. April 26, 2014.

TBLOC #50

Think Before You Click

By: Alexis Guzman

Today's children love the new technology that people are creating today. Like me, many kids are curious about different things and we're constantly using the latest technology. When your child gets a phone or any electronic device, they are most likely going to be finding themselves looking up inappropriate pictures or being on an unsafe website. There are many different ways that you can prevent yourself from doing these things. Here are some tips so you can do just that.

- 1) Never respond to weird phone calls or text messages.
- 2) Make sure you know what you're clicking on and if you don't, ask an adult for help.
- 3) Think about why you should be safe on the internet and if you don't understand, then ask any adult for help.
- 4) Be responsible of your actions.
- 5) If you have trouble looking up appropriate things ask your parents to put blockings on your website access.

When it's time for me to get a phone, I will use these tips because it will help me stay safe and help me stay out of trouble. Also, it will make you feel good if you're being responsible. When you take good care of your things, don't get into trouble while you're looking up stuff and your parents know you're making good choices on the internet, you might just get more privileges by showing how responsible you are. But, you should not take advantage of it because that is wrong.

Being safe is very important because if you're not safe, bad things can happen, especially on the internet. I always make sure I am on the right web sites and looking up appropriate things because it's the right thing to do. Also, if you use my safety tips and your parent's safety tips, you will stay happy, healthy, and have a great life!

TBROC#51

Think Before You Click: Staying Safe on the Internet and Other Social Media

My parents keep me safe on the internet. I'm not allowed on Instagram, Facebook, Twitter, Vine, Foursquare, etc. Instead, I go on a site, which is a safe organization just for girls. You have to pay, but there's a reason: that's what makes it so safe. You don't have to worry about getting yourself into trouble. It's still loads of fun - just safer.

There is nothing wrong with social media and the internet. Sites don't try to hurt you. There are just pros and cons. Here are 10 of them. On the up side, you can learn new things. You can acquire bigger vocabulary. The sites try to protect you - you are supposed to be 13 or older to go on Instagram, Facebook, Twitter, or other sites like those. You can see photography, reviews, ideas, etc. You can keep in touch with friends who aren't near you. On the down side you could end up getting hurt. Something could happen to you. Older people can lose their money. You could get kidnapped. You can see bad things.

Facebook, Instagram, Twitter, Vine - they all have guidelines that say you have to be 13. One of the best ways to stay safe on the internet is to follow those guidelines. If you follow them, you can also prepare yourself and write out a script ahead of time. I follow the guidelines. I want to be on Instagram with all my friends, but I'm not. I follow the rules that the site has put in place. One thing you need to do is be prepared for sticky situations. Have a list of practiced answers for if someone asks you a risky question. Then you'll know what to do should something occur. For example, if someone asks for advice, you might have written down "ask my dad, ____ ____." Then you should answer to the person "ask my dad, ____ ____." That helps you avoid bad things. If you're on sites that have 13+ rules, a script is something you'll want!

I go on a website where you don't have a really big possibility of getting hurt. The website is called NMG, or New Moon Girls. You have to pay, but that makes it safer. You don't have other people that could hurt you on the site. It's only for girls, and it's loads of fun! On NMG, you can read stories, ask other girls for advice, and post almost anything! You get your own avatar, you can participate in book club chats, and write stories that could go into the magazine! It's really safe, too.

No one wants to be a missing child. I know I definitely don't. That's why guidelines are put in place. That's why you always want to follow the guidelines. That's why you want to have a pre-made script that will come in handy. You want to stay safe, so you follow the rules.

St. Paul Catholic School, 1800 12th St No.,

Betsy Johnson, Grade 5

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Think Before You Click

By Missy G. Poe

You see a picture on Facebook that makes you laugh. It's of a very close friend but contains personal information. You share it not thinking clearly. Does it contain personal information? Can it put people in danger?

Those are questions you should ask. You never know who looks at that picture after you share that. The Internet isn't as safe as many people think. It can contain predators, bullying, and false ads.

Bullies are common on the Internet. This is called cyber bullying, and happens more than you'd want. Bullying isn't just physical, but can be verbal and mental too. Bullying is made of two or three types of people. There are bullies, victims, and bystanders. If you're a bystander you shouldn't give approval. That's what bullies want. You should tell an adult if you get bullied, or witness bullying. However, it's not okay if you're a bully yourself.

There are also predators. They often pretend to be young. You may often think they're sixteen, fourteen, ten, or even six. They might even pretend to be a different gender, religion, or homosexual. You should never give away personal info, such as email, phone number, or address. If anybody asks to meet you offline, you should say no, even if you think you know him or her.

False ads are also found on the Internet. Sometimes they'll say things like you just won a free car, but you really didn't. Sometimes these people are predators, or want money. Don't give anybody personal information. If they ask for credit card, then they probably lie. They might charge you if you give them the information.

If you ever see or hear inappropriate words on the Internet, it is best to tell an adult and leave the site immediately. This includes sexual jokes, racial jokes, or jokes with bad words in them. Never repeat the bad things you hear or see. Sometimes sites have a reporting system. You can tell an adult the problem while playing the game. You might also be able to ignore someone, so that you can't hear or see what he or she says.

Remembering this will keep you safe. Just like you, your parents, your friends, and God wants. Philippians 4:8-9 says, "Finally, brothers and sisters, keep your thoughts on whatever is right or deserves praise: things that are true, honorable, fair, pure, acceptable, or commendable. Practice what you've learned or received from me, what you heard or saw me do, then the God who gives this peace will be with you." Remember this next time you think about forwarding a picture.

TBROC #53

Grace Weaver

4/7/14

Westlake Christian School

5th Grade

Think Before You Click: Staying Safe on the Internet and Social Media

Jennifer Williams logged onto her Instagram account and was shocked to find that someone she didn't know had asked her what school she went to. Immediately, without thinking, she replied, "Highland Lakes Elementary." Her mother walked over and asked, "What are you doing?"

"I'm just answering a question about what school I go to," Jennifer replied.

Jennifer's mother asked, "Who was asking?"

"I don't know. What difference does it make? It's only my school name," Jennifer replied.

Jennifer had no idea what she had done. Just imagine what could happen if she then told the stranger how old she was, what she looked like, or where she lived.

What would have been the safer thing to do? Jennifer shouldn't have responded at all if she didn't know exactly who was asking her. If you have any doubt about who is asking you for personal information, don't respond. You should always ask a parent, guardian, or teacher for assistance and advice if someone you don't know is asking you for personal information. After you ask an adult for help, you should report the incident to the website manager. Finally, if the problem persists, you should always ask an adult to assist you in notifying the police. My father is the technology director at my school so he has taught me how to stay safe online.

How can you be smart when setting up online accounts for virtual worlds and social medias? First, be careful when you are creating usernames for online accounts. You should never include birth dates, personal names, or addresses. Second, make your password complicated by using a mixture of uppercase letters, lowercase letters, numbers, and special characters. Also, use information that is not openly known about you. Often, password resets require answering security questions. Always, choose the questions that no one knows about you. One example of these questions is, what is your grandmother's pet's name?

Should you ignore the age restrictions on social media websites? Absolutely not! The restrictions are there for a reason. The creator of a website sets an age restriction for your benefit and safety. Someone under the age limit doesn't have the maturity to make decisions about how to use the site safely.

Should you question whether the guidelines apply to you? No, of course they apply to you. No matter what firewalls, safety programs, or other web watcher filters you have on your devices, there is still a chance that someone could be trying to use the internet to locate you and hurt you. Furthermore, why take a chance? Is being on Facebook or some other social media really worth the risk that someone could find and harm you?

REWIND! Jennifer Williams logged onto her Instagram account, and was shocked to find that someone she didn't know had asked her what school she went to. Immediately, she called her mother over, and together they called the website manager to report the incident. When the stranger asked again, Jennifer and her mother called the police and reported the problem. Which Jennifer will you be?

FMCD Essay Contest

TROC

Essay # 54-55

Dina Cisneros

Click, click, and click. That's the sound of a mouse. By mouse, I mean a computer mouse, of course. I'm here to talk about the dangers of the World Wide Web. In this generation, we all use the internet, so we need to be aware of stranger danger, spammers, and social media trouble. You never know what you might get yourself into on the computer.

Now, let's start with stranger danger. This also ties a bit into social media. Bad strangers are usually always looking for a gullible kid to trick. One way they can do so, is by pretending to be a friendly person. Say you're on your social media when a completely random person messages you. Possibly saying they want to be your friend, asking for personal information, wanting to meet up with you somewhere, and so on. They are, most likely, some weirdo who isn't actually a good person. You should never give any information to those people, especially not your address!

Next up, we'll be talking about spammers. These are the people who send you those fake "Congratulations! You have just won a free iPad!" messages. I, personally, have gotten these sort of messages, tons of times. My friend once got a message from, what appeared to be her favorite YouTuber, saying she had won her most recent giveaway. In the message, they were asking for credit card information so she could pay for shipping fees. Luckily, she never gave it away, because we later found out a scammer had hacked her account and sent that message to a lot of people. The point is, that some people are really good at suckering people to believe they're someone they're not. So it can be pretty tricky when it comes to that.

Last but not least, is being careful on social media. Social media can be a good and a horrible thing. In this case, I'm trying to warn you from the bad side of it. For example, cyberbullies are something you want to avoid. Cyberbullying is an awful thing that is meant to hurt you, but if you think about it this way, it might make you feel better about yourself. They're wasting time writing nonsense about you, which is ridiculous. There is also inappropriate content often on social media. This is most likely why most schools just block off those websites completely.

In conclusion, the internet can be a pretty dangerous thing. So, be careful when you're surfing the World Wide Web. You don't know what you can find on there, really. To review those were tips to help you be aware of stranger danger, spammers, and social media trouble. In other words, there are many dangers of the internet, so just remember to keep safe, and think before you click.

Think Before You Click: Staying Safe on the Internet and Social Media

Internet Safety Tips by Elijah Hunt

Lee Elementary School, 5th Grade

We have been learning in our class about how kids should think about the consequences of clicking the mouse on their computer before they make a terrible mistake. I have chosen a few tips that I think are important for kids to know before they click anything on the computer.

- Never talk to strangers on the Internet.
- Don't click on pop-ups.
- Be careful downloading apps.
- Report cyber-bullying.
- Block bad web pages.

Now, I'm going to tell you why you need to watch out for these things.

Never talk to strangers on the Internet. You never know if they could be old creeps who want to hunt you down. And never give them your real name or your phone number. And do not, I mean do not, give them your address!

Now, I'm going to tell you a rather helpful tip. Don't click on pop-ups. Some pop-ups may give your electronic devices a virus that will mess up your computer where you cannot use it. Some viruses can really do weird things to your computer where it won't even turn on!

Here's another tip. Be careful downloading apps. Just like pop-ups, some apps give you viruses and it can mess up your computer or your lap top.

Want another tip? Here you go. Report cyber-bullying. If you see cyber-bullying happening, you need to report it to a grown-up or tell the bully to stop! Some people cyber-bully to make people feel bad about themselves.

Block bad web pages. If you see one, you should block it. If you see a nasty web page, you should block it. Blocking a web page is the best way to get it off of your computer!

Here's a bonus tip: Keep kids underage off of social websites such as Facebook, Twitter, Instagram and other websites kids should not get on. If the kids meet a person they have never met, you don't know who really is behind the profile. The person could pretend to be a nice little kid but it could be an old man, a guy, or even a girl who wants to snatch you.

There are tips that I think are very important. So, be careful in what you do on the Internet!

From: [Gibson, Ben](#)
To: [Stearns, Heather](#)
Subject: 99 new legal jobs
Date: Wednesday, January 07, 2015 11:21:32 AM

From: The Florida Bar [mailto:TheFloridaBar@association-network.com]

Sent: Wednesday, January 07, 2015 11:15 AM

To: Gibson, Ben

Subject: [Spam:***** SpamScore] 99 new legal jobs

99 new legal jobs from the The Florida Bar Career Center | [View this email in your browser.](#)

Add TheFloridaBar@association-network.com to your address book to ensure you receive emails from us.



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99 new legal jobs

[Insurance Defense Attorney](#)

Progressive Insurance - West Palm Beach, FL

As a member of our insurance defense litigation team, you will provide legal representation to Progressive insureds and/or to the Progressive Insurance Companies before courts and arbitration panels in all aspects of litigation. Handling your own cases from beginning to end, you will also prepare legal pleadings, motions, statements, trial briefs and be involved in negotiating settlements. [more info...](#)

[Litigation Attorney - Orlando Office](#)

KEL Attorneys - Orlando, FL

Our high energy Firm is committed to hiring and retaining the very best talent in the legal industry. We are focused on hiring the best. A desire to work in a fast pace environment with a large caseload is required and expected. Excellent compensation package based on workload. Our Firm is seeking a litigation associate with min two years experience as either public defender, state attorney or PIP associate. [more info...](#)

[Assistant County Attorney](#)

Leon County Attorney's Office - Tallahassee, FL

Assistant County Attorney with the Leon County Attorney's Office, assisting the County Attorney in providing legal representation for the Board of County Commissioners. Emphasis will be on land use and environmental law issues. [more info...](#)

[Information Technology/Litigation Support Paralegal](#)

Lewis Brisbois Bisgaard & Smith LLP - Ft. Lauderdale, FL

The Ft. Lauderdale office of Lewis Brisbois Bisgaard & Smith has a position for a litigation support / trial paralegal with 5 years' experience in Commercial Litigation, Insurance Defense, Products Liability, and/or General Litigation. [more info...](#)

[Litigation Associate Attorney](#)

Tucker & Tighe, P.A. - Fort Lauderdale, FL

Tucker & Tighe, P.A., a downtown Fort Lauderdale AV-rated law firm representing community associations, seeks an experienced litigation associate. Work includes association lien foreclosures; condominium arbitrations; rule enforcement; injunction lawsuits; construction litigation; general litigation. Salary commensurate with experience. Please submit resume and writing sample by logging in & select "Apply by Email." [more info...](#)

[Real Estate Associate](#)

Trenam Kemker - St. Petersburg, FL

Commercial real estate attorney with 4-6 years of experience for our real estate transactional practice, to be located in St. Pete. Seeking associate candidates who can assist in the structuring and documentation of mortgage/asset based lending, sales and acquisitions of commercial property, loan modifications and workouts, as well as other legal work in our diverse commercial real estate practice. [more info...](#)

[Real Estate & Commercial Litigation Associate Attorney](#)

Crew & Crew, P.A. - Fort Walton Beach, FL

Fort Walton Beach law firm seeks associate with experience in real estate or commercial litigation. Construction litigation experience is a plus. Busy practice offers exceptional opportunities for professional growth and partnership in a growing firm that offers high degree of client service. Excellent benefit package and salary. [more info...](#)

[Paralegal Orlando Office](#)

KEL Attorneys - Orlando, FL

Our Firm is seeking paralegals with familiarity in one or more of the following practice areas: Family Law, Foreclosure Defense, General Civil Litigation, Immigration, and Probate. KEL Attorneys is a large, dynamic Firm representing clients in variety of practice areas. Voted by Orlando Business Journal as #1 Best Place to Work! We are constantly evolving and looking for qualified Paralegals, who enjoy working in a fast paced environment, are interested in learning and have a passion for helping [more info...](#)

Healthcare Attorney Tampa or St. Petersburg

Trenam Kemker - Tampa or St. Petersburg, FL

Healthcare Attorney to be located in Tampa or St. Pete office. 4-7 years of practice. Prior experience in healthcare entity formations and maintenance, relations among owners of healthcare entities, healthcare contracting, healthcare transactions, healthcare provider employment agreements, state and federal healthcare regulation. Experience should be through private law firm healthcare practice or a combination of law firm and in-house experience with a hospital or health provider group. [more info...](#)

Litigation Associates

Cole, Scott & Kissane, P.A. - Fort Lauderdale West, FL

Cole, Scott & Kissane, P.A., a growing state-wide AV- rated" civil litigation firm seeks Litigation Associates with a minimum of two (2), maximum of (6) years litigation experience, for its Fort Lauderdale West Office. Experience in the practice areas of insurance defense, Workers compensation and personal injury protection a plus. Strong academic credentials, excellent research and writing skills required. Highly competitive compensation and a friendly, excellent work environment. [more info...](#)

Attorneys - Hollywood Office

Conroy Simberg - Hollywood, FL

Expanding Broward statewide insurance defense firm seeks experienced attorneys for the following positions - 1) Attorney with 3-7 years of liability experience 2) Attorney with a minimum of 2-4 years first party /property coverage experience. Great opportunity for qualified candidate. Send resume by logging in & select Apply by Email. [more info...](#)

Associate Attorney - Miami / Orlando / Tampa / Pompano Offices

Dutton Law Group - Miami, Orlando, Tampa, Pompano, FL

AV-Rated law firm has immediate openings for associate with a minimum of 3 years of insurance defense, PIP litigation and/or BI experience in our Miami, Orlando, Tampa, and Pompano offices. Salary will be commensurate with civil litigation experience. The ideal candidate will have good academic credentials, excellent analytical and writing skills and experience handling a large volume of cases from inception through trial. A portable book of business is a plus. Position offers a competitive [more info...](#)

Associate Contested Attorney - Panhandle Area

The Law Office of Daniel C. Consuegra - Tallahassee or Pensacola, FL

The firm is currently seeking a qualified Attorney for our Contested department to work out of the Panhandle. The Attorney will work remotely from their home/home office and will be responsible for all aspects of contested matters, including pleading preparation, discovery, motion practice and trial. Attorney will primarily be responsible for all cases in the Panhandle region and may also travel as needed to Northeast and Central Florida to attend hearings and trials. The Attorney should have st [more info...](#)

ERISA Attorney Tampa or St. Petersburg

Trenam Kemker - Tampa or St. Petersburg, FL

ERISA attorney with 4-6 years of experience to be located in either the Tampa or St. Pete office. We seek candidates with current experience in health and welfare plans, cafeteria (Section 125) plans, Affordable Care Act compliance, and HIPAA compliance. Defined benefit plans and deferred compensation are other areas in which prior experience is desirable. [more info...](#)

First Party Attorney - West Palm Beach Office

Conroy Simberg - West Palm Beach, FL

West Palm Beach insurance defense firm seeks an attorney with a minimum of 3-7 years litigation experience, first party/property coverage experience helpful. Excellent salary and benefits. Email resume by logging in and select "apply by email." [more info...](#)

Litigation Trial Attorney

The Law Office of Daniel C. Consuegra - Tampa, FL

The firm is currently seeking a qualified Litigation Trial Attorney (5 years experience or more) for our Litigation department. The Attorney will be responsible for all aspects of litigation, including pleading preparation, discovery, motion practice, trial and possible appeals in both state and federal cases. The position requires a strong work ethic and great attitude. The position offers sophisticated clients, challenging work, a friendly and relaxed work environment, competitive compensation [more info...](#)

Paralegals / Legal Assistants - Tampa , Miami , and Pompano Beach

Dutton Law Group - Tampa, Miami, Pompano, FL

The Tampa , Miami , & Pompano Beach office of Dutton Law Group is seeking an experienced paralegal/legal assistant 2 years of experience to include PIP, insurance defense and civil litigation and should have good academic credentials. [more info...](#)

Litigation Attorney - Tampa Office

Conroy Simberg - Tampa, FL

Statewide insurance defense firm in Tampa seeks an attorney with 7-10 years of liability experience. Competitive salary and benefits. Email resume by logging in and select "Apply by Email." [more info...](#)

Business Transactions Associate Tampa

Trenam Kemker - Tampa, FL

Business Transactions Associate to be located in Tampa. 2-4 years of practice. Prior experience in entity formations and maintenance,

business owner relations, general business transactions, employment agreements, nonqualified executive compensation plans, securities, M&A, and taxation, or some combination of experience in these areas. [more info...](#)

City Attorney

City of Pensacola - Pensacola, FL

The City of Pensacola is seeking an attorney with substantial Florida local government law experience to serve as City Attorney. This individual will serve as the chief legal counsel for the City providing legal counsel and advice to the Mayor, City Administrator, City Counsel, City boards and commissions and staff as well as managing the City Attorney's Office. The City offers a full range of municipal services as well as an International Airport, commercial Port, and a natural gas utility. [more info...](#)

Consumer & Class Action Litigation Associate

Hinshaw & Culbertson LLP - Miami, FL

The Coral Gables office of Hinshaw & Culbertson LLP, a leading national law firm, seeks an Associate Attorney with a minimum of two years of litigation experience, a commitment to exceptional client service, top quality writing skills and strong academic credentials. [more info...](#)

Associate Attorney : Complex Provider Fraud

Wicker, Smith, O'Hara, McCoy & Ford, P.A. - Miami, FL

The Miami office of Wicker Smith is seeking an associate to represent insurance companies. This area is devoted to complex provider litigation and experience in fraud, criminal law, and personal injury protection is highly recommended. Book of business a plus 3-5 years experience. Candidates need to have 3-5 years of PIP experience and should have high academic credentials from a nationally respected law school and an equally impressive undergraduate degree. EOE [more info...](#)

Litigation Paralegal Needed

Gonzalez Saggio & Harlan LLP - Miami, FL

The Paralegal is responsible for providing legal and administrative support to the Litigation team. This support will include, among other things, preparing legal documents and performing and organizing discovery and research functions under the direction of the Litigation Attorneys. The ideal candidate will be experienced in litigation. The team will require the candidate to be involved in strategy and be an independent thinker. Familiarity with litigation/trial software is a plus. [more info...](#)

Personal Injury Plaintiff Associate Attorney

The Pendas Law Firm, P.A. - Orlando, FL

The Pendas Law Firm, P.A. seeks an aggressive associate attorney to handle a heavy case load. The ideal candidate must have at least 3 - 4 years of personal injury plaintiff and trial experience. Experience in medical malpractice is a plus. Bilingual (English/Spanish) preferred, but not required [more info...](#)

Pre-Suit Case Manager - Bilingual (Spanish/English)

The Pendas Law Firm, P.A. - Orlando, FL

The Pendas Law Firm, P.A., a growing personal injury law firm, is seeking a bilingual (Spanish/English) case manager for pre-suit. Candidate must have a minimum of 3 years of experience. [more info...](#)

Tampa Receptionist / Front Desk

KEL Attorneys - Tampa, FL

The Receptionist role is one of a gatekeeper and the initial representation for the entire firm and its employees. The front desk Receptionist for the Tampa Office is directly responsible for providing hospitality and reception or other services defined below to all visitors into the Tampa Office, keeping track of all outgoing and incoming mail, handling the mail orders, prepping the file for data entry and production and organization for all break room supplies. Receptionists will provide supp [more info...](#)

PIP Attorney

Windhaven Insurance - Miami, FL

The staff attorney position defends the company against lawsuits for Personal Injury Protection and Physical Damage claims brought against the company. The ideal candidate will have knowledge of civil litigation and insurance law as well as a strong work ethic. [more info...](#)

Legal Counsel I

FIS - St. Petersburg, FL

This junior-level attorney will be responsible for (i) preparing and negotiating contract documentation with customers of the company, (ii) analyzing litigation or other dispute matters, and (iii) providing legal advice and/or counsel to business units within the company. This attorney will review, prepare and negotiate information and technology services contracts, software licenses, and other outsourcing and information services agreements for services and products provided to financial instit [more info...](#)

Personal Injury Attorney - Performance based \$500,000 to \$1,000,000

Thomas J. Henry Injury Attorneys - San Antonio, TX

Thomas J. Henry Injury Attorneys is seeking a seasoned, results-driven Trial Attorney. Attorney must be experienced in personal injury law, specifically in representing plaintiffs. Attorney must have extensive first chair trial experience with a track record of success to match. Performance-based compensation means you have the ability to earn \$500,000 to \$1,000,000 within the first 12-18 months. [more info...](#)

Personal Injury Attorney- Performance based \$500,000 to \$1,000,000

Thomas J. Henry Injury Attorneys - Corpus Christi, TX

Thomas J. Henry Injury Attorneys is seeking a seasoned, results-driven Trial Attorney. Attorney must be experienced in personal injury

law, specifically in representing plaintiffs. Attorney must have extensive first chair trial experience with a track record of success to match. Performance-based compensation means you have the ability to earn \$500,000 to \$1,000,000 within the first 12-18 months. [more info...](#)

Lead Personal Injury Attorney

Confidential - Sarasota, FL

Well established Sarasota plaintiff's worker's comp, personal injury and social security disability firm seeks to add a lead personal injury attorney. The ideal candidates will be decisive, confident, and systematic. The firm is client committed, results oriented, and collaborative. Applicants should have produced excellent results representing personal injury plaintiffs for a minimum of 3 years. He or she should be eager to independently take over a full caseload. A competent and trained suppo [more info...](#)

Insurance Defense- BI/PD- Attorney

Windhaven Insurance - Miami, FL

Windhaven Insurance is seeking an Experienced BI/PD Attorney in the Miami/Doral area. The ideal candidate will have knowledge of civil litigation and insurance law as well as a strong work ethic. [more info...](#)

Workers' Compensation Defense Attorney

Miller, Kagan, Rodriguez & Silver, PL - Orlando / Maitland, FL

Workers' Compensation Defense Associate responsible for representing the interests of employers and insurance carriers throughout the state of Florida in the handling of their workers' compensation claims. Position requires the use of independent judgment, research, litigation and analytical skills. Qualified candidates must be willing to work in a team environment and exhibit interest in marketing to the workers' compensation client base. Thorough knowledge of Florida W/C statutes and its app [more info...](#)

Attorney - Jacksonville Office

Boyd & Jenerette, P.A. - Jacksonville, FL

Boyd & Jenerette, P.A., an established AV-rated litigation firm seeks an Attorney with a minimum of five (5) years litigation experience, involving Construction and Complex Liability insurance defense. Portable business required. Strong relevant verifiable experience, Florida bar admission, and federal court experience. We offer a generous benefits package and salary commensurate with experience. Job located in Jacksonville. All submissions held in strict confidence. Email your resume. [more info...](#)

Litigation Paralegal

Bush Ross, P.A. - Tampa, FL

Bush Ross is looking for an experienced Litigation Paralegal. Paralegals at Bush Ross work within a team of lawyers and legal assistants. This type of teamwork-driven office environment creates a positive relationship between our attorneys and support staff. The general responsibilities of the Litigation Paralegal position include, but are not limited to: Communicate with clients, witnesses, judicial assistants and other attorneys and their staff ,prepare legal documents, pleadings, correspondence [more info...](#)

Attorney: Professional Malpractice

Wicker, Smith, O'Hara, McCoy & Ford, P.A. - Jacksonville, FL

Candidates need to have 0-2 years of litigation and professional malpractice experience and should have high academic credentials from a respected law school. The working environment consists of a close-knit group of aggressive attorneys working together as a team. [more info...](#)

Litigation Paralegal

Boyd Richards Parker & Colonnelli - Miami, FL

Civil defense law firm is seeking a paralegal with a minimum of 3 years of experience in a litigation office - Must be highly organized with strong research and writing skills and fully computer literate. Paralegal Primary responsibilities include managing files for litigation matters, arranging depositions, cataloging documentation, drafting discovery, pleadings and other litigation documents, responding to pleadings, preparation for depositions, motions, hearings and trial [more info...](#)

Civil Litigation Paralegal with 7+ Years of Experience Required

Litigation Law Firm - Jacksonville, FL

Civil litigation law firm seeks full-time paralegal. Qualified candidate must have Florida Civil Litigation (trial) experience. 7 years experience required. Florida Registered Paralegal certificate a plus. Construction experience preferred. Competitive salary and benefits package. [more info...](#)

Legal Assistant - Bilingual (Spanish)

David F. Vedder, P.A. - Daytona Beach, FL

David F. Vedder, P.A.in Daytona Beach, FL seeking full time permanent Legal Assistant for Immigration and Nationality Law firm. Spanish speaker required with superb computer skills. Benefits included, Salary commensurate with experience. 2 years of previous experience working in a law firm environment. [more info...](#)

Medical Malpractice Associate Attorney & Personal Injury Associate Attorney

Dennis Hernandez & Associates, PA - Tampa, FL

Dennis Hernandez & Associates, P.A., a personal injury boutique Tampa firm is seeking the following attorneys: 1) Associate attorney with experience in medical malpractice. Candidates must have three (3) to five (5) years of experience in all aspects of litigation from case inception through assistance at trial. Qualified candidates must possess the following: Top third of law school class , Admitted to practice in the State of Florida, Must have minimum of 3 years MedMal experience, plaintiff or [more info...](#)

Construction Litigation Associate Attorney with 3+ Yrs. of Exp.

Hill Rugh Keller Main - Orlando, FL

Downtown Orlando "AV" rated law firm seeks an Associate Attorney with 3 - 4 years of experience in construction, insurance defense or commercial litigation. Must have a strong academic record. Please send resume with salary requirements to the email provided. Applicants should have strong research and writing skills. 3-4 years experience required - insurance defense, construction and/or commercial litigation . [more info...](#)

PIP Attorney

Ellis, Ged & Bodden, P.A. - Sarasota, FL

Ellis, Ged & Bodden, P.A. is seeking an ambitious, highly motivated and passionate PIP attorney for our office in Sarasota, FL. 3-5 years of litigation experience required. Experience prosecuting and defending claims for personal injury protection (PIP) benefits .Must be comfortable managing a large caseload with minimal supervision. Required to attend depositions, hearings, preparation of various legal documents including motions, memorandums and discovery. Conduct hearings and assist in trial [more info...](#)

Insurance Litigation Associate Attorney

Simon, Reed & Salazar, P.A. - Miami, FL

First Party Insurance and Complex Litigation. Growing insurance defense firm located in Dadeland area seeks attorney for associate position to assist with first party coverage and complex litigation; 3-6 years experience in civil litigation with at least some first party experience required. Please send resume, salary requirements and writing sample. [more info...](#)

Corporate and Business Attorney and Trusts & Estates Attorney

Grant Fridkin Pearson, P.A. - Naples, FL

Grant Fridkin Pearson, P.A., an established Naples firm with an AV rating, is seeking attorneys to fill the following positions: 1. Attorney with significant experience in business acquisitions, mergers, and business entity structuring and the necessary and related business entity tax knowledge. 2. Attorney with experience in sophisticated estate planning and administration. An LL.M. in taxation or estate planning is required. The ideal candidates should be members of The Florida Bar, be present [more info...](#)

Civil Litigation Attorney

Gurley Vitale PA - Sarasota, FL

Gurley Vitale, a Sarasota AV rated commercial litigation law firm is seeking a lawyer with minimum of five years complex civil litigation experience. Candidate must have superior academic credentials, a successful employment history and proven client relations skills. This is a long term opportunity. Salary commensurate with talent and experience. Medical, disability and 401k benefits provided. All inquiries will be treated with the utmost discretion and held in strict confidence. [more info...](#)

Real Estate Paralegal

Hahn Loeser & Parks LLP - Fort Myers or Naples, FL

Hahn Loeser & Parks LLP has an immediate opening for an experienced Real Estate Paralegal (5 years) in our Fort Myers or Naples office. We are seeking someone with experience in reading and understanding contracts, and drafting residential and commercial documents related to conveyance, acquisitions, leases and loans. [more info...](#)

Real Estate Attorney

Hahn Loeser & Parks LLP - Fort Myers or Naples, FL

Hahn Loeser & Parks seeks a real estate attorney with 5 years of experience for the Fort Myers or Naples office. Qualified candidates must have strong academic credentials and experience with structuring and negotiating residential and commercial closings. We are looking for an independent and detail-oriented individual with excellent analytical and writing skills. [more info...](#)

Estate Planning Associate

Hahn Loeser & Parks LLP - Naples, FL

Hahn Loeser & Parks seeks an associate with 5-7 years of experience to join the Estate Planning group in our Naples office. Our widely-recognized Estate Planning team is known for handling complex estate plans, trusts and business succession plans customized to meet the needs of our clients across the U.S. and abroad. [more info...](#)

Probate Paralegal

Hahn Loeser & Parks LLP - Naples, FL

Hahn Loeser & Parks seeks an experienced estate planning paralegal in our Naples office. Our widely-recognized Estate Planning team is known for handling complex estate plans, trusts and business succession plans customized to meet the needs of our clients across the U.S. and abroad. [more info...](#)

Corporate Paralegal

Hahn Loeser & Parks LLP - Naples, FL

Hahn Loeser & Parks seeks an experienced corporate paralegal in our Naples office. This individual will assist with all stages of corporate formations/organization, and the preparation for and closing of various corporate transactions, including mergers and acquisitions. Experience with performing corporate filings in multiple states is required. [more info...](#)

Paralegal/Legal Assistant

Hall Booth Smith P.C. - North Palm Beach, FL

Hall Booth Smith, P.C. a leading U.S. law firm, is seeking a Litigation Paralegal and a Legal Secretary for its North Palm Beach office. [more info...](#)

Attorney - Fluent in Spanish is Required

Confidential - Coral Gables, FL

High profile AV rated trial firm in Coral Gables seeking an attorney with 0-3 years experience. Candidate must have excellent academic credentials, research, writing and people skills. Must have a strong work ethic. Fluency in Spanish is a must. The firm handles

catastrophic personal injury, medical malpractice, wrongful death and professional liability cases. Salary commensurate with experience and productivity. Excellent benefits package. [more info...](#)

Real Estate Transactions Attorney

Hill Ward Henderson - Tampa, FL

Hill Ward Henderson, an AV-rated, Tampa, Florida law firm seeks qualified attorneys for its Real Estate Group. Candidates must have 1-3 years of real estate transactions experience. The position requires excellent academic credentials, client development potential, and a strong work ethic. Please visit our firm website at www.hwhlaw.com. [more info...](#)

Foreclosure Attorney 1-3 Years Exp.- & 5 Plus Years of Litigation Experience

Shd Legal Group PA - Fort Lauderdale, FL

If you are a team player & detail oriented, well organized, great communicator! We are looking for you! We are a high energy environment looking for someone with a strong work ethic and a great attitude. If you feel that you fit the description, please send us your resume, we would really like to meet you! [more info...](#)

Associate Attorney

McEwan, Martinez, Dukes & Hall PA - Orlando, FL

Immediate Opening for an Associate Attorney for an Orlando litigation firm. Heavy Medical Malpractice Defense experience required. [more info...](#)

PIP Insurance Defense Attorney

Progressive Insurance - Miami, FL

In response to business growth, Progressive House Counsel is expanding our PIP practice with plans to add PIP Attorneys to our Miami location. Please consider joining our in-house legal team and Progressives award-winning, employee-friendly work environment. [more info...](#)

Pre-Trial or Trial Team Associate

John Bales Attorneys - St. Petersburg, FL

John Bales Attorneys, a 15 lawyer practice in St. Petersburg, is offering newly admitted attorneys an opportunity to work with the firms pre-trial or trial team on cases including, but not limited to, Personal Injury, Complex Litigation, Medical Malpractice, and Insurance Coverage Disputes. To apply, please submit a resume, cover letter, and unofficial transcript, addressed to Matt Jacobs. [more info...](#)

Paralegal Fort Lauderdale and Orlando Office

KEL Attorneys - Fort Lauderdale and Orlando, FL

KEL Attorneys is a large, dynamic Firm representing clients in variety of practice areas. Voted by Orlando Business Journal as #1 Best Place to Work! We are constantly evolving and looking for qualified Paralegals, who enjoy working in a fast paced environment, are interested in learning and have a passion for helping others. Our Firm is seeking paralegals with familiarity in one or more of the following practice areas: Family Law, Foreclosure Defense, General Civil Litigation. Familiarity with [more info...](#)

Attorney - Insurance Defense

Luks, Santaniello, Petrillo & Jones - Miami, FL

Luks, Santaniello, Petrillo & Jones, an Insurance Defense litigation trial practice with 8 locations statewide, has an immediate opening for an INSURANCE DEFENSE ATTORNEY in our Miami office. 5 years experience to handle general liability, vehicular, premises and wrongful death cases. Excellent benefit package including 401K and retirement plan. Salary will commensurate with experience. For more information visit our website at WWW.LS-LAW.COM. [more info...](#)

Commercial Litigation Attorney

McGlinchey Stafford PLLC - Jacksonville, FL

McGlinchey Stafford, a nationally-recognized business and consumer financial services defense law firm, is seeking an associate to join its commercial litigation practice group in its Jacksonville, FL office. [more info...](#)

Commercial Litigation Attorney

McGlinchey Stafford PLLC - Fort Lauderdale, FL

McGlinchey Stafford, a nationally-recognized business and consumer financial services defense law firm, is seeking an attorney to join its commercial litigation practice group in its Fort Lauderdale, FL office. [more info...](#)

Corporate Securities Associate

McKenna Long & Aldridge LLP - Atlanta, GA

McKenna Long & Aldridge LLP seeks a Corporate Securities Associate with 4 to 7 years of experience to join our Corporate department in the Atlanta office. Candidate should have corporate finance and securities experience, particularly with Securities Act and Securities Exchange Act filings. Candidate should have strong communication, analytical and writing skills as well as the ability to work in a fast-paced team environment. [more info...](#)

Real Estate & Finance Associate

McKenna Long & Aldridge LLP - Atlanta, GA

McKenna Long & Aldridge LLP seeks an Associate to join the Real Estate & Finance department in the Atlanta office. Candidate should have 3 years of real estate and finance experience, preferably representing lenders. Candidate should have strong communication, analytical and writing skills as well as the ability to work in a fast-paced team environment. [more info...](#)

Attorney

Millennium Partners - Aventura, FL

Millennium Partners is a leading default services law firm representing mortgage servicers and institutional lenders in the State of Florida and Commonwealth of Puerto Rico. The firm is a 100% woman-, minority- and veteran-owned and operated business with offices in Aventura, Florida and San Juan, Puerto Rico. [more info...](#)

PIP / First Party Civil Litigation Attorney - Amazing Opportunity!

The Law Offices of Dan Newlin - Orlando, FL

Must have a minimum of 10 years experience in first party litigation, hungry, superstar with proven successful track record needed to aggressively work pip and first party insurance denials cases and help manage and build our first party department. Salary 150k - 250k with opportunity to make substantially more depending on individual and team performance. [more info...](#)

Civil Litigation Attorney

The Law Offices of Dan Newlin - Orlando, FL

Must have a minimum of 10 years litigation experience, hungry, superstar with proven successful track record needed to aggressively work personal injury cases and help manage Pre-Suit Attorneys. Salary 150k - 250k with opportunity to make substantially more depending on individual and team performance. [more info...](#)

Associate Attorney

Nabors, Giblin & Nickerson, P.A. - Tampa, FL

Nabors, Giblin & Nickerson, P.A., a leader in public finance law in the State of Florida, is seeking an associate attorney with 2-5 years of experience in corporate and/or real estate transactions for its Tampa office. Competitive compensation and benefits package and no billable hours. More information about the firm can be found at www.ngnlaw.com. Please direct inquiries in confidence to Chris Traber. [more info...](#)

Bankruptcy Attorney

Albertelli Law - Tampa, FL

Now in its 18th year, ALAW is a leading provider of legal services to the mortgage banking industry. Today ALAWs expanding practice includes every financial vertical, including, but not limited to, unsecured personal finance to commercial secured lending, serving institutional and private, lenders, financial institutions and hedge funds throughout the loan life-cycle from securitization through origination and asset reclamation. [more info...](#)

Foreclosure Legal Assistant

Albertelli Law - Tampa, FL

Now in its 18th year, ALAW is as a leading provider of legal services to the mortgage banking industry. Today ALAWs expanding practice includes every financial vertical, including, but not limited to, unsecured personal finance to commercial secured lending, serving institutional and private, lenders, financial institutions and hedge funds throughout the loan life-cycle from securitization through origination and asset reclamation. [more info...](#)

Litigation Attorney

Confidential - Orlando, FL

Orlando midsize law firm is seeking a motivated and talented associate with 1-3 years of civil or commercial litigation experience, and an interest in product liability defense. Candidate must have an exceptional work ethic, the ability to travel, work well in a team environment and possess the skills of an avid litigator. Competitive salary and benefits. Please send cover letter, resume, writing sample and references in one single upload. [more info...](#)

Paralegal Fort Lauderdale Office

KEL Attorneys - Fort Lauderdale and Orlando, FL

Our Firm is seeking paralegals with familiarity in one or more of the following practice areas: Family Law, Foreclosure Defense, General Civil Litigation, Immigration, and Probate. KEL Attorneys is a large, dynamic Firm representing clients in variety of practice areas. Voted by Orlando Business Journal as #1 Best Place to Work! We are constantly evolving and looking for qualified Paralegals, who enjoy working in a fast paced environment, are interested in learning and have a passion for helping [more info...](#)

Legal Secretary

Confidential - Palm Beach Gardens, FL

Palm Beach Gardens: Growing AV rated insurance defense firm looking for secretary with a MINIMUM of 3 years workers compensation defense experience. Excellent benefit package, salary negotiable. [more info...](#)

Pre-Suit Personal Injury Attorney

The Law Offices of Dan Newlin - Orlando, FL

Pre-suit Personal Injury Attorney for growing Orlando Personal Injury Law Firm. Applicants must have a minimum 5 years of experience, preferably in Civil Personal Injury Law. Must have strong work ethic, committed to excellence, and great interpersonal skills. [more info...](#)

Real Estate Attorney with a Minimum of 5 Years Experience

Confidential - Orlando, FL

Prominent Central Florida real estate firm seeks an experienced real estate attorney with minimum 5 years experience for its sophisticated real estate development and transactional practice. Exposure to commercial transactions, mixed use development, timeshare/hospitality law is highly preferred but not required. Candidates must possess excellent written and verbal communication skills, analytic ability, legal research skills, law school performance, a strong desire to work on complex matters an [more info...](#)

Associate Attorney

Bobo Ciotoli White & Russell, P.A. - North Palm Beach, FL

Provide litigation support and services in all aspects of medical malpractice, products liability and general liability cases; including, but not

limited to: (1) Attending depositions and trials; (2) creating reports, summaries of records, and memorandum of law; (3) working with clients; and (4) research and retain experts. Competitive Salary, 401K, Health Care Contribution, Life Insurance, Disability Insurance and paid Vacation [more info...](#)

Trial Attorney IV

Nationwide Mutual Insurance Company - Plantation and Orlando, FL

Provides representation for clients on complex and/or high-risk legal matters. Reviews and evaluates assigned cases. Prepares and tries cases in all courts and agencies. Provides related legal advice and services and manages relationships with Claims and Clients. Assists in mentoring of other trial attorneys. [more info...](#)

Attorney

Roig Lawyers - Tampa & Orlando, FL

Roig Lawyers is a minority owned litigation firm delivering a DIFFERENT experience of extraordinary and uncommon character. We are a multi-practice Florida Litigation firm with more than 100 attorneys in offices throughout the State of Florida. Current practice areas include but are not limited to Commercial Litigation, Construction, Corporate, Real Estate, Banking, Finance, Labor & Employment and all phases of Insurance Litigation. [more info...](#)

Litigation Associate Attorney

Seipp Flick & Hosley LLP - Lake Mary, FL

Seipp Flick & Hosley LLP a growing state-wide AV- rated" civil litigation firm seeks a Litigation Associate with a minimum of two (2), maximum of (4) years litigation experience. Experience in the practice areas of products liability defense, personal injury or complex litigation a plus. Strong academic credentials, excellent research and writing skills required. Highly competitive compensation and a friendly work environment in Central Florida. All submissions held in confidence. [more info...](#)

Litigation Attorney with 7+ Years of Experience

Litigation Law Firm - Jacksonville, FL

Serves clients by presenting legal options; preparing and managing litigation cases; providing legal and work direction to legal assistants. Duties: Concludes cases by bringing cases to settlement or trial; planning, organizing, and presenting arguments and counter-arguments, maintains rapport with clients by making regular contact with clients; satisfying client needs, prepares cases for litigation by filing lawsuits; evaluating cases; completing discovery, provides clients with legal advice by [more info...](#)

Associate Attorney

Confidential - Naples, FL

Small Naples based law firm, with a rapidly expanding practice, seeks an associate attorney. The ideal candidate should be in the top 10% of their class, highly motivated to learn, have strong research skills and be willing to work long hours. Candidate should also possess strong verbal and written communication skills, organizational and time-management skills, an ability to think critically, problem-solving skills, as well as read and understand complex legal [more info...](#)

Attorney w/ 3 to 5 Years of Property Loss Claims Experience Required

Groelle & Salmon PA - Tampa, FL

Statewide AV rated defense firm seeking attorneys to join our Tampa location. Three to five years experience in property loss claims a must. Litigation experience necessary. Great working environment and benefit package to include medical, dental, life, long-term disability and matching 401(k). Send resume in confidence by logging in and select "Apply by Email." [more info...](#)

Attorney w/ 4+ Yrs. of Property Insurance Loss Claims Experience

Groelle & Salmon PA - Miami, FL

Statewide AV rated insurance defense firm seeking attorneys with 4 years experience with property insurance loss claims to join our North Miami location. Litigation and trial experience necessary. Send resume in confidence by logging in and select "Apply by Email." [more info...](#)

Accounts Payable Specialist

Bush Ross, P.A. - Tampa, FL

Tampa law firm is seeking an Accounts Payable Associate. The general responsibilities of the Accounts Payable Associate position include, but are not limited to: maintain records and process accounts payable transactions, reconcile accounts, prepare accounts payable checks, print accounts payable reports and maintain accounts payable files, prepare 1099s, answer all vendor inquiries, monitor credit card account balances; audit any questionable charges, and/or large amounts [more info...](#)

Family Law Associate Attorney

Men's Divorce Law Firm - Orlando, FL

2-5 years experience. The applicant must have Family Law and Trial experience. The Associate will be in Court on a daily basis, meeting with clients, and working on documentation in the office. For consideration please email admin@mensdivorcelaw.com. Come join a Top 100 Companies for Working Families and Best Places to Work awards winner. [more info...](#)

Paralegal - Elder Law

The Elder Law Center of Kirson & Fuller - Orlando, FL

A growing Elder Law firm in Central Florida is recruiting for a paralegal for their office in downtown Orlando. Candidates should be hard working and want to be a member of a great team and bring a positive attitude. This position requires excellent organizational skills, attention to detail, excellent verbal and written communication skills, especially on the phone, proficient in Word, Outlook, working knowledge of Pro Docs, updating job knowledge by participating in educational opportunities a [more info...](#)

Associate Attorney - FC Trials and Hearings

Van Ness Law Firm, PLC - Fort Walton / Panama City, FL

A position is needed in the Fort Walton and Panama City area for an Associate Attorney with at least four (4) years of foreclosure practice experience to include Trials, Depositions and Mediations. This position is a telecommunication position whereby it is expected to cover regional trials and hearings as assigned by law firm which is based in South Florida. Time not spent preparing and covering court assignments will be preparing discovery, pleadings and other matters for the firm. This is an e [more info...](#)

Bankruptcy Attorney**Siegfried, Rivera, Hyman, Lerner - Coral Gables / Broward, FL**

A/V rated Siegfried, Rivera, Hyman, Lerner needs an experienced Bankruptcy Attorney for either its Coral Gables or Broward office. Ideal candidate should have a portable book of business and desire to market and expand their creditor representation practice. Minimum 5 years experience representing clients in bankruptcy, litigation and distressed situations. Position has partnership potential and reward for generation of business. Send resume and salary requirements [more info...](#)

Real Estate Attorney**Siegfried, Rivera, Hyman, Lerner - Coral Gables Broward West Palm, FL**

A/V rated Siegfried, Rivera, Hyman, Lerner needs an experienced real estate lawyer. Office may be located in Coral Gables, Broward or West Palm. Ideal candidate should have a book of business and be a rising star who wants a unique opportunity to advance in the commercial real estate field. Position has partnership potential and reward for generation of business. Send resume and salary requirements by logging in and select "Apply by Email." [more info...](#)

Plaintiff Insurance Litigation Claims Associate Attorney**The People's Law Team - Fort Lauderdale, FL**

Associate Attorney needed for insurance litigation claims. We are looking for organized, smart, and conscientious individuals to join our growing team of successful lawyers and staff. We offer competitive salaries, full benefits, and a pleasant work environment. If you want to work where you are valued and appreciated, and your work counts, please send your resume and cover letter by logging in and choose the option "Apply by Email." [more info...](#)

Associate Attorney**Gregory S. Martin & Associates, P.A. - Maitland, FL**

Associate Attorney: Boutique construction law firm seeks 2-5 year attorney. Construction law or related experience preferred; technical background required. Competitive salary plus benefits. Submit resume and writing sample by logging in & select "Apply by Email." No phone calls please. [more info...](#)

Associate**Alvarez Winthrop Thompson & Storey, P.A. - Orlando, FL**

AV rated multi-practice firm seeks associates with 2 - 5 years experience in Insurance Defense, Commercial Litigation, Real Estate and Corporate. Must have strong work ethic and be able to immediately assist with a full case load. Portable business a plus. [more info...](#)

Associate Attorney**Company Confidential - North Palm Beach, FL**

AV rated trusts and estates firm in North Palm Beach County, Florida seeks an associate. The following are desirable factors, but none is a prerequisite: board certification, LL.M., CPA certification, some portable business, 10-plus years experience. We offer a pleasant and respectful work environment, sophisticated practice and opportunity for career advancement. [more info...](#)

Senior Attorney - Civil Litigation**DeMahy Labrador Drake Victor & Cabeza - Coral Gables, FL**

AV-rated Coral Gables civil trial firm with offices in Broward & Palm Beach seeks senior-level attorney with portable business looking to maximize earning potential. Compensation negotiable with excellent benefits & diversity-minded work environment. [more info...](#)

Senior Attorney - Labor & Employment**DeMahy Labrador Drake Victor & Cabeza - Coral Gables, FL**

AV-rated Coral Gables civil trial firm with offices in Broward & Palm Beach seeks senior-level labor and employment attorney with portable business looking to maximize earning potential. Firm has existing non-EPL clients with potential source of EPL work. Compensation negotiable with excellent benefits & diversity-minded work environment. [more info...](#)

Attorney - Civil Litigation**DeMahy Labrador Drake Victor & Cabeza - Coral Gables, FL**

AV-rated Coral Gables civil trial firm with offices in Broward and Palm Beach seeks 2-4 year attorney with personal injury defense experience, must be self motivated and independent worker. Compensation negotiable, excellent benefits and diversity-minded work environment. [more info...](#)

Attorney - Insurance Defense**Dell Graham - Gainesville, FL**

AV-rated Gainesville Insurance Defense firm is seeking an attorney with 2-4 years experience. Candidate must have experience with an insurance defense law firm or insurance house counsel program and also must have trial experience. [more info...](#)

Liability Defense Attorney**Butler Pappas Weihmuller Katz Craig LLP - Miami, FL**

AV-rated, civil litigation firm has an opening in its Miami office for a third party liability defense attorney with five plus years experience. Excellent academic credentials required. Competitive compensation offered. [more info...](#)

[Bankruptcy Associate Attorney](#)

Broward County Law Firm - North Broward County, FL

Boutique Law firm in Broward County is seeking an Associate to provide legal counsel to financial institutions in real estate and Bankruptcy. Ideal candidate must have at least 2 -3 years of Federal bankruptcy court experience, excellent research, writing and analytical skills and detail oriented. Successful candidate must demonstrate a strong work ethic. Job responsibilities include managing high volume court calls and attend court hearings. Qualifications: must be familiar with Bankruptcy C [more info...](#)

[Attorney - Coconut Creek Office](#)

Boyd & Jenerette, P.A. - Coconut, FL

Boyd & Jenerette, P.A., an established AV-rated litigation firm seeks an Attorney with a minimum of five (5) years litigation experience, involving Construction and Complex Liability insurance defense. Portable business required. Strong relevant verifiable experience, Florida bar admission, and federal court experience. We offer a generous benefits package and salary commensurate with experience. Job located in Coconut Creek. All submissions held in strict confidence. Email your resume. [more info...](#)

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No: 12-15738

**UNITED STATES COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT**

Karla Vanessa Arcia, et al.,

Plaintiffs-Appellants,

v.

Florida Secretary of State,

Defendant-Appellee.

Case No. 12-15738-EE

**ON APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
CIVIL ACTION NO. 12-CV-22282-ZLOCH**

DECLARATION OF MARC A. GOLDMAN

I, Marc A. Goldman, hereby declare as follows:

1. I am a partner at Jenner & Block LLP (“Jenner”) and counsel for Plaintiff-Appellants Karla Vanessa Arcia, *et al.*, in the above-captioned case. The testimony set forth in this Declaration is based on first-hand knowledge, about which I could and would testify competently in open Court if called upon to do so, and on records contemporaneously generated and kept by my Firm in the ordinary

course of its law practice. This Declaration is submitted in support of Plaintiff-Appellants' Motion for an Award of Attorneys' Fees and Expenses.

2. Jenner became involved in this litigation in June 2012. From that time forward, Jenner led and coordinated the litigation. Jenner was primarily responsible for representing Plaintiffs-Appellants in the Eleventh Circuit when Plaintiffs appealed (handling the legal research and merits brief writing). Marina K. Jenkins, an associate at Jenner, was principally responsible for preparing this fee petition.

3. Jenner is a national law firm that has won repeated recognition for its strength in complex litigation in general and appellate litigation in particular. Jenner's appellate practice has been named to the *National Law Journal's* "Appellate Hot List" for five consecutive years, and has also been consistently recognized by *Chambers USA* as being among the nation's foremost appellate law practices. Jenner has extensive experience in voting rights cases. For many years, Jenner's pro bono program has been ranked by *The American Lawyer* as among the top ten in the country, which, along with Jenner's paying cases, provides Jenner with extensive experience in the civil rights arena. The Jenner lawyers involved in this litigation are all from Jenner's Washington, D.C. office.

4. Along with Lorelie Masters, I supervised this litigation. I have twenty years of litigation experience. With the exception of six months when I taught

constitutional law at the University of Iowa Law School and a year spent clerking on the Third Circuit, I have been at Jenner since graduating from Harvard Law School in 1993. I am in Jenner's Supreme Court & Appellate Practice Group, as well as its telecommunications group. In the latter role, I am involved in district court litigation around the country. I have also worked on a number of civil rights cases, including two voting rights cases.

5. At the time of this litigation, Lorelie Masters was in Jenner's Insurance Practice Group and had more than thirty years of experience litigating complex cases. Ms. Masters has received numerous awards for being among the top insurance litigators in the country. For example, she has been recognized by "Best of the Best USA 2013" as one of the top thirty insurance and reinsurance attorneys in the country. She is also a member of the Board of Directors of DC Vote.

6. The other Jenner attorneys involved in this litigation for whom Jenner is requesting fees were litigation associates in 2012: Joshua N. Friedman (a 2009 graduate of Stanford Law School), Lindsay Eyler Kaplan (a 2009 graduate of Yale Law School), Kristen M. Rogers (a 2010 graduate of Harvard Law School), and Marina K. Jenkins (a 2010 graduate of Stanford Law School). Three of them had prior experience in voting rights cases. Biographies of the Jenner team involved in this matter are attached hereto as **Goldman Exhibit A**.

7. Because of the expedited nature of the litigation in this case at the district court and the initial stage of the appeal, this case required involvement by a fairly large team of lawyers. Because we were also coordinating with multiple civil rights groups both as clients and co-counsel, there also needed to be regular calls to plan strategy and provide updates. Moreover, the appellate stage of this case involved substantial submissions beyond those involved in a typical appeal. Plaintiffs engaged in significant work related to a first appeal (appeal number 12-15220-EE) of the district court's denial of Plaintiffs' motions for a preliminary injunction and summary judgment. Plaintiffs filed that appeal because of the threat of removal of voters prior to the 2012 general election. They then submitted an emergency motion (and reply) seeking an expedited briefing schedule. As they needed to do for this proposed briefing schedule to work, Plaintiffs also drafted a brief to file if the Court agreed to this expedited schedule, focused significantly on preliminary injunction factors. After this Court denied the emergency motion based on a promise in Defendants' opposition brief not to purge anyone before the general election, Plaintiffs waited for – and appealed – the final judgment in district court. Plaintiffs substantially revised the brief they had previously drafted because they now had more time to craft a strong brief, because they needed to eliminate the focus on the preliminary injunction factors, and because they needed

to add material on procedural issues that only became relevant post-election (in particular, concerns about mootness).

8. Given the importance of this voting case, Plaintiffs also spent significant time encouraging participation of amici and ensuring their efforts were not duplicative. Plaintiffs also (1) briefed a response to this Court's December 31, 2012 jurisdictional question, (2) submitted a January 28, 2013 scheduling motion prompted by that jurisdictional question, (3) responded to two 28(j) letters filed by Defendants (one of which Plaintiffs responded to in their Reply brief and one separately), and (4) strategized over – and filed two motions related to – the timing for submission of their fee petition, which appeared to be due in May under the rules, but which Plaintiffs did not believe it made sense to file at that time since the mandate had not issued.

9. While this case involved substantial work beyond that in an ordinary appeal, in the exercise of billing judgment, and in order to ensure that the fees Jenner seeks are reasonable, I have significantly reduced hours that may have appeared duplicative. For example, I have generally ensured that hours for at most three Jenner lawyers are submitted for an individual meeting even though in many instances, broader meetings were the most efficient way of dividing tasks and communicating information. (Many of these meetings also involved participants from each of our co-counsel, none of whom are requesting fees related to these

large meetings.) In the exercise of billing judgment, I have also eliminated billing entries where the total hours seemed potentially high for particular tasks.

10. I have also entirely eliminated time entries for Jenner attorneys beyond those listed above. Several other Jenner attorneys worked on discreet aspects of the litigation, such as performing individual research and drafting tasks encompassing a significant part of the overall brief drafting, commenting on drafts, or participating as judges in moot courts. But we are not seeking fees for their work even though the aggregate of these fees is more than \$50,000.

11. Attached hereto as **Goldman Exhibit B** are the forms required by this Court and the time records for this case detailing the time for which Jenner is seeking compensation in this appeal. Throughout the time Jenner worked on this matter, its timekeepers have been required to keep daily time records that reflect the amount of time spent on this matter each day, along with a transcription of the tasks performed. These records are entered into a computer database, checked, and maintained in computer-readable format. For the reasons described in the paragraph above, we have excluded a significant number of time records related to this case for which we are not seeking fees. We have also eliminated records related to work in the district court for which we will seek fees in that court. We redacted one of the remaining time entries to protect attorney work product (namely, entries that revealed particular issues evaluated prior to oral argument).

12. Finally, three of the time entries (entries for Lorelie Masters on October 9 and 10, 2013 and an entry for Marc Goldman on October 10, 2013) included travel time to and from oral argument. For these entries, we assumed travel time of four hours, which we reduced by two hours in each entry, reflecting a judgment that billing should be half for travel time.

13. Of the time for which Jenner is seeking fees, 49.4% was billed in discreet entries, while 51.6% was billed as part of block entries that included multiple tasks performed by the attorneys. In other words, they reflect block billing. In order to facilitate evaluation of these entries, and in order to fill out the forms this Court requires on divisions of tasks, we have estimated the amount of time in each of these entries that was associated with the various tasks on the Eleventh Circuit forms – briefs, research, meetings, records, and other. For purpose of this analysis, we considered time spent communicating via e-mails to be meeting time. Versions of the Jenner time entries with these specific allocation estimates are included as part of Goldman Exhibit B.

14. In making the estimates of time apportioned to different tasks in block entries, to the extent possible, we estimated meeting time in block entries by comparing those entries with other entries for the same meeting that were not block billed. Beyond that, we estimated hours for each task based on our understanding of the tasks in the case, such as how long the conference calls in the case typically

lasted. But while we believe this provides a very rough sense of the division among tasks, we are not suggesting it has accuracy beyond that. We also note that although the Eleventh Circuit forms seek hours related to research, many time entries on brief writing likely included research without dividing research and writing tasks. We have not, however, categorized any time as related to research unless a time entry specifically discusses research.

15. Jenner attorneys expended the following hours at the appellate stage of this litigation for which we are seeking compensation:

ATTORNEY¹	HOURS
Lorelie S. Masters	140.00
Marc A. Goldman	264.25
Joshua N. Friedman	60.75
Lindsay Eyler Kaplan	214.50
Marina K. Jenkins	132.00
Kristen M. Rogers	55.25

16. Jenner normally charges for the services of its attorneys on the basis of hourly rates. These rates change from year to year. For 2012, the following rates were in effect: Lorelie S. Masters: \$700, Marc A. Goldman: \$650, Joshua N. Friedman: \$440, Lindsay Eyler Kaplan: \$440, Marina K. Jenkins: \$395, Kristen M.

¹ Some of these attorneys are no longer with Jenner.

Rogers: \$395. For 2013, the following rates were in effect: Lorelie S. Masters: \$725, Marc A. Goldman: \$675, Lindsay Eyler Kaplan: \$510, Joshua N. Friedman: \$510, Marina K. Jenkins: \$470, Kristen M. Rogers: \$470.

17. As set out more completely in the Declaration of Randall C. Marshall, Marshall Decl., Jenner is not seeking those rates in its motion. Instead, Jenner seeks the following rates for this matter, reflecting the difference in market rates in the Southern District of Florida: Lorelie S. Masters: \$550, Marc A. Goldman: \$500, Joshua N. Friedman: \$275, Lindsay Eyler Kaplan: \$275, Marina K. Jenkins: \$200, Kristen M. Rogers: \$200. Finally, for travel time for Lorelie Masters and me to attend oral argument, we reduced these rates by half. (For the three entries on October 9 and 10, 2013 that included travel time, we assumed that four hours of each of those entries were associated with travel and simply deleted two hours for each of those entries.)

18. Applying these rates to the hours expended, Jenner seeks the following in attorneys' fees:

NAME	HOURS	RATE	SUBTOTAL
Lorelie S. Masters	140.00	550	\$77,000
Marc A. Goldman	264.25	500	\$132,125
Joshua N. Friedman	60.75	275	\$16,706.25
Lindsay Eyler Kaplan	214.50	275	\$58,987.50

Marina K. Jenkins	132.00	200	\$26,400
Kristen M. Rogers	55.25	200	\$11,050
TOTAL	866.75		\$322,268.75

19. In addition to the participation of attorneys, the head paralegal in Jenner's D.C. office, Cheryl L. Olson, and a Jenner project assistant, Francis Aul, provided significant assistance in preparing the Eleventh Circuit filings, including cite-checking, editing, and handling filing logistics. In 2012, Cheryl Olson expended 16.5 hours; in 2013, Cheryl Olson expended 11.75 hours. In 2012, Francis Aul expended 84.25 hours; in 2013 Francis Aul expended 47.5 hours.

20. Jenner normally charges for the services of its paralegals and project assistants on the basis of hourly rates. These rates change from year to year. For 2012, Cheryl Olson's hourly rate was \$295, for 2013 it was \$310. For 2012, Francis Aul's hourly rate was \$165, for 2013 it was \$180.

21. As discussed in the Marshall Declaration, taking into consideration the market rates in the Southern District of Florida, Jenner seeks the following rates for Cheryl Olson and Francis Aul: Cheryl Olson: \$150, Francis Aul: \$100.

22. Applying these rates to the hours Cheryl Olson and Francis Aul expended, Jenner seeks the following in fees:

Name	Hours	Rate	Subtotal
Cheryl Olson	28.25	150	\$4,237.50
Francis Aul	131.75	100	\$13,175.00
TOTAL	160		\$17,412.50

23. Jenner is seeking the following in travel costs and expenses: \$1,873.67. *See Goldman Exhibit C* (redactions are for privacy). These are based on flights, hotel rooms and meals for Lorie Masters and me to attend oral argument.

24. The total fees sought by Jenner are \$339,681.25. That reflects a substantial reduction from the hours specified in the time records at Florida rates.

25. The total of these fees and costs is \$341,554.92.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.



Marc A. Goldman

December 8, 2014

Exhibit A

LORELIE S. MASTERS, Partner

Lorelie S. Masters is a litigator and a member of the Firm's Insurance Recovery and Counseling Practice. Companies and individuals turn to her for counsel in enforcing insurance coverage under general liability, directors and officers, fiduciary liability, first-party property, business-interruption, and other types of insurance. Experienced in e-commerce and electronic-discovery issues, Ms. Masters has represented clients in state and federal trial and appellate courts and in arbitrations in the United States and abroad and won significant trials and arbitrations enforcing insurance coverage for her policyholder clients.

Ms. Masters is AV Peer Review Rated, Martindale-Hubbell's highest peer recognition for ethical standards and legal ability. *Chambers & Partners USA* has named her one of the country's leading insurance law attorneys since 2005. In 2010, *Law360* identified her as one of the "10 Most Admired Insurance Attorneys." *Washington DC Super Lawyers* consistently recognizes her for insurance coverage litigation as does *The Best Lawyers in America* for insurance law. She was named to "Best of the Best USA 2013" as one of the top thirty insurance and reinsurance attorneys in the country.

Ms. Masters speaks and writes extensively on topics related to her practice and is co-author of two widely recognized legal treatises: *Insurance Coverage Litigation*, updated annually, and *Liability Insurance in International Arbitrations: The Bermuda Form*. Ms. Masters served as the policyholder Co-Chair of the American Bar Association's Insurance Coverage Litigation Committee from 2000-2003. She is a former editor of the group's award-winning journal. Ms. Masters served as president of the Women's Bar Association of the District of Columbia from June 1, 2007, to June 1, 2008, and currently serves on the ABA Commission on Women in the Profession, and in other bar leadership positions.

In 2011, the *National Law Journal* honored her in its "Champions and Visionaries" award series for her work on voting rights and women's rights issues, saying she "upheld the profession's core values through public service, pro bono effort and advocacy for civil liberties." The National Association of Women Lawyers recognized Ms. Masters with the 2005 Service Award for her work as chair of the group's Amicus Committee. At the Firm, Ms. Masters serves on the Diversity & Inclusion Committee.

Below is a list of representative litigation matters handled by Ms. Masters (client names in bold):

- ***Tyson Foods Inc. v. Allstate Ins. Co., et al., No. 09C-07-087 (MJB) (Del. Super. Ct. Aug. 31, 2011).*** Principal counsel in the briefing and argument of this case. The court granted the policyholder's motion for partial summary judgment, upholding the primary insurers' duty to defend the policyholder in actions alleging environmental contamination. In reaching this result, the court rejected the insurers' various policy defenses, most importantly



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PRACTICE GROUPS

Climate and Clean Technology Law
Insurance Recovery and Counseling
Litigation

EDUCATION

University of Notre Dame Law School, J.D., 1981; Editor-in-Chief, *Journal of Legislation*; Scholar, Thomas J. & Alberta White Center

Georgetown University, A.B., 1977; *cum laude*

BAR ADMISSIONS

District of Columbia, 1981

New York, 2000

COURT ADMISSIONS

U.S. Supreme Court, 1998

U.S. Court of Appeals, D.C. Circuit, 1982

U.S. Court of Appeals, Fourth Circuit, 1986

U.S. District Court, District of Columbia, 1982

U.S. District Court, Eastern District of Michigan, 1985

U.S. District Court, District of Maryland, 2013

arguments under the "absolute" and "sudden and accidental" pollution exclusions.

- **New Century Liquidating Trust:** *In re: New Century TRS Holdings, Inc.*, Case No. 07-10416 (KJC) (D. Del.); and *In re Arbitration Involving New Century Liquidating Trust against Philadelphia Indemnity Insurance Co.* Represented the New Century Liquidating Trust, successor to New Century Financial Corporation and its affiliated companies, in an arbitration to recover millions of dollars in defense costs incurred by the Debtor in an underlying ERISA action seeking damages for alleged breaches of duty under certain employee benefits plans. New Century's fiduciary liability insurer paid only a fraction of those costs, arguing that it was obligated to pay no more than \$200/hour in defense costs. The matter settled in December 2011, on the eve of trial. Ms. Masters also advised the Trust (and, before the trust arose, the debtor) on myriad coverage issues that had arisen in the bankruptcy and liquidation proceedings since mid-2007 when I was retained.
- **Olin Corp., et al. v. Continental Cas. Co., et al.**, No. 2:10-cv-00623-GMN-RJJ (D.Nev. Feb. 2011); *Continental Cas. Co. v. Olin Corp.*, No. 4:10-cv-00343-JCH (E.D. Mo. Aug. 2010). The federal court in Missouri granted Olin's motion to a first-filed action initiated by the insurer in favor of Olin's later, comprehensive action filed in federal court in Nevada seeking to enforce the company's boiler and machinery and property insurance coverage for a large loss at Olin's Henderson, Nevada plant.
- *2200 M Street, LLC, et al. v. St. Paul Fire & Marine Ins. Co., et al.*, Index No. 127209/02 (N.Y. Sup. Ct., New York County); *Carol Anderson v. Millennium Partners, LLC, et al.*, Civil Action No. 04-7454 (DC Super. Ct.); *Federal Insurance Co. v. Bovis Lend Lease, et al.*, Civil Action No. 04-0008306 (DC Super. Ct.); *Alyson Gannon v. The Ritz-Carlton Hotel Co. LLC, et al.*, Civil Action No. 05-ca-001130 (DC Super. Ct.); *2200 M Street LLC v. Bovis Lend Lease, Inc., et al.*, Index No. 0602690/2003 (N.Y. Sup. Ct., New York County). Represented general contractor in insurance coverage dispute and other related actions. After a lengthy mediation, achieved a successful settlement of this complex matter, resolving all coverage aspects favorably for client, as well as significant aspects of the construction disputes in 2005.
- *In re the Arbitration of Ticona (formerly HoechstCelanese Corp.) v. XL Insurance Co., Ltd.* Lead trial counsel for the policyholder in this arbitration conducted under the English Arbitration Act, 1996, in London. As reported under financial disclosure laws, a three-member arbitration panel, comprised of a retired chief judge of the United States Court of Appeals for the Third Circuit, a member of the House of Lords, and a distinguished Queen's Counsel, in June 2003 awarded Ms. Masters policyholder client the full policy limit of \$75 million plus \$20 million in pre- and post-judgment for mass-tort liabilities covered under the policyholder's excess general liability insurance policy.
- **Central Me. Power Co. v. Ernest A. Moore**, No. CV-93-489 (Me. Super. Ct. May 16, 1999, and Jan. 10, 2000). Court granted the policyholder's motions to add the Equitas companies as the real parties in interest for the liability insurance policies at issue sold by pre-1994 Lloyd's syndicates. The court later denied the Equitas defendants' motions to dismiss alleging lack of personal jurisdiction, failure to state a claim, and insufficiency of service of process. The case settled soon thereafter, on the eve of trial.
- *Transit Cas. Co. v. Hoechst Celanese Corp.*, No. CV696-0002CC (Mo. Cir. Ct.). Represented the policyholder Hoechst Celanese Corporation in contested proceeding over more than \$100 million in insurance coverage for hundreds of thousands of product-liability claims alleging property damage due to incorporation of policyholder's product into polybutylene plumbing systems. Obtained rulings in policyholder's favor on issues relating to timeliness of notice to excess insurer Transit Casualty and trigger and allocation. Achieved in 1998 a settlement of tens of millions of dollars for the policyholder.
- **Hoechst Celanese Corp. v. North River Ins. Co.**, No. 89C-SE-35 (Del. Super. Ct. Sept. 26, 1997). A jury rejected all of the insurance company's defenses to coverage and adopted a continuous trigger of coverage after an eight-week trial. The jury deliberated just two-and-a-half hours in reaching its verdict. Ms. Masters served as lead trial counsel.

- **Hoechst Celanese Corp. v. Certain Underwriters at Lloyd's, London**, 673 A.2d 164 (Del. 1996). This decision reversed the trial court's grant of summary judgment in favor of the insurance company defendants on trigger of coverage under "occurrence" insurance policies and adopted the injury-in-fact trigger of coverage advocated by the policyholder under applicable New York law. Ms. Masters was the principal strategist overseeing production of motion for interlocutory appeal from the lower court and appellate briefs filed in the Delaware Supreme Court and Record on Appeal.
- *In re the Matter of an Arbitration Between XL Ins. Co., Ltd. and Dow Corning Corp.* As discussed in public bankruptcy proceedings in 1996, Ms. Masters worked with Dow Corning to achieve a settlement for millions of dollars in insurance coverage for silicone gel breast implant claims pending against Dow Corning. Settlement was consummated on the eve of the final arbitration hearing.
- **Hoechst Celanese Corp. v. Certain Underwriters at Lloyd's, London**, 656 A.2d 1094 (Del. 1995). Reversed the trial court's grant of summary judgment in favor of the London insurer defendants and adopted the policyholder's position on trigger of coverage and the applicability of "tail" coverage under claims-made insurance policies drafted in the London Market.
- **North Am. Philips Corp. v. Republic Ins. Co.**, No. 376040, 1991 Conn. Super. LEXIS 1768 (Conn. Super. Ct. Mar. 8, 1992). Adopted the policyholder's position that based on the follow-form provisions, second-layer excess insurance policies were required to drop down in the place of underlying insolvent insurance.
- **Monsanto Co. v. Aetna Cas. & Sur. Co.**, No. 88C-JA-118, and **North Am. Philips Corp. v. Aetna Cas. & Sur. Co.**, No. 88C-JA-155 (Del. Super. Ct. Sept. 19, 1990). In the first decision in the country that refused insurer motions for summary judgment on the "absolute pollution exclusion" in an environmental coverage case, court found that genuine questions of material fact required denial of insurance companies' motion for summary judgment that coverage was precluded by the "absolute" pollution exclusion in certain insurance policies.
- **Independent Petrochemical Corp. v. Aetna Cas. & Sur. Co.**, 654 F. Supp. 1335 (D.D.C. 1988). Denied insurance companies' motions for summary judgment that punitive damages were not covered and that the policyholder's notice was "late."
- **Martin Marietta Corp. v. Fuller Co.**, No. 83-2359 (D. Md.), aff'd, 852 F.2d 566 (4th Cir. 1988). Awarded, after six-week trial, damages to plaintiff for breach of contract to build a cement plant in Utah.
- **Keene Corp. v. Insurance Co. of N. Am.**, No. 78-1011 (D.D.C.), on remand from 667 F.2d 1034 (D.C. Cir. 1981). Worked on all aspects of pretrial proceedings in the damages portion of the landmark insurance coverage case that established the "continuous trigger" theory of coverage. Case settled on the eve of trial.

Awards

- American Bar Association - Section of Litigation
Outstanding Committee Chair, Newsletters Committee, 2003-2004
Best Committee Chair, CLE Programming, Insurance Coverage
Litigation Committee, 2002-2003
- *Benchmark Litigation*
Top 250 Women in Litigation, 2012, 2013
- *Best Lawyers in America*
Insurance Law, 2008-2014

- British Insurance Law Association
British Insurance Law Association (BILA) Book Prize, 2012
- *Chambers USA*
Insurance, 2005-2013
- *International Who's Who of Insurance and Reinsurance Lawyers*, 2010, 2011, 2012
- Jenner & Block
Jerold S. Solovy Award, 2012
- *Law360*
Most Admired Insurance Attorneys, 2010
- *Legal 500*
Industry focus - Insurance: Advice to Policyholders, 2011, 2013
- Legal Media Group
Best of the Best USA 2013 - Insurance and Reinsurance, 2013
Expert Guides - Insurance and Reinsurance, 2007, 2013
- LexisNexis and *Corporate Legal Times*
Distinguished Legal Service Award - *Creator of www.wtcinsurance.com (January 2002) to provide educational information regarding insurance that may apply to claims arising out of the terrorist attacks on the World Trade Center and the Pentagon on September 11, 2001*
- *Washington DC Super Lawyers*
Top 100, 2012, 2013
Top 50 Women, 2011, 2012, 2013
Insurance Coverage Litigation, 2007, 2008, 2009, 2010, 2011, 2012
- *Washingtonian Magazine*
Washington's Best Lawyers - Insurance, 2011

Community Involvement

- DC Appleseed
Member, Board of Directors, 2009-Present
- DC Vote
Member, Board of Directors, 2004-2010
Vice Chair, Board of Directors, 2007-2010
Treasurer, Board of Directors, 2005
Chair, Champions of Democracy dinner and fundraiser, 2005
- Women's Campaign Fund
Member, Board of Directors, 2008-Present
- Lafayette Elementary School Home and School Association
Chairperson, Annual Spring Fundraising Auction, March 1999 and March 2000

JENNER & BLOCK

- Cleveland Park Congregational Church
Member of Diaconate and Sunday school teacher, 1990-2002
- St. Anselm's Abbey School, Washington, DC
Member, Parents Council, 2004-2007

Service To The Bar

- American Bar Association
Member, Gender Equity Task Force, 2012-Present
Member, Commission on Women in the Profession, 2009-2012
- American Bar Association - Section of Litigation
Publications and Content Officer, 2013-Present
Council Member, Section of Litigation, 2010-2013
DC Chair, Judicial Intern Opportunity Program Committee, 2012-Present
Member, AP/Leadership Plus Committee, 2008-2010
Member, First Chair Press Committee, 2007-2008
Chair, Committee on Committee Newsletters and Journals, 2003-2007, 2008-2010
Chair, Insurance Coverage Litigation Committee, 2000-2003
Chair, Task Force on Insurance & Terrorism Claims, September 2001-2002
Chair, 1999 Insurance Coverage Litigation Committee Mid-Year Meeting, May 1998-March 1999
- American Law Institute
Advisory Committee, Principles of the Law of Liability Insurance, 2011-Present
Member, 2004-Present
- District of Columbia Bar
Member, Board of Governors, 2010-2013
Member, Board of Elections, 2004-2007
Member, Judicial Evaluations Committee, 2001-2006
Co-Chair, Litigation Section Steering Committee, 2004-2005
Member, Litigation Section Steering Committee, 2003-2009
- District of Columbia Bar Foundation
Member, Board of Directors, 2014
- District of Columbia Court of Appeals
Member, Committee on Admissions, 2006-2009
- National Association of Women Lawyers
Co-Chair, Amicus Committee, 2003-2007
- Women's Bar Association Foundation of Washington, DC
Member, Board of Directors, 2005-2007, 2008-Present
- Women's Bar Association of the District of Columbia
President, 2007-2008
President-Elect, 2006-2007

Industry Organization

- American College of Coverage and Extracontractual Counsel
Vice President and Founding Member

Publications

- Client Alert: NLJ names Jenner & Block as Insurance Litigation Department of the Year (Chicago), August 15, 2013
- Contributor, *Practicing Under the U.S. Anti-Corruption Laws*, Aspen Book Publishers, 2013 Edition, May 2013
- Client Alert: After the Deluge: Insurance Considerations in the Aftermath of Sandy, November 03, 2012
- Client Alert: The Disaster in Japan: Insurance as a Critical Financial Resource for Companies Worldwide Suffering from the Event, March 16, 2011
- "Insurance Protection For Security Breaches," *American Bar Association's Data Breach and Encryption Handbook*, February 14, 2011
- Co-Author, "5 Key Lessons from the Stanford D&O Ruling," *Law.com*, February 2011
- Client Advisory: Court Ends Defense Costs Coverage for Allen Stanford Under D&O Policies Prior to a Final Adjudication of Civil and Criminal Liability, December 12, 2010
- "Fighting Phishing, Pharming, and Other Cyber-Attacks: Coverage for High Tech Liabilities," *University Risk Management Insurance Association Journal*, 2010
- Client Advisory: Oil Spill Notice Deadline Asserted By Some Insurers May Be Fast Approaching, July 2, 2012
- "Volcanic Ash: Preserving Your First Party Insurance Rights" *Law360*, April 22, 2010
- "Is 'Fair' Fair?: 'All Sums' and the Allocation of Deductibles," *Coverage Journal*, Vol 20, Number 2, March - April 2010
- "Do You Have the Right D&O Coverage," *Law360*, February 17, 2010
- Client Advisory: When The Regulators Come Calling, Will Your Company Have The Right D&O Coverage?, February 2, 2010
- "Opting In," *Diversity Journal*, Vol. 12, No. 1, January/February 2010
- Co-Author, "Cell Phone Litigation Advisory: Calling for Coverage," *Mealey's Litigation Report: Insurance*, Vol. 24, No. 11, January 20, 2010
- *Insurance Counselor*, Winter 2010
- Client Advisory: Calling for Coverage, November 20, 2009
- "Creating Pathways to Success For All: Achieving The Diversity That Our Clients Want From Law Firms," *NAWL's Women Lawyers Journal*, Summer 2009
- "Insurance 101-Insights for Young Lawyers: A 'Foreign Experience': The Bermuda Form and Arbitration of Disputes in London," *American Bar Association's Coverage Newsletter*, January/February 2009
- Client Advisory: Checklist for Business Interruption Losses, September 19, 2008

- "Insurance Coverage: Looking Over the Horizon as Global-Warming Litigation Develops," *New York Law Journal*, September 15, 2008
- Client Advisory: New York Adopts Modern Rule on Notice for Liability Insurance, August 5, 2008
- "Insurance Coverage and the Subprime Crisis: A Broad Overview," *Coverage, Newsletter of the American Bar Association Committee on Insurance Coverage Litigation*, Vol. 18, No. 4, July - August 2008
- Client Advisory: Checklist for Business Interruption Losses, July 11, 2008
- Client Advisory: Insurance Coverage for "Loss" Resulting from Securities-Fraud Claims: Recent Decision Awarding Coverage for Section 11 Claims Limits Application of Level 3, April 18, 2008
- "Not Too Hot to Handle: Global-Warming Claims Deserve Coverage, Despite Those Pollution Exclusions," *Legal Times*, Vol. XXX, No. 9, March 3, 2008
- "D&O insurance coverage in the USA: will it be there if the worst happens?" *International Bar Association Legal Practice Division Insurance Committee Newsletter*, Vol. 15, No. 1, March 2008
- "Insuring Coverage Along the Information Superhighway," *The Computer & Internet Lawyer*, Vol. 24, No. 11, November 2007
- *Insurance Counselor*, Summer 2007
- Client Alert: AIG Agrees To Far-Reaching Reforms to Resolve Allegations of Accounting Improprieties, Bid Rigging, Contingent Commissions and Failure to Pay Workers' Compensation Taxes, February 16, 2006
- Client Alert: AIG Creates Fund to Pay Policyholders In Its Settlement With New York State, February 10, 2006
- "Limited Defense," *Corporate Secretary*, Issue 24, December 2005
- "Property Insurance Update," *Real Estate Finance*, Vol. 22, No. 4, December 2005
- Insuring Against the Fury of Mother Nature, September 2005
- *Insurance Counselor*, Summer 2005
- Considerations on the Marsh and Aon Settlement Offers, July 2005
- "All Things Considered," *Best's Review*, Vol. 106, No. 2, June 2005
- New Jersey Supreme Court Limits Reach of "Absolute Pollution Exclusion", April 2005
- The Marsh Settlement: What it Means for Policyholders, February 2005
- Procuring Insurance for Directors and Officers Following WorldCom and Enron, January 2005
- *Insurance Counselor*, Fall 2004
- "What Women (Lawyers) Want -- And Need," *Legal Times*, April 26, 2004
- *Insurance Counselor*, Winter 2003
- *Insurance Counselor*, Fall 2003

- Crisis Coverage: Insurance for Business Interruption, August 2003
- *Insurance Counselor*, Summer 2003
- Jenner & Block Client Alert: Terrorism Risk Insurance Act, March 2003
- *A General Practitioner's Guide To Insuring e-Business*, January 2003
- *Insurance Counselor*, Summer 2002
- "Dangers Lurk in Cyberspace," *Business Law Today*, July/August 2002
- "Terrorism Insurance" *Legal Times*, Spring 2002
- *Insurance Counselor*, Spring 2002

Speaking Engagements

- "How the ALI Principles of the Law of Liability Insurance May Impact Insurers," DRI Insurance Coverage and Practice Symposium, December 12, 2013
- Women's Bar Association Luncheon Honoring Judge Patricia McGowan Wald, March 14, 2013
- "Superstorm Sandy," ABA Section of Litigation ICLC Midyear Meeting, March 01, 2013
- "Insurance Implications of Super Storm Sandy," HB Litigation Conference, New York, NY, December 12, 2012
- Panelist, "Claim & Insurance Considerations in the Wake of Super-storm Sandy," Jenner & Block, Aon, Navigant, New York, NY, November 14, 2012
- "Women in the Law: Strategies for Success," Federal Bar Association, Maryland Chapter, Baltimore, MD, November 08, 2012
- Panelist, Women in Insurance Networking CLE Workshop, ABA Section of Litigation Insurance Coverage Litigation Committee, Washington, DC, October 18, 2012
- Moderator, "Visible Invisibility: Women of Color in Fortune 500 Legal Departments," The ABA Commission on Women in the Profession, Chicago, IL, August 03, 2012
- Panelist, "Business Development: Asking for the Business," Women in Law Empowerment Forum, Washington, DC, June 07, 2012
- Moderator, "Women's Forum Panel Discussion on Sponsorship," Asian Pacific American Bar Association of Washington, DC, Washington, DC, May 02, 2012
- "Visible Invisibility: Breaking Down Barriers to Women's Leadership," American Bar Association 2012 Midyear Meeting, February 03, 2012
- Moderator, "Lawyers as Employers: Creative Solutions for Combating Female Attrition," American Bar Association, January 25, 2012
- "Japanese Earthquake and Tsunami: Insurance Coverage Considerations for U.S. Business Losses," Practising Law Institute, March 29, 2011

- "New Developments in Securities Litigation and Insurance Coverage - What You Need to Know to Advise Your Directors and Officers," Washington Metropolitan Association of Corporate Counsel of America Litigation and Corporate Securities Forums, Washington, DC, January 20, 2011
- Co-Chair, "Oil in the Gulf: Litigation & Insurance Coverage" HB Litigation Conferences, November 04, 2010
- "Coverage Chaos Erupting from the Gulf Oil Spill," HB Litigation Conferences, August 18, 2010
- American Bar Association - Judicial Intern Opportunity Program Orientation, June 02, 2010
- Panelist, "Defense Costs and Government Investigations: Making the Most of Your Company's Insurance Coverage," DC Bar, The Corporate Counsel Committee of the Corporation Finance and Securities Section and The Corporate Governance Committee of the Corporation Finance and Securities Section, Washington, DC, November 05, 2009
- Panelist, "Chinese Drywall-Insurance Coverage Nightmare," HB Litigation Conference - Chinese Drywall Litigation, New Orleans, LA, June 18, 2009
- Panelist, "Reinsurance at Home and Abroad: What Direct-Side Coverage Lawyers Should Know about Reinsurance," American Bar Association Section of Litigation Insurance Coverage Litigation Committee CLE Seminar, Tucson, AZ, March 06, 2009
- Panelist, "D&O Claims: What Really Matters," Professional Liability Underwriting Society (PLUS) - 2009 PLUS D&O Symposium, New York, NY, February 25, 2009
- Panelist, "Diversity Efforts That Make a Difference," National Association of Bar Executives, the National Conference of Bar Presidents and the National Conference of Bar Foundations - 2009 Midyear Meeting, February 10, 2009
- Panelist, "Fronting Insurance," International Bar Association 2008 Annual Conference, Buenos Aires, Argentina, October 15, 2008
- Moderator, "How to Survive and Thrive in a Big Law Firm," DC Bar Litigation Section, Washington, DC, June 26, 2008
- Panelist, "Coverage Issues Arising from the Subprime Mortgage Litigation," LexisNexis Mealey's "Subprime Mortgage Litigation & Insurance Coverage Conference," Arlington, VA, June 19, 2008
- InsideCounsel and Jenner & Block's Eighth Annual SuperConference, Chicago, IL, May 20, 2008
- "Positioning Yourself for Promotion," American Bar Association Section of Litigation - 2008 Annual Conference, Washington, DC, April 16, 2008
- "Insurance Coverage for Subprime Lending Losses and Liabilities," LexisNexis Webinar, April 03, 2008
- Panelist, "Insuring Hollywood: Coverage Under Entertainment and Media Policies," American Bar Association's Twentieth Annual Insurance Coverage Litigation Committee CLE Seminar, Tucson, AZ, February 27, 2008
- "The Subprime Lending Crisis: Mortgage Backed Securities and the Credit Crunch," Jenner & Block and Aon Risk Services Seminar, New York, NY, February 26, 2008
- "The Subprime Lending Crisis: Mortgage Backed Securities and the Credit Crunch," Jenner & Block and Aon Risk Services Seminar, New York, NY, November 07, 2007
- Mealey's Subprime Mortgage Litigation Conference, Chicago, IL, October 29, 2007

- "Employment Practices and Directors & Officers Liability Issues," Hilb Rogal & Hobbs and Jenner & Block, Rockville, MD, October 09, 2007
- Panelist, "Women in the Legal Profession: A Look at Where We Are, What Is Holding Us Back and Why?" LexisNexis - Women in the Legal Profession Summit, Philadelphia, PA, September 25, 2007
- American Bar Association's 2007 Annual Meeting, San Francisco, CA, August 09, 2007
- "Litigating and Arbitrating Coverage Cases," Practising Law Institute (PLI) - Insurance Law 2007: Understanding the ABC's, New York, NY, July 26, 2007
- Co-Chair, Practising Law Institute - Insurance Coverage 2007: Claim Trends & Litigation, Chicago, IL, May 21, 2007
- Co-Chair, Practising Law Institute - Insurance Coverage 2007: Claim Trends & Litigation, New York, NY, April 30, 2007
- "Should All Cases Go to ADR? Lessons from IP and Entertainment Practices," American Bar Association - 9th Annual ABA Section of Dispute Resolution Spring Conference, Washington, DC, April 27, 2007
- "Staying Out of the Spotlight: Best Practices for Protecting the Company, Directors and Officers, and Yourself," Counsel To Counsel Forum, New York, NY, April 24, 2007
- "Understanding the Insurance Marketplace: Key Products Part II: Property Insurance," LexisNexis Mealey - Fundamentals of Insurance Conference, Washington, DC, February 08, 2007
- Moderator, "Lessons Learned and 'Where You Stand Depends Upon Where You Sit,'" Product Liability Advisory Council - Insurance Coverage Disputes Conference, Colorado Springs, CO, October 18, 2006
- International Bar Association Annual Meeting, Chicago, IL, September 17, 2006
- University of Notre Dame Law School Networking Reception, South Bend, IN, August 24, 2006
- Co-Chair, Mealey's - Additional Insured Conference, Boston, MA, June 05, 2006
- "Current Trends in CGL Claims Handling and Bad Faith," Practising Law Institute - Insurance Coverage 2006 - Claim Trends & Litigation, New York, NY, May 25, 2006
- "Asbestos Revisited: Litigation and Settlement Strategies After Picking Off the Low Fruit," HarrisMartin - Mass Tort Litigation Conference, Las Vegas, NV, April 27, 2006
- *Inside Counsel* - SuperConference, Chicago, IL, April 18, 2006
- Panelist, "Allocation," Mealey's Publications - Asbestos Insurance Conference, Chicago, IL, June 08, 2005
- Texas Bar Association - Advanced Insurance Law Course 2005, Dallas, TX, March 31, 2005
- "Coverage Issues Arising from Mutual Fund Actions," Mealey's Publications - Insurance Coverage for Financial Institution Exposures Conference, New York, NY, March 01, 2005
- "First-Party Property Insurance," Law Institute - Insurance Coverage 2005: Claim Trends & Litigation, New York, NY, February 22, 2005
- Minority Corporate Counsel Association's 3rd Annual CLE Expo, Chicago, IL, March 31, 2004
- Moderator, "JackPot Justice: Trial Bar Tactics and Techniques - Is Your Industry Next?" U.S. Chamber of Commerce - Fourth Annual Legal Reform Summit, Washington, DC, September 22, 2003

- "Finding Your Way in the ABA," 2003 Litigation Section Annual CLE Conference, Houston, TX, April 11, 2003
- ABA Insurance Coverage Litigation Committee Meeting, Tucson, AZ, March 06, 2003
- "First Party Property Insurance," Insurance Coverage 2003: Claim Trends & Litigation, New York, NY, February 19, 2003
- American Bar Association Annual Meeting, Washington, DC, August 09, 2002
- American Hotel & Lodging Association Meeting, Washington, DC, June 06, 2002
- Panelist, "Insurance Coverage Litigation Arising Out of the Financial Crisis: What Policyholders and Carriers Need to Know," HB Litigation Conferences, New York, NY, March 18, 2009
- HB Litigation Teleconference - Insurance Coverage Issues Arising from Subprime Lending and the Credit Crisis, March 25, 2009

MARC A. GOLDMAN, Partner

Marc A. Goldman is a litigator who is a member of the Firm's Appellate and Supreme Court Practice and Communications Practice. He focuses on regulatory litigation, particularly telecommunications issues, as well as environmental, patents, and securities issues. He represents clients before the Supreme Court and other appellate courts, in district courts and before regulatory agencies.

Many of Mr. Goldman's recent commercial cases have revolved around regulatory-arbitrage schemes designed to dramatically increase charges by rural telecommunications carriers to long-distance companies such as Sprint. Acting as national counsel for Sprint in these cases, Mr. Goldman has helped block efforts to collect these charges. Mr. Goldman has also recently worked on multiple aspects of the EPA's rules for renewable fuels. Mr. Goldman also has substantial experience with patent appeals that span the gamut of patent issues including claim construction, validity, inequitable conduct and attorneys' fees. In addition, he has worked on major securities cases.

Mr. Goldman has an active pro bono practice. His pro bono clients have included, among others, individual Florida voters and a coalition of nonprofit civil rights groups, the Brennan Center for Justice, the American Bar Association, one of the first Guantanamo detainees charged with war crimes, and public housing residents in major U.S. cities. In 1999, Mr. Goldman took a sabbatical from Jenner & Block to serve as a Visiting Professor of Constitutional Law at the University of Iowa Law School.

Much of Mr. Goldman's work has involved litigation related to regulatory issues including telecommunications, environmental, and securities issues. For more than a decade, Mr. Goldman represented MCI in cases primarily involving the application of the Telecommunications Act of 1996. More recently, in his role as national counsel for Sprint in cases involving regulatory arbitrage, Mr. Goldman has obtained dismissal of claims against Sprint in two court cases on procedural grounds, prevailed in an FCC complaint to invalidate a tariff designed to facilitate collection of these charges, and has mustered arguments leading to favorable settlements in many others. Some of these cases are continuing.

In recent months, Mr. Goldman has represented a subsidiary of Delta Airlines in both regulatory and court proceedings relating to EPA's renewable fuel standards.

Mr. Goldman has also continued his work on patent appeals and in securities litigation. Representative cases over the course of his career include:

Telecommunications

- Represented Sprint in *Beehive Telephone Co., Inc v. Sprint Communications Company, L.P.* (D. Utah, 2:10cv00052), leading to dismissal of complaint based on principles of issue preclusion.

**MARC A. GOLDMAN**
Partner**WASHINGTON, DC**

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WASHINGTON, DC

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Email: mgoldman@jenner.com

PRACTICE GROUPSAppellate and Supreme Court Practice
Communications
Litigation**EDUCATION**Harvard Law School, J.D., 1993; *magna cum laude*; Supervising Editor, *Harvard Law Review*Harvard University, Government Department,
Completed Course Work for Ph.D., 1990Harvard College, A.B., 1988; *magna cum laude*; ranked fifth in nation in debate**BAR ADMISSIONS**

District of Columbia, 1995

COURT ADMISSIONS

U.S. Supreme Court

U.S. Court of Appeals, Federal Circuit

U.S. Court of Appeals, Third Circuit

U.S. Court of Appeals, Fourth Circuit

U.S. District Court, District of Columbia

JUDICIAL CLERKSHIP

Hon. Edward R. Becker, U.S. Court of

- Represented Sprint in *Beehive Telephone Co., Inc. v. Sprint Communications Company, L.P.* (D. Utah, 2:08-cv-00380), leading to dismissal of Beehive's claims under Section 207 of Communications Act and continuation of case as to Sprint's counterclaims.
- Represented Sprint in *Sprint Communications Company, L.P. v. Northern Valley Communications, LLC* (FCC), leading to invalidation of Northern Valley's tariff as inconsistent with multiple statutory and regulatory provisions.
- Represented Sprint in numerous other cases involving regulatory arbitration, leading to favorable settlements.
- Filed Supreme Court amicus brief on behalf of law professors in *Sprint Communications Company v. Jacobs* to argue that federal court should not have abstained from hearing preemption challenge to state commission decision, a proposition with which the Supreme Court later agreed.
- Represented MCI in three class actions involving alleged overbilling, resulting in dismissal of one and successful resolution of two others prior to class certification.
- Represented MCI in successful FCC arbitration involving pricing and other issues under the 1996 Telecommunications Act
- Represented MCI in successful challenge to Illinois legislation constraining the authority of the Illinois Commerce Commission to set rates
- Represented MCI in FCC proceeding to obtain approval of merger with Verizon
- Represented MCI in Supreme Court cases involving interaction of Communications Act and antitrust laws and involving application of Communications Act to cable modem service.
- Provided advice to multiple clients on a gamut of regulatory issues.

Appeals, Third Circuit 1993 - 1994
(Clerkship)

Other Regulatory Litigation (Environmental)

- Represented subsidiary of Delta Airlines in D.C. Circuit challenge to EPA's 2013 rule on renewable fuel standards and in crafting strategy at EPA to waive or revise policy going forward.

Securities

- Represented General Motors Corporation in a now-settled SEC investigation involving pension, derivatives and commodities accounting and disclosure issues
- Represented trustees of bankrupt Fortune 500 company in successful effort to obtain recourse from banks that sold auction rate securities that later became nearly valueless

- Helped defend largest FINRA arbitration award in history arising from the failure of the auction rate securities market

Intellectual Property

- Drafted *amicus* brief for American Intellectual Property Law Association in *Lexmark International, Inc. v. Static Control Components, Inc.*, regarding standing for false advertising under the Lanham Act. Brief was described as “powerful” in a Bloomberg Law Scotusblog article and many of its arguments were accepted in the Supreme Court’s decision.
- Drafted *amicus* brief for Pharmaceutical Research and Manufacturers of America in the *Bilski v. Kappos* Supreme Court case on the scope of patentable subject matter
- Helped successfully defend a major patent verdict at the Federal Circuit and to obtain a remand for award of additional damages
- Drafted Federal Circuit briefs on claim construction, validity, inequitable conduct and attorneys’ fees
- Drafted summary judgment motion that helped facilitate successful settlement of patent litigation between MCI and AT&T

Mr. Goldman has an extensive pro bono practice. His cases have included:

- Represented two Florida voters and a coalition of nonprofits in a challenge to a 2012 voter purge in Florida that resulted in: (1) an 11th Circuit decision declaring the purge illegal because such systematic purges could not occur within 90 days of a federal election, and (2) settlement of other claims resulting in restoration of voters to the rolls prior to the 2012 election.
- Prepared Supreme Court *amicus* brief for coalition of social scientists in *Town of Greece v. Galloway*, arguing that prayer before town council meetings is coercive in a manner different than that before federal or state legislative sessions.
- Represented David Hicks, the second Guantanamo inmate charged with war crimes. After several years of litigation, the parties reached a plea deal under which Mr. Hicks served less than a year’s additional time.
- Represented class of Miami public housing residents in action that resulted in ten-year consent decree aimed at desegregating Section 8 and public housing programs.
- Represented class of Baltimore public housing residents in successful appeal to Fourth Circuit of a decision modifying an earlier consent decree.
- Prepared Supreme Court *amicus* brief for the Brennan Center for Justice arguing that Court should permit continued enforcement of Section 5 of Voting Rights Act, rather than holding it unconstitutional -- a position with which the Court agreed with at the time, though it has since reached a different conclusion.
- Prepared Supreme Court *amicus* brief for Northern Region Disability Network arguing that it is constitutional to require states to provide their records to entities established to protect those with developmental disabilities – a position with which the Court agreed.
- Prepared Supreme Court *amicus* brief for American Bar Association in case upholding the constitutionality of IOLTA (Interest On Lawyers’ Trust Fund Accounts) programs - a position with which the Court agreed.
- Prepared Supreme Court *amicus* brief for American Bar Association arguing that a California law reducing welfare benefits for new California residents was unconstitutional - an issue the Court ultimately did not reach.

Awards

- *Legal 500*
Media, Technology, and Telecoms: Telecoms and Broadcast: Regulatory - 2013

Educational

- University of Iowa
Visiting Professor of Constitutional Law, Spring, 1999

Service To The Bar

- American Bar Association
- Washington Council of Lawyers

Publications

- "Making Sense of *Prometheus*," *Intellectual Property*, ABA Section of Litigation, September 12, 2012
- "The *USTA* Decisions and the Rise and Fall of Telephone Competition," *Communications Lawyer*, Vol. 22, Summer 2004
- "Grounds for Modification of Consent Decrees: *Rufo v. Inmates of Suffolk County Jail*," Vol. 106, No. 289, *Harvard Law Review*, 1992

Speaking Engagements

- Washington College of Law, Supreme Court Series: *Lexmark International, Inc. v. Static Control Components, Inc.* Post Argument Discussion, December 12, 2013
- "2012 Supreme Court Term in Review," Jenner & Block CLE, June 28, 2013
- "2009 Supreme Court Term in Review: Leading Business Cases," Jenner & Block Litigation Department Spotlight Live Seminar Series Event CLE Seminar, Chicago, IL, June 30, 2010
- Panelist, "Military Commissions: The Trials Begin," The Constitution Project and the National Institute of Military Justice, Washington, DC, October 11, 2005

JENNER & BLOCK

JOSHUA N. FRIEDMAN, Associate

Joshua N. Friedman is an associate in the Firm's Litigation Department.

Mr. Friedman graduated from Duke University in 2005, receiving a B.A. in Political Science. He earned his J.D. from Stanford University Law School in 2009. During law school, Mr. Friedman served as Co-Editor-in-Chief of the *Stanford Journal of International Law*, and participated in the Stanford Law School Supreme Court Clinic. From September 2010 until January 2012, he clerked for the Honorable Beverly B. Martin at the U.S. Court of Appeals for the Eleventh Circuit.

Mr. Friedman is a member of the California and District of Columbia Bars.



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Email: joshuafriedman@jenner.com

EDUCATION

Stanford Law School, J.D., 2009; Co-Editor-in-Chief, *Stanford Journal of International Law*

Duke University, B.A., 2005

BAR ADMISSIONS

California, 2009

District of Columbia, 2010

JUDICIAL CLERKSHIP

Hon. Beverly B. Martin, U.S. Court of Appeals, Eleventh Circuit 2010 - 2012 (Clerkship)

LINDSAY EYLER KAPLAN, Associate

Lindsay Eyler Kaplan is an associate in the firm's Litigation Department.

Ms. Kaplan graduated *summa cum laude* and Phi Beta Kappa from Northwestern University, where she earned a B.A. degree in History and Legal Studies in 2006. She received her J.D. from Yale Law School in 2009. While at Yale, Ms. Kaplan was awarded the John Currier Gallagher Prize in trial advocacy in the Spring 2007 Barristers' Union Finals and, along with her co-counsel, the Potter Stewart Prize for best overall written and oral argument in the Fall 2008 Moot Court Finals. She also served as Submissions Editor of the Yale Law & Policy Review, and as an intern with the U.S. Department of Justice, the U.S. Attorney's Office for the District of Connecticut, and the Federal Election Commission.

Prior to joining Jenner & Block, Ms. Kaplan served as a law clerk to the Honorable James E. Boasberg on the U.S. District Court for the District of Columbia. She also worked as an associate in the litigation department of a large, international law firm where she handled matters involving complex civil litigation, securities litigation, and white-collar criminal defense, and maintained an active pro bono practice.

Ms. Kaplan is admitted to practice law in Maryland and the District of Columbia.

Service to the Bar

- Federal Bar Association, Capitol Hill Chapter
Member, 2010 - present

**LINDSAY EYLER KAPLAN
Associate****WASHINGTON, DC**

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Fax: 202 661-4913
Email: lkaplan@jenner.com

PRACTICE GROUPS

Election Law and Redistricting
Government Controversies and Public Policy
Litigation
Litigation
White Collar Defense and Investigations

EDUCATION

Yale Law School, J.D., 2009; Potter Stewart Prize, 2008; John Currier Gallagher Prize, 2007; Submissions Editor, *Yale Law & Policy Review*

Northwestern University, B.A., 2006; *summa cum laude*; Phi Beta Kappa; Departmental Honors in History and Legal Studies

BAR ADMISSIONS

Maryland, 2009
District of Columbia, 2010

COURT ADMISSIONS

U.S. District Court, District of Maryland, 2010
U.S. District Court, District of Columbia, 2011

JUDICIAL CLERKSHIP

Hon. James E. Boasberg, U.S. District Court, District of Columbia 2011 - 2012 (Clerkship)

MARINA K. JENKINS, Associate

Marina K. Jenkins is an associate in the firm's Litigation Department.

Ms. Jenkins graduated from Princeton University in 2004, receiving an A.B. in history and a certificate in African American Studies. She earned her J.D. from Stanford Law School in 2010. During law school, Ms. Jenkins served as the publishing editor for the *Stanford Journal of Civil Rights and Civil Liberties*.

Ms. Jenkins is a member of the New Jersey and District of Columbia Bars. She is a member of the firm's Pro Bono Committee.

Publications

- "The Need for State Redistricting Reform To Rein in Partisan Gerrymandering," Yale Law & Policy Review, October 5, 2011

**MARINA K. JENKINS**
Associate**WASHINGTON, DC**

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PRACTICE GROUPS

Content, Media & Entertainment

Election Law and Redistricting

Government Controversies and Public Policy

Litigation

Litigation

EDUCATION

Stanford Law School, J.D., 2010; Publishing Editor, *Stanford Journal of Civil Rights and Civil Liberties*

Princeton University, A.B., 2004

BAR ADMISSIONS

New Jersey, 2010

District of Columbia, 2014

New York, 2014

KRISTEN M. ROGERS, Associate

Kristen M. Rogers is an associate in Jenner & Block's Litigation Department. She joined the Firm in 2010 and focuses her practice on election law and redistricting and white collar defense and investigation work. She also serves the Firm as a member of its Pro Bono Committee.

Ms. Rogers graduated Phi Beta Kappa with honors, from the University of California, Berkeley, in 2005, with a Bachelor of Arts degree in Political Science. She received her J.D., *cum laude*, from Harvard Law School. While at Harvard, Ms. Rogers was an editor of the *Harvard Law and Policy Review*, and also the *Civil Rights and Civil Liberties Law Review*. Additionally, she was a member of the Trauma and Learning Policy Initiative of Harvard's Legal Services Center.

Ms. Rogers is a member of the California bar. Prior to attending law school, she taught public school as a corps member in Teach for America.



KRISTEN M. ROGERS Associate

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Email: kr Rogers@jenner.com

PRACTICE GROUPS

Litigation

EDUCATION

Harvard Law School, J.D., 2010; *cum laude*; Harvard Law and Policy Review; *Civil Rights and Civil Liberties Law Review*

Pace University, M.S.T., 2007

University of California, Berkeley, B.A., 2005; highest honors; Phi Beta Kappa

BAR ADMISSIONS

California, 2010

District Of Columbia, 2013

Exhibit B

UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT
Form to Accompany Application for Attorney's Fees

Summary of work performed by (name): Lorelie S. Masters

Total compensation requested for this person: \$77,000

Hourly rate of compensation requested for this person: \$550

This person is an:

☒ attorney ☐ law student/graduate ☐ certified paralegal ☐ other: _____

Category	Total Hours
Interviews and conferences	38.975
Obtaining and reviewing records	0
Legal research	1.85
Brief writing	71.5
Preparing for and attending oral argument	26.55
Other (specify on additional sheets if necessary): Attention to motion to expedite and oppositions thereto; reviewed briefs of other parties.	1.125
Total hours claimed for this person	140

Instructions: on the applicable lines, enter the total time spent in each category. A separate form must be completed for each person for whom time is claimed. Attach contemporaneous time records reflecting all hours listed and indicating the dates on which the work was performed. An affidavit attesting to the truthfulness of the information contained in the application and demonstrating the basis for the hourly rate(s) requested must also accompany the application.

Date	Timekeeper	Hours	Description	Cost
10/4/2012	MASTERS, LORELIE S.	1	Worked re J. Zloch's decision denying plaintiffs' PI motion; met with M. Goldman, M. Jenkins, K. Rogers, and L. Kaplan re J. Zloch's decision and possible appeal.	550.00
10/5/2012	MASTERS, LORELIE S.	3.5	Worked re J. Zloch's opinion; telephone conference with K. Flanagan re appeal; emails and meetings re appeal; conference call with group re appeal; met with Jenner group re tasks for appeal.	1,925.00
10/9/2012	MASTERS, LORELIE S.	1.5	Reviewed motion to expedite; worked re same; conference with M. Goldman re next steps; worked re appendix; telephone call to K. Flanagan re amicus briefs.	825.00
10/12/2012	MASTERS, LORELIE S.	2.5	Read State's opposition to motion to expedite; met with Jenner team re opposition; emails and telephone conferences re motion to expedite; email to Arcia group re reply on motion to expedite and re appeal brief.	1,375.00
10/14/2012	MASTERS, LORELIE S.	10	Revised appeal brief in 11th circuit; revised motion to expedite appeal.	5,500.00
10/15/2012	MASTERS, LORELIE S.	9	Revised appeal brief to file in the 11th Circuit; various conferences with M. Goldman and others on Jenner Team re same; telephone conference with K. Flanagan, M. Goldman, and lawyer at Perkins helping with amicus effort.	4,950.00
10/16/2012	MASTERS, LORELIE S.	2	Worked re appeal issues.	1,100.00
10/17/2012	MASTERS, LORELIE S.	2	Worked re amicus and appeal issues; emails with J. Levitt and K. Sandstrom re amicus briefs.	1,100.00
10/17/2012	MASTERS, LORELIE S.	0.5	Emails re appeal.	275.00
10/18/2012	MASTERS, LORELIE S.	3	Worked re appeal and amicus briefs, expediting appeal, and appeal brief.	1,650.00
10/24/2012	MASTERS, LORELIE S.	3	Conference call with Arcia team re October 22 status conference, appeal issues, and State's compliance with settlement; worked re amicus briefs.	1,650.00
11/2/2012	MASTERS, LORELIE S.	1.25	Met with Jenner team re status of case and appeal; emails and telephone conferences with team re same.	687.50
11/6/2012	MASTERS, LORELIE S.	1	Telephone conferences re amicus briefs.	550.00
11/7/2012	MASTERS, LORELIE S.	2	Participated in weekly conference call; worked re appeal.	1,100.00
11/26/2012	MASTERS, LORELIE S.	0.25	Telephone conference with L. Kaplan re various issues relating to 11th Circuit appeal.	137.50
12/4/2012	MASTERS, LORELIE S.	2	Worked re 11th Circuit appeal; emails and telephone conferences with K. Rogers and L. Kaplan re appeal issues; emails and conferences with M. Goldman re appeal issues.	1,100.00
12/5/2012	MASTERS, LORELIE S.	1.5	Worked re 11th Circuit appeal; telephone conferences and emails with J. Levitt re amicus briefs.	825.00
12/13/2012	MASTERS, LORELIE S.	5	Worked re appeal; conferred with M. Goldman re appeal; telephone conference with J. Levitt re amicus brief; reviewed legislative history for NVRA from K. Sandstrom; telephone conference with M. Jenkins re brief; email to A. Davis re consent to amicus; telephone conference with A. Davis re same.	2,750.00
12/14/2012	MASTERS, LORELIE S.	6	Worked re appeal brief; met with Jenner team re appeal brief; emails and telephone conferences with amici and others re appeal; conferences with M. Goldman re appeal and briefing.	3,300.00
12/16/2012	MASTERS, LORELIE S.	4	Conference call with Jenner team re appeal brief; reviewed most recent revision of appeal brief; emails to team re revisions.	2,200.00

12/17/2012	MASTERS, LORELIE S.	6.5	Worked re finalizing appeal brief; telephone conference with amicus counsel at Mayer Brown; conferences with M. Jenkins and L. Kaplan re brief; emails with M. Goldman re brief; various other emails and calls re same.	3,575.00
12/19/2012	MASTERS, LORELIE S.	1	Telephone conferences with amici counsel; telephone conferences and emails re canceling conference call today; emails re amicus briefs.	550.00
12/20/2012	MASTERS, LORELIE S.	2	Worked re amicus brief by Brennan Center; conferred with G. Hebert re same; conferred with M. Goldman and G. Hebert re same; emails with D. Smith re invoices; telephone conferences and emails with Mayer Brown re members brief; reviewed amicus brief for members of Congress.	1,100.00
12/31/2012	MASTERS, LORELIE S.	1	Worked re 11th Circuit's jurisdictional question; various emails re same.	550.00
1/2/2013	MASTERS, LORELIE S.	2	Reviewed Jurisdictional Question submitted to us by court; emails and telephone conferences re amicus briefs and court's Jurisdictional Question; conference call with team re same.	1,100.00
1/7/2013	MASTERS, LORELIE S.	2	Worked re response to Jurisdictional Question; worked re appeal.	1,100.00
1/10/2013	MASTERS, LORELIE S.	1.5	Worked re response to Jurisdictional Question; emails with L. Kaplan re same.	825.00
1/14/2013	MASTERS, LORELIE S.	2	Worked re response to Jurisdictional Question.	1,100.00
1/23/2013	MASTERS, LORELIE S.	3	Read appellees' opposition brief; various emails and telephone conferences re same; met with Jenner team re reply.	1,650.00
1/24/2013	MASTERS, LORELIE S.	1.5	Met with team re appeal issues; worked re same.	825.00
1/25/2013	MASTERS, LORELIE S.	0.75	Reviewed draft request for clarification of deadlines; worked re appeal.	412.50
1/29/2013	MASTERS, LORELIE S.	1	Worked re appeal and timing of reply issues.	550.00
3/5/2013	MASTERS, LORELIE S.	3.5	Reviewed reply brief draft; revised same; emailed draft to co-counsel; emailed with Jenner team re draft brief; conferred with M. Goldman re settlement draft.	1,925.00
3/6/2013	MASTERS, LORELIE S.	2.5	Conference call with co-counsel; worked re appeal.	1,375.00
3/7/2013	MASTERS, LORELIE S.	3.5	Reviewed appeal brief.	1,925.00
3/9/2013	MASTERS, LORELIE S.	4	Revised reply brief.	2,200.00
3/10/2013	MASTERS, LORELIE S.	6	Revised reply brief; emails with Arcia team and Jenner team re same; emails and telephone conference with M. Goldman re same.	3,300.00
3/11/2013	MASTERS, LORELIE S.	4	Worked re reply brief; emails with co-counsel re brief.	2,200.00
9/26/2013	MASTERS, LORELIE S.	0.25	Telephone conference with M. Goldman re oral argument on October 10 and preparation for same.	137.50
10/1/2013	MASTERS, LORELIE S.	3	Prepared for October 10 oral argument and mock argument; emails re judges on new panel.	1,650.00
10/2/2013	MASTERS, LORELIE S.	3	Prepared for mock and oral arguments.	1,650.00
10/3/2013	MASTERS, LORELIE S.	2.5	Prepared for mock and oral arguments.	1,375.00
10/6/2013	MASTERS, LORELIE S.	1	Prepared for oral argument before the 11th Circuit and mock oral argument on October 8.	550.00
10/7/2013	MASTERS, LORELIE S.	3	Prepared for oral argument before the 11th Circuit and mock oral argument on October 8.	1,650.00
10/8/2013	MASTERS, LORELIE S.	4.5	Prepared for mock argument; participated in same and discussion afterwards.	2,475.00

10/9/2013	MASTERS, LORELIE S.	5	Prepared for oral argument in the Arcia case; traveled to Miami for argument; discussions with M. Goldman and later J. DeLeon re oral argument; various emails and telephone conferences re same.	2,750.00
10/10/2013	MASTERS, LORELIE S.	8	Prepared for and attended oral argument for Arcia case; follow-up from oral argument; returned to DC.	4,400.00
10/11/2013	MASTERS, LORELIE S.	1	Follow-up from October 10 oral argument.	550.00

Exhibit B: Time Allocations

MASTERS, LORELIE S.

2012-10-04

MASTERS, LORELIE S.	Worked re J. Zloch's decision denying plaintiffs' PI motion; met with M. Goldman, M. Jenkins, K. Rogers, and L. Kaplan re J. Zloch's decision and possible appeal.	1	550	\$550.00
	Briefs	70%		\$385.00
	Meetings	30%		\$165.00

2012-10-05

MASTERS, LORELIE S.	Worked re J. Zloch's opinion; telephone conference with K. Flanagan re appeal; emails and meetings re appeal; conference call with group re appeal; met with Jenner group re tasks for appeal.	3.5	550	\$1,925.00
	Meetings	85%		\$1,636.25
	Briefs	15%		\$288.75

2012-10-09

MASTERS, LORELIE S.	Reviewed motion to expedite; worked re same; conference with M. Goldman re next steps; worked re appendix; telephone call to K. Flanagan re amicus briefs.	1.5	550	\$825.00
	Meetings	20%		\$165.00
	Briefs	80%		\$660.00

2012-10-12

MASTERS, LORELIE S.	Read State's opposition to motion to expedite; met with Jenner team re opposition; emails and telephone conferences re motion to expedite; email to Arcia group re reply on motion to expedite and re appeal brief.	2.5	550	\$1,375.00
	Meetings	95%		\$1,306.25
	Other	5%		\$68.75

2012-10-14

MASTERS, LORELIE S.	Revised appeal brief in 11th circuit; revised motion to expedite appeal.	10	550	\$5,500.00
	Briefs	100%		\$5,500.00

2012-10-15

MASTERS, LORELIE S.	Revised appeal brief to file in the 11th Circuit; various conferences with M. Goldman and others on Jenner Team re same; telephone conference with K. Flanagan, M. Goldman, and lawyer at Perkins helping with amicus effort.	9	550	\$4,950.00
	Briefs	80%		\$3,960.00
	Meetings	20%		\$990.00

2012-10-16

MASTERS, LORELIE S.	Worked re appeal issues.	2	550	\$1,100.00
	Meetings	35%		\$385.00

	Briefs	65%			\$715.00
<hr/>					
2012-10-17a					
MASTERS, LORELIE S.	Emails re appeal.		0.5	550	\$275.00
	Meetings	100%			\$275.00
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2012-10-17b					
MASTERS, LORELIE S.	Worked re amicus and appeal issues; emails with J. Levitt and K. Sandstrom re amicus briefs.		2	550	\$1,100.00
	Briefs	90%			\$990.00
	Meetings	10%			\$110.00
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2012-10-18					
MASTERS, LORELIE S.	Worked re appeal and amicus briefs, expediting appeal, and appeal brief.		3	550	\$1,650.00
	Briefs	70%			\$1,155.00
	Meetings	30%			\$495.00
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2012-10-24					
MASTERS, LORELIE S.	Conference call with Arcia team re October 22 status conference, appeal issues, and State's compliance with settlement; worked re amicus briefs.		3	550	\$1,650.00
	Briefs	50%			\$825.00
	Meetings	50%			\$825.00
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2012-11-02					
MASTERS, LORELIE S.	Met with Jenner team re status of case and appeal; emails and telephone conferences with team re same.		1.25	550	\$687.50
	Meetings	100%			\$687.50
<hr/>					
2012-11-06					
MASTERS, LORELIE S.	Telephone conferences re amicus briefs.		1	550	\$550.00
	Meetings	100%			\$550.00
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2012-11-07					
MASTERS, LORELIE S.	Participated in weekly conference call; worked re appeal.		2	550	\$1,100.00
	Meetings	50%			\$550.00
	Briefs	50%			\$550.00
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2012-11-26					

MASTERS, LORELIE S.	Telephone conference with L. Kaplan re various issues relating to 11th Circuit appeal.	0.25	550	\$137.50
	Meetings	100%		\$137.50

2012-12-04

MASTERS, LORELIE S.	Worked re 11th Circuit appeal; emails and telephone conferences with K. Rogers and L. Kaplan re appeal issues; emails and conferences with M. Goldman re appeal issues.	2	550	\$1,100.00
	Meetings	40%		\$440.00
	Briefs	60%		\$660.00

2012-12-05

MASTERS, LORELIE S.	Worked re 11th Circuit appeal; telephone conferences and emails with J. Levitt re amicus briefs.	1.5	550	\$825.00
	Briefs	65%		\$536.25
	Meetings	35%		\$288.75

2012-12-13

MASTERS, LORELIE S.	Worked re appeal; conferred with M. Goldman re appeal; telephone conference with J. Levitt re amicus brief; reviewed legislative history for NVRA from K. Sandstrom; telephone conference with M. Jenkins re brief; email to A. Davis re consent to amicus; telephone conference with A. Davis re same.	5	550	\$2,750.00
	Meetings	75%		\$2,062.50
	Research	25%		\$687.50

2012-12-14

MASTERS, LORELIE S.	Worked re appeal brief; met with Jenner team re appeal brief; emails and telephone conferences with amici and others re appeal; conferences with M. Goldman re appeal and briefing.	6	550	\$3,300.00
	Meetings	10%		\$330.00
	Briefs	90%		\$2,970.00

2012-12-16

MASTERS, LORELIE S.	Conference call with Jenner team re appeal brief; reviewed most recent revision of appeal brief; emails to team re revisions.	4	550	\$2,200.00
	Meetings	60%		\$1,320.00
	Briefs	40%		\$880.00

2012-12-17

MASTERS, LORELIE S.	Worked re finalizing appeal brief; telephone conference with amicus counsel at Mayer Brown; conferences with M. Jenkins and L. Kaplan re brief; emails with M. Goldman re brief; various other emails and calls re same.	6.5	550	\$3,575.00
	Briefs	65%		\$2,323.75
	Meetings	35%		\$1,251.25

2012-12-19

MASTERS, LORELIE S.	Telephone conferences with amici counsel; telephone conferences and emails re canceling conference call today; emails re amicus briefs.	1	550	\$550.00
	Meetings	100%		\$550.00

2012-12-20

MASTERS, LORELIE S.	Worked re amicus brief by Brennan Center; conferred with G. Hebert re same; conferred with M. Goldman and G. Hebert re same; emails with D. Smith re invoices; telephone conferences and emails with Mayer Brown re members brief; reviewed amicus brief for members of Congress.	2	550	\$1,100.00
	Other	50%		\$550.00
	Meetings	50%		\$550.00

2012-12-31

MASTERS, LORELIE S.	Worked re 11th Circuit's jurisdictional question; various emails re same.	1	550	\$550.00
	Meetings	40%		\$220.00
	Research	60%		\$330.00

2013-01-02

MASTERS, LORELIE S.	Reviewed Jurisdictional Question submitted to us by court; emails and telephone conferences re amicus briefs and court's Jurisdictional Question; conference call with team re same.	2	550	\$1,100.00
	Meetings	80%		\$880.00
	Briefs	20%		\$220.00

2013-01-07

MASTERS, LORELIE S.	Worked re response to Jurisdictional Question; worked re appeal.	2	550	\$1,100.00
	Briefs	100%		\$1,100.00

2013-01-10

MASTERS, LORELIE S.	Worked re response to Jurisdictional Question; emails with L. Kaplan re same.	1.5	550	\$825.00
	Briefs	90%		\$742.50
	Meetings	10%		\$82.50

2013-01-14

MASTERS, LORELIE S.	Worked re response to Jurisdictional Question.	2	550	\$1,100.00
	Briefs	100%		\$1,100.00

2013-01-23

MASTERS, LORELIE S.	Read appellees' opposition brief; various emails and telephone conferences re same; met with Jenner team re reply.	3	550	\$1,650.00
	Briefs	65%		\$1,072.50

	Meetings	35%	\$577.50			
<hr/>						
2013-01-24	MASTERS, LORELIE S.	Met with team re appeal issues; worked re same.	1.5	550	\$825.00	
		Meetings	50%		\$412.50	
		Briefs	50%		\$412.50	
<hr/>						
2013-01-25	MASTERS, LORELIE S.	Reviewed draft request for clarification of deadlines; worked re appeal.	0.75	550	\$412.50	
		Briefs	100%		\$412.50	
<hr/>						
2013-01-29	MASTERS, LORELIE S.	Worked re appeal and timing of reply issues.	1	550	\$550.00	
		Briefs	100%		\$550.00	
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2013-03-05	MASTERS, LORELIE S.	Reviewed reply brief draft; revised same; emailed draft to co-counsel; emailed with Jenner team re draft brief; conferred with M. Goldman re settlement draft.	3.5	550	\$1,925.00	
		Meetings	15%		\$288.75	
		Briefs	85%		\$1,636.25	
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2013-03-06	MASTERS, LORELIE S.	Conference call with co-counsel; worked re appeal.	2.5	550	\$1,375.00	
		Meetings	40%		\$550.00	
		Briefs	60%		\$825.00	
<hr/>						
2013-03-07	MASTERS, LORELIE S.	Reviewed appeal brief.	3.5	550	\$1,925.00	
		Briefs	100%		\$1,925.00	
<hr/>						
2013-03-09	MASTERS, LORELIE S.	Revised reply brief.	4	550	\$2,200.00	
		Briefs	100%		\$2,200.00	
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2013-03-10	MASTERS, LORELIE S.	Revised reply brief; emails with Arcia team and Jenner team re same; emails and telephone conference with M. Goldman re same.	6	550	\$3,300.00	

	Briefs	80%	\$2,640.00		
	Meetings	20%	\$660.00		
<hr/>					
2013-03-11					
MASTERS, LORELIE S.	Worked re reply brief; emails with co-counsel re brief.			4	550 \$2,200.00
	Briefs	95%	\$2,090.00		
	Meetings	5%	\$110.00		
<hr/>					
2013-09-26					
MASTERS, LORELIE S.	Telephone conference with M. Goldman re oral argument on October 10 and preparation for same.			0.25	550 \$137.50
	Meetings	100%	\$137.50		
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2013-10-01					
MASTERS, LORELIE S.	Prepared for October 10 oral argument and mock argument; emails re judges on new panel.			3	550 \$1,650.00
	Meetings	15%	\$247.50		
	Argument	85%	\$1,402.50		
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2013-10-02					
MASTERS, LORELIE S.	Prepared for mock and oral arguments.			3	550 \$1,650.00
	Argument	100%	\$1,650.00		
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2013-10-03					
MASTERS, LORELIE S.	Prepared for mock and oral arguments.			2.5	550 \$1,375.00
	Argument	100%	\$1,375.00		
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2013-10-06					
MASTERS, LORELIE S.	Prepared for oral argument before the 11th Circuit and mock oral argument on October 8.			1	550 \$550.00
	Argument	100%	\$550.00		
<hr/>					
2013-10-07					
MASTERS, LORELIE S.	Prepared for oral argument before the 11th Circuit and mock oral argument on October 8.			3	550 \$1,650.00
	Argument	100%	\$1,650.00		
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2013-10-08					
MASTERS, LORELIE S.	Prepared for mock argument; participated in same and discussion afterwards.			4.5	550 \$2,475.00

	Argument	100%				\$2,475.00
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2013-10-09						
	MASTERS, LORELIE S.	Prepared for oral argument in the Arcia case; traveled to Miami for argument; discussions with M. Goldman and later J. DeLeon re oral argument; various emails and telephone conferences re same.	5	550		\$2,750.00
		Argument	40%			\$1,100.00
		Meetings	60%			\$1,650.00
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2013-10-10						
	MASTERS, LORELIE S.	Prepared for and attended oral argument for Arcia case; follow-up from oral argument; returned to DC.	8	550		\$4,400.00
		Argument	100%			\$4,400.00
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2013-10-11						
	MASTERS, LORELIE S.	Follow-up from October 10 oral argument.	1	550		\$550.00
		Meetings	100%			\$550.00
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Total Fees:						\$77,000.00

UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT
Form to Accompany Application for Attorney's Fees

Summary of work performed by (name): Marc A. Goldman

Total compensation requested for this person: \$132,125.00

Hourly rate of compensation requested for this person: \$500

This person is an:

☒ attorney ☐ law student/graduate ☐ certified paralegal ☐ other: _____

Category	Total Hours
Interviews and conferences	49.325
Obtaining and reviewing records	0
Legal research	3.7875
Brief writing	168.4625
Preparing for and attending oral argument	37.25
Other (specify on additional sheets if necessary): Attention to motion to expedite and pro hac vice motions; reviewed briefs of other parties; reviewed opinion of the Court.	5.425
Total hours claimed for this person	264.25

Instructions: on the applicable lines, enter the total time spent in each category. A separate form must be completed for each person for whom time is claimed. Attach contemporaneous time records reflecting all hours listed and indicating the dates on which the work was performed. An affidavit attesting to the truthfulness of the information contained in the application and demonstrating the basis for the hourly rate(s) requested must also accompany the application.

Date	Timekeeper	Hours	Description	Cost
10/5/2012	GOLDMAN, MARC A.	4.5	Attended team meeting to discuss whether to appeal; attended team meeting to discuss assignments for appeal; reviewed and edited motion to expedite; various discussions with L. Kaplan re getting motion to expedite filed; reviewed motion for judgment; exchanged e-mails on amici, pro hac vice motions and other issues; call with L. Masters on next steps; calls with B. Hovland and M. Schneider on next steps; reviewed material on mootness to assess need for expedited appeal; discussed with appellate partners issue re notice of appeal given no final judgment; exchanged e-mails on researching canons of statutory construction; reviewed e-mails on various issues.	2,250.00
10/8/2012	GOLDMAN, MARC A.	3	Began editing appellate brief.	1,500.00
10/9/2012	GOLDMAN, MARC A.	8.25	Edited motion to expedite; worked on appellate brief.	4,125.00
10/11/2012	GOLDMAN, MARC A.	8	Worked on appellate brief.	4,000.00
10/12/2012	GOLDMAN, MARC A.	10.25	Revised appellate brief; attended meeting to discuss next steps.	5,125.00
10/13/2012	GOLDMAN, MARC A.	9.75	Revised reply on motion to expedite appeal; organized next steps on appellate brief; revised appellate brief.	4,875.00
10/14/2012	GOLDMAN, MARC A.	10	Revised reply on motion to expedite; exchanged e-mails about merits brief and edited brief.	5,000.00
10/15/2012	GOLDMAN, MARC A.	6.5	Revised and shortened appellate brief; discussed 11th Circuit call; call re amicus support; took steps to organize getting brief done.	3,250.00
10/16/2012	GOLDMAN, MARC A.	5	Worked on issues to finalize brief and figure out how to respond to new call from 11th Circuit; exchanged e-mails on 11th Circuit order.	2,500.00
10/31/2012	GOLDMAN, MARC A.	0.75	Attended team meeting to discuss next steps.	375.00
11/2/2012	GOLDMAN, MARC A.	0.5	Spoke to L. Masters and exchanged e-mails on how to proceed with appeal.	250.00
11/16/2012	GOLDMAN, MARC A.	1	Spoke to amicus about status; exchanged e-mails and calls re withdrawal of first appeal.	500.00
11/19/2012	GOLDMAN, MARC A.	0.25	Exchanged e-mails on various topics.	125.00
11/20/2012	GOLDMAN, MARC A.	0.75	Attended team meeting to discuss next steps in appeal.	375.00
11/21/2012	GOLDMAN, MARC A.	1	Telephone call with Brennan Center re amicus brief.	500.00
11/27/2012	GOLDMAN, MARC A.	0.75	Spoke to L. Masters about amicus issues; exchanged e-mails with K. Flanagan on amicus issues.	375.00
11/28/2012	GOLDMAN, MARC A.	1	Attended team meeting to discuss status and next steps; reviewed current status of appellate brief.	500.00
11/29/2012	GOLDMAN, MARC A.	0.5	Spoke with DOJ about possible amicus brief; spoke with B. Ramamurti about appellate brief.	250.00
12/3/2012	GOLDMAN, MARC A.	0.25	Spoke with DOJ about possible amicus brief.	125.00
12/4/2012	GOLDMAN, MARC A.	1.5	Reviewed changes to draft brief and sent e-mail about additional changes needed.	750.00
12/5/2012	GOLDMAN, MARC A.	2.5	Spoke with amicus about election official brief; reviewed draft brief of election officials; spoke with DOJ about possible amicus; sent e-mail to associates about additional changes needed on brief; call with K. Sandstrom about possible amicus briefs.	1,250.00

12/6/2012	GOLDMAN, MARC A.	2.75	Spoke with L. Masters about possible extension request and amicus issues; spoke to amicus about congressional brief; tried to determine need for extension through e-mails with co-counsel; e-mailed associates about need for additional changes to draft brief.	1,375.00
12/7/2012	GOLDMAN, MARC A.	8.5	Edited brief; exchanged e-mails and reviewed extension motion.	4,250.00
12/12/2012	GOLDMAN, MARC A.	2.75	Edited brief; assigned tasks on brief; attended team meeting to discuss brief.	1,375.00
12/14/2012	GOLDMAN, MARC A.	11	Edited brief in response to suggested changes from M. Jenkins and co-counsel.	5,500.00
12/15/2012	GOLDMAN, MARC A.	5	Edited brief in response to suggestions from co-counsel.	2,500.00
12/17/2012	GOLDMAN, MARC A.	0.5	Reviewed edits before filing brief.	250.00
12/19/2012	GOLDMAN, MARC A.	5.25	Reviewed Brennan Center amicus brief and participated on calls about same.	2,625.00
12/20/2012	GOLDMAN, MARC A.	2	Various calls related to Brennan Center amicus brief; reviewed municipal officials' draft brief.	1,000.00
12/21/2012	GOLDMAN, MARC A.	0.25	Exchanged e-mails about amicus briefs.	125.00
12/31/2012	GOLDMAN, MARC A.	0.25	Exchanged e-mails about court order on jurisdictional filing.	125.00
1/2/2013	GOLDMAN, MARC A.	1.5	Reviewed amicus briefs in case.	750.00
1/10/2013	GOLDMAN, MARC A.	1.75	Reviewed draft jurisdictional brief and made edits to same.	875.00
1/11/2013	GOLDMAN, MARC A.	0.5	Spoke to L. Kaplan about jurisdictional brief.	250.00
1/12/2013	GOLDMAN, MARC A.	0.75	Edited new draft of jurisdictional brief.	375.00
1/14/2013	GOLDMAN, MARC A.	1	Exchanged e-mails and calls about jurisdictional brief; reviewed material on "systematic" for use in reply.	500.00
1/26/2013	GOLDMAN, MARC A.	12.25	Edited motion for clarification to court, and exchanged e-mails on how to style same; drafted statutory section of reply brief.	6,125.00
1/27/2013	GOLDMAN, MARC A.	7.5	Worked on draft of reply brief.	3,750.00
1/30/2013	GOLDMAN, MARC A.	13	Continued to work on draft of reply brief; spoke to Project Vote about arguments; exchanged e-mails about 11th Circuit decision on timing of appeal.	6,500.00
2/8/2013	GOLDMAN, MARC A.	3.25	Edited reply brief.	1,625.00
2/14/2013	GOLDMAN, MARC A.	0.5	Worked on statutory section of reply; reviewed revised standing section.	250.00
2/20/2013	GOLDMAN, MARC A.	1.5	Revised reply.	750.00
3/5/2013	GOLDMAN, MARC A.	6.5	Attended team meeting re reply; revised draft reply per suggestions from meeting.	3,250.00
3/6/2013	GOLDMAN, MARC A.	12	Attended team meeting re reply; revised draft to shorten brief.	6,000.00
3/8/2013	GOLDMAN, MARC A.	7.25	Revised draft reply based on comments; reviewed Clapper decision and added paragraph to draft reply re same.	3,625.00
5/7/2013	GOLDMAN, MARC A.	2	Reviewed possible issues for summer associate assignments for argument preparation.	1,000.00
6/21/2013	GOLDMAN, MARC A.	2.5	Edited Rule 26 letter.	1,250.00
6/24/2013	GOLDMAN, MARC A.	0.75	Edited Rule 26 letter.	375.00
6/26/2013	GOLDMAN, MARC A.	0.75	Edited Rule 26 letter and participated in conference call re letter.	375.00
9/9/2013	GOLDMAN, MARC A.	0.75	Exchanged e-mails about setting up moot court.	375.00
9/13/2013	GOLDMAN, MARC A.	0.5	Exchanged e-mails about moot court.	250.00
9/27/2013	GOLDMAN, MARC A.	1.5	Prepared for argument.	750.00
9/29/2013	GOLDMAN, MARC A.	10.5	Prepared for argument.	5,250.00
9/30/2013	GOLDMAN, MARC A.	0.75	Prepared for argument.	375.00
10/1/2013	GOLDMAN, MARC A.	3	Prepared for and participated in moot court.	1,500.00
10/8/2013	GOLDMAN, MARC A.	3.5	Prepared for and participated in moot court.	1,750.00

10/9/2013	GOLDMAN, MARC A.	8	Prepared for argument.	4,000.00
10/10/2013	GOLDMAN, MARC A.	8	Prepared for and gave argument; traveled back to Washington, DC.	4,000.00
10/17/2013	GOLDMAN, MARC A.	0.75	Call with K. Sandstrom about argument.	375.00
10/22/2013	GOLDMAN, MARC A.	0.75	Discussed possible 28j letter with L. Kaplan.	375.00
10/23/2013	GOLDMAN, MARC A.	3	Reviewed and edited possible 28j letter and discussed same.	1,500.00
11/18/2013	GOLDMAN, MARC A.	1.25	Reviewed material for possible supplemental filing.	625.00
11/19/2013	GOLDMAN, MARC A.	0.5	Call about possible notice of supplemental authority.	250.00
11/21/2013	GOLDMAN, MARC A.	0.25	Drafted e-mail about possible notice of supplemental authority.	125.00
4/1/2014	GOLDMAN, MARC A.	0.5	Reviewed opinion.	250.00
4/11/2014	GOLDMAN, MARC A.	0.75	Discussed process for seeking attorneys' fees with L. Kaplan; discussed process for seeking attorneys' fees with M. McKenzie.	375.00
4/15/2014	GOLDMAN, MARC A.	0.75	Reviewed material related to seeking attorneys' fees.	375.00
4/29/2014	GOLDMAN, MARC A.	0.5	Met with M. Jenkins and L. Kaplan to discuss fee petition.	250.00
4/30/2014	GOLDMAN, MARC A.	3	Participated on team call to discuss fee petition, rates to use, support for rates and hours to include; spoke with M. Jenkins and L. Kaplan about tasks for fee petition.	1,500.00
5/1/2014	GOLDMAN, MARC A.	4.25	Discussed fee petition with M. Jenkins; reviewed time entries; reviewed submissions in past fee petitions; reviewed law on submission of fee petitions at 11th Circuit vs. district court; edited fee petition.	2,125.00
5/2/2014	GOLDMAN, MARC A.	7.5	Edited fee petition; exchanged e-mails about fact 11th Circuit hasn't issued mandate; exchanged e-mails about expert declaration on fees; reviewed time entries to eliminate duplicative or excessive time; spoke to F. Aul about exhibit on time entries; spoke to M. Jenkins about next steps.	3,750.00
5/5/2014	GOLDMAN, MARC A.	5.75	Calls with M. Kanter Cohen and K. Flanagan about seeking extension on filing fee petition; reviewed caselaw on transfer motions; calls with Defendant about seeking extension on filing fee petition; drafted motion for extension on filing fee petition; edited fee petition; reviewed time entries to eliminate duplicative or excessive time.	2,875.00
5/6/2014	GOLDMAN, MARC A.	3.25	Edited M. Goldman declaration for fee petition; exchanged e-mails about possible transfer motion; calls with defendant about possible consent to transfer motion; edited transfer motion; rewrote transfer motion to make it contingent; calls with M. Kanter Cohen about transfer motion.	1,625.00
10/13/2014	GOLDMAN, MARC A.	5.5	Worked on draft of fee petition.	2,750.00

Exhibit B: Time Allocations

GOLDMAN, MARC A.

2012-10-05

GOLDMAN, MARC A.	Attended team meeting to discuss whether to appeal; attended team meeting to discuss assignments for appeal; reviewed and edited motion to expedite; various discussions with L. Kaplan re getting motion to expedite filed; reviewed motion for judgment; exchanged e-mails on amici, pro hac vice motions and other issues; call with L. Masters on next steps; calls with B. Hovland and M. Schneider on next steps; reviewed material on mootness to assess need for expedited appeal; discussed with appellate partners issue re notice of appeal given no final judgment; exchanged e-mails on researching canons of statutory construction; reviewed e-mails on various issues.	4.5	500	\$2,250.00
	Other	10%		\$225.00
	Meetings	70%		\$1,575.00
	Briefs	20%		\$450.00

2012-10-08

GOLDMAN, MARC A.	Began editing appellate brief.	3	500	\$1,500.00
	Briefs	100%		\$1,500.00

2012-10-09

GOLDMAN, MARC A.	Edited motion to expedite; worked on appellate brief.	8.25	500	\$4,125.00
	Briefs	100%		\$4,125.00

2012-10-11

GOLDMAN, MARC A.	Worked on appellate brief.	8	500	\$4,000.00
	Briefs	100%		\$4,000.00

2012-10-12

GOLDMAN, MARC A.	Revised appellate brief; attended meeting to discuss next steps.	10.25	500	\$5,125.00
	Briefs	10%		\$512.50
	Meetings	90%		\$4,612.50

2012-10-13

GOLDMAN, MARC A.	Revised reply on motion to expedite appeal; organized next steps on appellate brief; revised appellate brief.	9.75	500	\$4,875.00
	Briefs	100%		\$4,875.00

2012-10-14

GOLDMAN, MARC A.	Revised reply on motion to expedite; exchanged e-mails about merits brief and edited brief.	10	500	\$5,000.00
	Meetings	5%		\$250.00
	Briefs	95%		\$4,750.00

2012-10-15

GOLDMAN, MARC A.	Revised and shortened appellate brief; discussed 11th Circuit call; call re amicus support; took steps to organize getting brief done.	6.5	500	\$3,250.00
	Meetings	20%		\$650.00
	Briefs	80%		\$2,600.00

2012-10-16

GOLDMAN, MARC A.	Worked on issues to finalize brief and figure out how to respond to new call from 11th Circuit; exchanged e-mails on 11th Circuit order.	5	500	\$2,500.00
	Meetings	10%		\$250.00
	Briefs	90%		\$2,250.00

2012-11-02

GOLDMAN, MARC A.	Spoke to L. Masters and exchanged e-mails on how to proceed with appeal.	0.5	500	\$250.00
	Meetings	100%		\$250.00

2012-11-16

GOLDMAN, MARC A.	Spoke to amicus about status; exchanged e-mails and calls re withdrawal of first appeal.	1	500	\$500.00
	Meetings	100%		\$500.00

2012-11-19

GOLDMAN, MARC A.	Exchanged e-mails on various topics.	0.25	500	\$125.00
	Meetings	100%		\$125.00

2012-11-20

GOLDMAN, MARC A.	Attended team meeting to discuss next steps in appeal.	0.75	500	\$375.00
	Meetings	100%		\$375.00

2012-11-21

GOLDMAN, MARC A.	Telephone call with Brennan Center re amicus brief.	1	500	\$500.00
	Meetings	100%		\$500.00

2012-11-27

2012-11-28	GOLDMAN, MARC A.	Spoke to L. Masters about amicus issues; exchanged e-mails with K. Flanagan on amicus issues.	0.75	500	\$375.00
		Meetings 100% \$375.00			
2012-11-29	GOLDMAN, MARC A.	Attended team meeting to discuss status and next steps; reviewed current status of appellate brief.	1	500	\$500.00
		Meetings 85% \$425.00			
		Briefs 15% \$75.00			
2012-12-03	GOLDMAN, MARC A.	Spoke with DOJ about possible amicus brief; spoke with B. Ramamurti about appellate brief.	0.5	500	\$250.00
		Meetings 100% \$250.00			
2012-12-04	GOLDMAN, MARC A.	Spoke with DOJ about possible amicus brief.	0.25	500	\$125.00
		Meetings 100% \$125.00			
2012-12-05	GOLDMAN, MARC A.	Reviewed changes to draft brief and sent e-mail about additional changes needed.	1.5	500	\$750.00
		Briefs 100% \$750.00			
2012-12-06	GOLDMAN, MARC A.	Spoke with amicus about election official brief; reviewed draft brief of election officials; spoke with DOJ about possible amicus; sent e-mail to associates about additional changes needed on brief; call with K. Sandstrom about possible amicus briefs.	2.5	500	\$1,250.00
		Meetings 80% \$1,000.00			
		Other 20% \$250.00			
2012-12-07	GOLDMAN, MARC A.	Spoke with L. Masters about possible extension request and amicus issues; spoke to amicus about congressional brief; tried to determine need for extension through e-mails with co-counsel; e-mailed associates about need for additional changes to draft brief.	2.75	500	\$1,375.00
		Meetings 80% \$1,100.00			
		Briefs 20% \$275.00			
2012-12-07	GOLDMAN, MARC A.	Edited brief; exchanged e-mails and reviewed extension motion.	8.5	500	\$4,250.00
		Meetings 10% \$425.00			

	Briefs	90%			\$3,825.00
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2012-12-12					
GOLDMAN, MARC A.	Edited brief; assigned tasks on brief; attended team meeting to discuss brief.		2.75	500	\$1,375.00
	Meetings	30%			\$412.50
	Briefs	70%			\$962.50
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2012-12-14					
GOLDMAN, MARC A.	Edited brief in response to suggested changes from M. Jenkins and co-counsel.		11	500	\$5,500.00
	Briefs	100%			\$5,500.00
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2012-12-15					
GOLDMAN, MARC A.	Edited brief in response to suggestions from co-counsel.		5	500	\$2,500.00
	Briefs	100%			\$2,500.00
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2012-12-17					
GOLDMAN, MARC A.	Reviewed edits before filing brief.		0.5	500	\$250.00
	Briefs	100%			\$250.00
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2012-12-19					
GOLDMAN, MARC A.	Reviewed Brennan Center amicus brief and participated on calls about same.		5.25	500	\$2,625.00
	Other	70%			\$1,837.50
	Meetings	30%			\$787.50
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2012-12-20					
GOLDMAN, MARC A.	Various calls related to Brennan Center amicus brief; reviewed municipal officials' draft brief.		2	500	\$1,000.00
	Meetings	85%			\$850.00
	Other	15%			\$150.00
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2012-12-21					
GOLDMAN, MARC A.	Exchanged e-mails about amicus briefs.		0.25	500	\$125.00
	Meetings	100%			\$125.00
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2012-12-31					
GOLDMAN, MARC A.	Attended team meeting to discuss next steps.		0.75	500	\$375.00

	Meetings	100%	\$375.00			
	Meetings	100%	\$125.00			
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2013-01-02						
GOLDMAN, MARC A.	Reviewed amicus briefs in case.			1.5	500	\$750.00
	Briefs	100%	\$750.00			
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2013-01-10						
GOLDMAN, MARC A.	Reviewed draft jurisdictional brief and made edits to same.			1.75	500	\$875.00
	Briefs	100%	\$875.00			
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2013-01-11						
GOLDMAN, MARC A.	Spoke to L. Kaplan about jurisdictional brief.			0.5	500	\$250.00
	Meetings	100%	\$250.00			
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2013-01-12						
GOLDMAN, MARC A.	Edited new draft of jurisdictional brief.			0.75	500	\$375.00
	Briefs	100%	\$375.00			
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2013-01-14						
GOLDMAN, MARC A.	Exchanged e-mails and calls about jurisdictional brief; reviewed material on "systematic" for use in reply.			1	500	\$500.00
	Meetings	100%	\$500.00			
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2013-01-26						
GOLDMAN, MARC A.	Edited motion for clarification to court, and exchanged e-mails on how to style same; drafted statutory section of reply brief.			12.25	500	\$6,125.00
	Meetings	5%	\$306.25			
	Briefs	95%	\$5,818.75			
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2013-01-27						
GOLDMAN, MARC A.	Worked on draft of reply brief.			7.5	500	\$3,750.00
	Briefs	100%	\$3,750.00			
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2013-01-30						
GOLDMAN, MARC A.	Continued to work on draft of reply brief; spoke to Project Vote about arguments; exchanged e-mails about 11th Circuit decision on timing of appeal.			13	500	\$6,500.00
	Meetings	15%	\$975.00			

	Briefs	85%	\$5,525.00			
2013-02-08						
GOLDMAN, MARC A.	Edited reply brief.			3.25	500	\$1,625.00
	Briefs	100%	\$1,625.00			
2013-02-14						
GOLDMAN, MARC A.	Worked on statutory section of reply; reviewed revised standing section.			0.5	500	\$250.00
	Briefs	100%	\$250.00			
2013-02-20						
GOLDMAN, MARC A.	Revised reply.			1.5	500	\$750.00
	Briefs	100%	\$750.00			
2013-03-05						
GOLDMAN, MARC A.	Attended team meeting re reply; revised draft reply per suggestions from meeting.			6.5	500	\$3,250.00
	Briefs	80%	\$2,600.00			
	Meetings	20%	\$650.00			
2013-03-06						
GOLDMAN, MARC A.	Attended team meeting re reply; revised draft to shorten brief.			12	500	\$6,000.00
	Meetings	10%	\$600.00			
	Briefs	90%	\$5,400.00			
2013-03-08						
GOLDMAN, MARC A.	Revised draft reply based on comments; reviewed Clapper decision and added paragraph to draft reply re same.			7.25	500	\$3,625.00
	Briefs	100%	\$3,625.00			
2013-05-07						
GOLDMAN, MARC A.	Reviewed possible issues for summer associate assignments for argument preparation.			2	500	\$1,000.00
	Argument	100%	\$1,000.00			
2013-06-21						
GOLDMAN, MARC A.	Edited Rule 26 letter.			2.5	500	\$1,250.00
	Briefs	100%	\$1,250.00			

2013-06-24

GOLDMAN, MARC A.	Edited Rule 26 letter.	0.75	500	\$375.00
	Briefs	100%		\$375.00

2013-06-26

GOLDMAN, MARC A.	Edited Rule 26 letter and participated in conference call re letter.	0.75	500	\$375.00
	Briefs	50%		\$187.50
	Meetings	50%		\$187.50

2013-09-09

GOLDMAN, MARC A.	Exchanged e-mails about setting up moot court.	0.75	500	\$375.00
	Meetings	100%		\$375.00

2013-09-13

GOLDMAN, MARC A.	Exchanged e-mails about moot court.	0.5	500	\$250.00
	Meetings	100%		\$250.00

2013-09-27

GOLDMAN, MARC A.	Prepared for argument.	1.5	500	\$750.00
	Argument	100%		\$750.00

2013-09-29

GOLDMAN, MARC A.	Prepared for argument.	10.5	500	\$5,250.00
	Argument	100%		\$5,250.00

2013-09-30

GOLDMAN, MARC A.	Prepared for argument.	0.75	500	\$375.00
	Argument	100%		\$375.00

2013-10-01

GOLDMAN, MARC A.	Prepared for and participated in moot court.	3	500	\$1,500.00
	Argument	100%		\$1,500.00

2013-10-08

2013-10-09	GOLDMAN, MARC A.	Prepared for and participated in moot court.	3.5	500	\$1,750.00
		Argument	100%		\$1,750.00
2013-10-10	GOLDMAN, MARC A.	Prepared for argument.	8	500	\$4,000.00
		Argument	100%		\$4,000.00
2013-10-17	GOLDMAN, MARC A.	Prepared for and gave argument; traveled back to Washington, DC.	8	500	\$4,000.00
		Argument	100%		\$4,000.00
2013-10-22	GOLDMAN, MARC A.	Call with K. Sandstrom about argument.	0.75	500	\$375.00
		Meetings	100%		\$375.00
2013-10-23	GOLDMAN, MARC A.	Discussed possible 28j letter with L. Kaplan.	0.75	500	\$375.00
		Meetings	100%		\$375.00
2013-11-18	GOLDMAN, MARC A.	Reviewed and edited possible 28j letter and discussed same.	3	500	\$1,500.00
		Briefs	90%		\$1,350.00
		Meetings	10%		\$150.00
2013-11-19	GOLDMAN, MARC A.	Reviewed material for possible supplemental filing.	1.25	500	\$625.00
		Research	100%		\$625.00
2013-11-21	GOLDMAN, MARC A.	Call about possible notice of supplemental authority.	0.5	500	\$250.00
		Meetings	100%		\$250.00
	GOLDMAN, MARC A.	Drafted e-mail about possible notice of supplemental authority.	0.25	500	\$125.00

	Meetings	100%	\$125.00			
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2014-04-01	GOLDMAN, MARC A.	Reviewed opinion.		0.5	500	\$250.00
		Other	100%			\$250.00
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2014-04-11	GOLDMAN, MARC A.	Discussed process for seeking attorneys' fees with L. Kaplan; discussed process for seeking attorneys' fees with M. McKenzie.		0.75	500	\$375.00
		Meetings	100%			\$375.00
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2014-04-15	GOLDMAN, MARC A.	Reviewed material related to seeking attorneys' fees.		0.75	500	\$375.00
		Research	100%			\$375.00
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2014-04-29	GOLDMAN, MARC A.	Met with M. Jenkins and L. Kaplan to discuss fee petition.		0.5	500	\$250.00
		Meetings	100%			\$250.00
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2014-04-30	GOLDMAN, MARC A.	Participated on team call to discuss fee petition, rates to use, support for rates and hours to include; spoke with M. Jenkins and L. Kaplan about tasks for fee petition.		3	500	\$1,500.00
		Meetings	100%			\$1,500.00
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2014-05-01	GOLDMAN, MARC A.	Discussed fee petition with M. Jenkins; reviewed time entries; reviewed submissions in past fee petitions; reviewed law on submission of fee petitions at 11th Circuit vs. district court; edited fee petition.		4.25	500	\$2,125.00
		Briefs	80%			\$1,700.00
		Research	15%			\$318.75
		Meetings	5%			\$106.25
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2014-05-02	GOLDMAN, MARC A.	Edited fee petition; exchanged e-mails about fact 11th Circuit hasn't issued mandate; exchanged e-mails about expert declaration on fees; reviewed time entries to eliminate duplicative or excessive time; spoke to F. Aul about exhibit on time entries; spoke to M. Jenkins about next steps.		7.5	500	\$3,750.00
		Meetings	10%			\$375.00
		Briefs	90%			\$3,375.00
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2014-05-05						

GOLDMAN, MARC A.	Calls with M. Kanter Cohen and K. Flanagan about seeking extension on filing fee petition; reviewed caselaw on transfer motions; calls with Defendant about seeking extension on filing fee petition; drafted motion for extension on filing fee petition; edited fee petition; reviewed time entries to eliminate duplicative or excessive time.	5.75	500	\$2,875.00
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Briefs	60%	\$1,725.00
Research	20%	\$575.00
Meetings	20%	\$575.00

2014-05-06

GOLDMAN, MARC A.	Edited M. Goldman declaration for fee petition; exchanged e-mails about possible transfer motion; calls with defendant about possible consent to transfer motion; edited transfer motion; rewrote transfer motion to make it contingent; calls with M. Kanter Cohen about transfer motion.	3.25	500	\$1,625.00
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Briefs	60%	\$975.00
Meetings	40%	\$650.00

2014-10-13

GOLDMAN, MARC A.	Worked on draft of fee petition.	5.5	500	\$2,750.00
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Briefs	100%	\$2,750.00
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Total Fees:	\$132,125.00
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UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT
Form to Accompany Application for Attorney's Fees

Summary of work performed by (name): Joshua N. Friedman

Total compensation requested for this person: \$16,706.25

Hourly rate of compensation requested for this person: \$275

This person is an:

☒ attorney ☐ law student/graduate ☐ certified paralegal ☐ other: _____

Category	Total Hours
Interviews and conferences	13.1125
Obtaining and reviewing records	4.6
Legal research	12.725
Brief writing	28.2
Preparing for and attending oral argument	0
Other (specify on additional sheets if necessary): Prepared civil appeal statement; coordinated staff efforts; prepared CAS and CIS; assisted with filing of motion to extend; corresponded with court re schedule.	2.1125
Total hours claimed for this person	60.75

Instructions: on the applicable lines, enter the total time spent in each category. A separate form must be completed for each person for whom time is claimed. Attach contemporaneous time records reflecting all hours listed and indicating the dates on which the work was performed. An affidavit attesting to the truthfulness of the information contained in the application and demonstrating the basis for the hourly rate(s) requested must also accompany the application.

Date	Timekeeper	Hours	Description	Cost
10/5/2012	FRIEDMAN, JOSHUA N.	1	Strategy meeting re appeal.	275.00
10/7/2012	FRIEDMAN, JOSHUA N.	1.25	Reviewed appellate procedures at CA11.	343.75
10/8/2012	FRIEDMAN, JOSHUA N.	1	Research availability of injunctions under the NVRA.	275.00
10/9/2012	FRIEDMAN, JOSHUA N.	5.75	Research standard for permanent injunctive relief; prepared Record Excerpts; research congressional record for meaning of purge provisions.	1,581.25
10/10/2012	FRIEDMAN, JOSHUA N.	4	Researched congressional history of 90-day prohibition; researched prophylactic state measures.	1,100.00
10/13/2012	FRIEDMAN, JOSHUA N.	2.25	Revised and cite checked motion to expedite and opening brief in advance of filing.	618.75
10/15/2012	FRIEDMAN, JOSHUA N.	9	Work to finalize appellate brief for filing.	2,475.00
10/16/2012	FRIEDMAN, JOSHUA N.	3.5	Prepared brief for filing at CA11.	962.50
10/17/2012	FRIEDMAN, JOSHUA N.	1.5	Reviewed appellate procedural rules; conference call with clients.	412.50
10/18/2012	FRIEDMAN, JOSHUA N.	1.25	Prepared civil appeal statement; researched jurisdiction of district court pending appeal.	343.75
10/24/2012	FRIEDMAN, JOSHUA N.	2	Updated and circulated Civil Appeal Statement; conference call w/ clients.	550.00
10/26/2012	FRIEDMAN, JOSHUA N.	1	Finalize and file CAS and Corporate Disclosure Form.	275.00
11/1/2012	FRIEDMAN, JOSHUA N.	2	Discussed mootness w/ L. Kaplan	550.00
11/2/2012	FRIEDMAN, JOSHUA N.	1	Researched mootness and procedural posture of interlocutory appeal.	275.00
11/7/2012	FRIEDMAN, JOSHUA N.	1.25	Reviewed materials in advance of conference call with clients; participate in conference call with clients.	343.75
11/14/2012	FRIEDMAN, JOSHUA N.	1.5	Participated in call with DOJ; corresponded with Jenner team and co-counsel.	412.50
11/15/2012	FRIEDMAN, JOSHUA N.	1.5	Took part in conference call with clients and read motion to dismiss; coordinated status of discrete appellate tasks.	412.50
11/20/2012	FRIEDMAN, JOSHUA N.	2	Drafted paperwork for submission to CA11 in second appeal; meeting with team.	550.00
11/21/2012	FRIEDMAN, JOSHUA N.	1	Finalized and filed CAS and CIS in Eleventh Circuit.	275.00
12/5/2012	FRIEDMAN, JOSHUA N.	1.5	Meeting w/ team re CA11 brief; revised 12-2 draft.	412.50
12/6/2012	FRIEDMAN, JOSHUA N.	1.25	Revised fact section of CA11 brief.	343.75
12/7/2012	FRIEDMAN, JOSHUA N.	1	Assist with filing of motion to extend; prepare binder of docket entries.	275.00
12/11/2012	FRIEDMAN, JOSHUA N.	2.5	Team meeting re CA11 brief; prepared list of already reviewed topics and otherwise reviewed legislative history.	687.50
12/16/2012	FRIEDMAN, JOSHUA N.	2	Reviewed Arcia brief and participated in conference call regarding brief.	550.00
1/8/2013	FRIEDMAN, JOSHUA N.	1	Meet with L. Kaplan re jurisdictional question (1.0)	275.00
1/30/2013	FRIEDMAN, JOSHUA N.	0.5	Corresponded with court regarding schedule.	137.50
2/4/2013	FRIEDMAN, JOSHUA N.	2.25	Revised standing section.	618.75
2/7/2013	FRIEDMAN, JOSHUA N.	3	Revised and circulated standing section of Reply.	825.00
2/12/2013	FRIEDMAN, JOSHUA N.	2	Revised standing section of Reply brief.	550.00

Exhibit B: Time Allocations

FRIEDMAN, JOSHUA N.

2012-10-05

FRIEDMAN, JOSHUA N.	Strategy meeting re appeal.	1	275	\$275.00
	Meetings	100%		\$275.00

2012-10-07

FRIEDMAN, JOSHUA N.	Reviewed appellate procedures at CA11.	1.25	275	\$343.75
	Research	100%		\$343.75

2012-10-08

FRIEDMAN, JOSHUA N.	Research availability of injunctions under the NVRA.	1	275	\$275.00
	Research	100%		\$275.00

2012-10-09

FRIEDMAN, JOSHUA N.	Research standard for permanent injunctive relief; prepared Record Excerpts; research congressional record for meaning of purge provisions.	5.75	275	\$1,581.25
	Records	80%		\$1,265.00
	Research	20%		\$316.25

2012-10-10

FRIEDMAN, JOSHUA N.	Researched congressional history of 90-day prohibition; researched prophylactic state measures.	4	275	\$1,100.00
	Research	100%		\$1,100.00

2012-10-13

FRIEDMAN, JOSHUA N.	Revised and cite checked motion to expedite and opening brief in advance of filing.	2.25	275	\$618.75
	Briefs	100%		\$618.75

2012-10-15

FRIEDMAN, JOSHUA N.	Work to finalize appellate brief for filing.	9	275	\$2,475.00
	Briefs	100%		\$2,475.00

2012-10-16

FRIEDMAN, JOSHUA N.	Prepared brief for filing at CA11.	3.5	275	\$962.50
	Briefs	100%		\$962.50

2012-10-17

FRIEDMAN, JOSHUA N.	Reviewed appellate procedural rules; conference call with clients.	1.5	275	\$412.50
	Research	5%		\$20.63
	Meetings	95%		\$391.88

2012-10-18

FRIEDMAN, JOSHUA N.	Prepared civil appeal statement; researched jurisdiction of district court pending appeal.	1.25	275	\$343.75
	Research	95%		\$326.56
	Other	5%		\$17.19

2012-10-24

FRIEDMAN, JOSHUA N.	Updated and circulated Civil Appeal Statement; conference call w/ clients.	2	275	\$550.00
	Other	10%		\$55.00
	Meetings	90%		\$495.00

2012-10-26

FRIEDMAN, JOSHUA N.	Finalize and file CAS and Corporate Disclosure Form.	1	275	\$275.00
	Briefs	100%		\$275.00

2012-11-01

FRIEDMAN, JOSHUA N.	Discussed mootness w/ L. Kaplan	2	275	\$550.00
	Meetings	50%		\$275.00
	Research	50%		\$275.00

2012-11-02

FRIEDMAN, JOSHUA N.	Researched mootness and procedural posture of interlocutory appeal.	1	275	\$275.00
	Research	100%		\$275.00

2012-11-07

FRIEDMAN, JOSHUA N.	Reviewed materials in advance of conference call with clients; participate in conference call with clients.	1.25	275	\$343.75
	Research	25%		\$85.94
	Meetings	75%		\$257.81

2012-11-14

FRIEDMAN, JOSHUA N.	Participated in call with DOJ; corresponded with Jenner team and co-counsel.	1.5	275	\$412.50
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	Meetings	100%	\$412.50			
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2012-11-15	FRIEDMAN, JOSHUA N.	Take part in conference call with clients and read motion to dismiss; coordinated status of discrete appellate tasks.	1.5	275	\$412.50	
	Meetings	90%	\$371.25			
	Other	10%	\$41.25			
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2012-11-20	FRIEDMAN, JOSHUA N.	Drafted paperwork for submission to CA11 in second appeal; meeting with team.	2	275	\$550.00	
	Briefs	100%	\$550.00			
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2012-11-21	FRIEDMAN, JOSHUA N.	Finalized and filed CAS and CIS in Eleventh Circuit.	1	275	\$275.00	
	Other	100%	\$275.00			
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2012-12-05	FRIEDMAN, JOSHUA N.	Meeting w/ team re CA11 brief; revised 12-2 draft.	1.5	275	\$412.50	
	Meetings	50%	\$206.25			
	Briefs	50%	\$206.25			
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2012-12-06	FRIEDMAN, JOSHUA N.	Revised fact section of CA11 brief.	1.25	275	\$343.75	
	Briefs	100%	\$343.75			
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2012-12-07	FRIEDMAN, JOSHUA N.	Assist with filing of motion to extend; prepare binder of docket entries.	1	275	\$275.00	
	Briefs	80%	\$220.00			
	Other	20%	\$55.00			
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2012-12-11	FRIEDMAN, JOSHUA N.	Team meeting re CA11 brief; prepared list of already reviewed topics and otherwise reviewed legislative history.	2.5	275	\$687.50	
	Research	70%	\$481.25			
	Meetings	30%	\$206.25			
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2012-12-16						

2013-01-08	FRIEDMAN, JOSHUA N.	Reviewed Arcia brief and participated in conference call regarding brief.	2	275	\$550.00
		Meetings	80%	\$440.00	
		Briefs	20%	\$110.00	
2013-01-30	FRIEDMAN, JOSHUA N.	Meet with L. Kaplan re jurisdictional question (1.0)	1	275	\$275.00
		Meetings	100%	\$275.00	
2013-02-04	FRIEDMAN, JOSHUA N.	Corresponded with court regarding schedule.	0.5	275	\$137.50
		Other	100%	\$137.50	
2013-02-07	FRIEDMAN, JOSHUA N.	Revised standing section.	2.25	275	\$618.75
		Briefs	100%	\$618.75	
2013-02-12	FRIEDMAN, JOSHUA N.	Revised and circulated standing section of Reply.	3	275	\$825.00
		Briefs	100%	\$825.00	
	FRIEDMAN, JOSHUA N.	Revised standing section of Reply brief.	2	275	\$550.00
		Briefs	100%	\$550.00	
		Total Fees:			\$16,706.25

UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT
Form to Accompany Application for Attorney's Fees

Summary of work performed by (name): Lindsay Eyler Kaplan

Total compensation requested for this person: \$58,987.50

Hourly rate of compensation requested for this person: \$275

This person is an:

☒ attorney ☐ law student/graduate ☐ certified paralegal ☐ other: _____

Category	Total Hours
Interviews and conferences	24.2125
Obtaining and reviewing records	1.75
Legal research	48.6375
Brief writing	128.25
Preparing for and attending oral argument	6.1875
Other (specify on additional sheets if necessary): Attention to motion to expedite and oppositions thereto; worked on Civil Appeal Statement; revised notice of withdrawal; reviewed briefing schedule; attention to press release; reviewed opinion of the Court.	5.4625
Total hours claimed for this person	214.5

Instructions: on the applicable lines, enter the total time spent in each category. A separate form must be completed for each person for whom time is claimed. Attach contemporaneous time records reflecting all hours listed and indicating the dates on which the work was performed. An affidavit attesting to the truthfulness of the information contained in the application and demonstrating the basis for the hourly rate(s) requested must also accompany the application.

Date	Timekeeper	Hours	Description	Cost
10/5/2012	KAPLAN, LINDSAY EYLER	8.5	Reviewed, revised, and oversaw filing of Notice of Appeal; reviewed and revised Motion to Expedite Appeal; reviewed and analyzed 11th Circuit Rules re admission pro hac vice, formatting motions and filing appeals; researched re "capable of repetition yet evading review" exception to mootness and summarized findings; participated in team call and meeting re appeal brief and strategy; calls with 11th Circuit clerk's office and docketing department re filing motion to expedite.	2,337.50
10/6/2012	KAPLAN, LINDSAY EYLER	2.25	Located sample 11th Circuit briefs; reviewed 11th Circuit Rules re contents and formatting requirements for opening brief; researched jurisdictional and legal standard questions for appeal.	618.75
10/7/2012	KAPLAN, LINDSAY EYLER	8.25	Drafted introductory and background sections, and put together and revised argument section, for opening brief.	2,268.75
10/8/2012	KAPLAN, LINDSAY EYLER	5.5	Drafted introductory and background sections, and put together and revised argument section, for opening brief.	1,512.50
10/9/2012	KAPLAN, LINDSAY EYLER	8	Called SD Fla. and 11th Circuit clerks' offices re expediting appeal; revised and finalized Motion to Expedite appeal and coordinated filing and serving; continued to work on opening brief; participated in team meeting.	2,200.00
10/10/2012	KAPLAN, LINDSAY EYLER	3.25	Participated in weekly team call/meeting; miscellaneous tasks related to appeal.	893.75
10/11/2012	KAPLAN, LINDSAY EYLER	8.75	Calls to 11th Circuit re expediting our appeal; researched to bolster delay/irreparable harm argument; revised opening brief, including incorporating others' edits.	2,406.25
10/12/2012	KAPLAN, LINDSAY EYLER	7.75	Participated in team meeting re status of opening brief; reviewed and analyzed State's opposition to our Motion to Expedite; call with 11th Circuit clerk's office re filing a reply; drafted Reply in support of Motion to Expedite Appeal.	2,131.25
10/13/2012	KAPLAN, LINDSAY EYLER	5.5	Drafted delay section of Reply in support of Motion to Expedite.	1,512.50
10/14/2012	KAPLAN, LINDSAY EYLER	6.75	Reviewed and revised Reply in support of Motion to Expedite; reviewed and revised opening brief.	1,856.25
10/15/2012	KAPLAN, LINDSAY EYLER	11.5	Filed Reply in support of Motion to Expedite; reviewed, revised and coordinated cite checking of opening brief.	3,162.50
10/16/2012	KAPLAN, LINDSAY EYLER	0.5	Worked with K. Gibbs to ensure all edits made to opening brief; reviewed 11th Circuit order denying expedition.	137.50
10/17/2012	KAPLAN, LINDSAY EYLER	1.75	Participated in weekly team call/meeting.	481.25
10/25/2012	KAPLAN, LINDSAY EYLER	1.75	Reviewed 11th Circuit rules re filing electronic certificate of interested parties; coordinated with F. Aul to revise certificate of interested parties; proofed civil appeal statement for filing.	481.25
10/31/2012	KAPLAN, LINDSAY EYLER	1	Participated in weekly team call/meeting.	275.00
11/1/2012	KAPLAN, LINDSAY EYLER	1.5	Strategy conference with J. Friedman re withdrawing first appeal vs. moving to combine appeals; reviewed research re delay, mootness, and appellate jurisdiction.	412.50
11/2/2012	KAPLAN, LINDSAY EYLER	1.75	Researched effect of delay in filing appeal on "capable of repetition yet evading review" exception to mootness; researched procedure for withdrawing, combining, or consolidating appeals, particularly an appeal from an interlocutory order with an appeal of a final judgment.	481.25

11/7/2012	KAPLAN, LINDSAY EYLER	1	Participated in weekly team call.	275.00
11/9/2012	KAPLAN, LINDSAY EYLER	0.25	Drafted email to U. Nkwonta providing update on weekly team call and seeking factual developments from Election Day.	68.75
11/14/2012	KAPLAN, LINDSAY EYLER	0.75	Conference with J. Friedman and M. Jenkins re returning call from DOJ; call with N. Pollock from DOJ re briefing schedule and amicus brief.	206.25
11/15/2012	KAPLAN, LINDSAY EYLER	3	Researched procedure for withdrawing first appeal; drafted motion to dismiss first appeal; participated in weekly team call.	825.00
11/16/2012	KAPLAN, LINDSAY EYLER	0.5	Conference with M. Goldman and call with M. Goldman and D. Nordby re Secretary's consent to our motion to dismiss first appeal; revised motion; coordinated filing.	137.50
11/20/2012	KAPLAN, LINDSAY EYLER	0.5	Reviewed and proof read Civil Appeal Statement and Certificate of Interested Parties.	137.50
11/26/2012	KAPLAN, LINDSAY EYLER	0.25	Call with N. Pollock from DOJ Civil Rights Division re briefing schedule; sent email to Jenner team re call.	68.75
11/29/2012	KAPLAN, LINDSAY EYLER	0.25	Call with N. Pollock re DOJ filing an amicus brief.	68.75
12/5/2012	KAPLAN, LINDSAY EYLER	1.5	Researched re appealing denial of permanent injunction and applicability of capable of repetition yet evading review exception to mootness; conference with Jenner team re status of brief.	412.50
12/11/2012	KAPLAN, LINDSAY EYLER	0.75	Participated in team meeting re tasks to complete brief.	206.25
12/12/2012	KAPLAN, LINDSAY EYLER	2.75	Reviewed and edited latest draft initial brief; participated in weekly team call; revised Notice of Withdrawal for D. Sen.	756.25
12/13/2012	KAPLAN, LINDSAY EYLER	3	Drafted short section re mootness and "capable of repetition yet evading review" doctrine for brief; reviewed and analyzed current draft brief.	825.00
12/14/2012	KAPLAN, LINDSAY EYLER	5.25	Reviewed and analyzed NVRA's legislative history; conference with M. Goldman re brief; reviewed, revised and input edits to brief.	1,443.75
12/17/2012	KAPLAN, LINDSAY EYLER	6.5	Reviewed brief and filled in missing cites and pincites; worked with M. Jenkins, J. Friedman, and C. Olson to finalize brief; proofread sections of final draft; worked with Docketing Department and DTI to prepare for and execute filing.	1,787.50
12/31/2012	KAPLAN, LINDSAY EYLER	0.5	Reviewed and analyzed Jurisdictional Question and cover letter from 11th Circuit; corresponded with Jenner team and co-counsel re same.	137.50
1/2/2013	KAPLAN, LINDSAY EYLER	0.75	Conference with M. Goldman and M. Jenkins re responding to 11th Circuit's Jurisdictional Question.	206.25
1/6/2013	KAPLAN, LINDSAY EYLER	4.5	Researched and drafted Response to 11th Circuit's Jurisdictional Question.	1,237.50
1/8/2013	KAPLAN, LINDSAY EYLER	2.75	Researched and drafted Response to 11th Circuit's Jurisdictional Question; conference with J. Friedman re same.	756.25
1/9/2013	KAPLAN, LINDSAY EYLER	7.25	Researched and drafted Response to Jurisdictional Question.	1,993.75
1/10/2013	KAPLAN, LINDSAY EYLER	0.75	Reviewed M. Goldman and L. Masters' edits to Response to Jurisdictional Question; reviewed and revised Response to Jurisdictional Question.	206.25
1/11/2013	KAPLAN, LINDSAY EYLER	4	Reviewed and revised Response to Jurisdictional Question; calls with M. Goldman re same.	1,100.00

1/12/2013	KAPLAN, LINDSAY EYLER	2	Revised Response to Jurisdictional Question.	550.00
1/14/2013	KAPLAN, LINDSAY EYLER	5.25	Finalized Response to Jurisdictional Question; reviewed and input C. Olson's cite-checking edits; prepared Table of Contents; updated Certificate of Interested Parties; and coordinated filing with T. Edwards.	1,443.75
1/17/2013	KAPLAN, LINDSAY EYLER	0.5	Call with J. Friedman re Appellee's failure to file brief; reviewed 11th Circuit Rule 31-1(d) re postponement of briefing schedule when Court has issued Jurisdictional Question; drafted email to team re same.	137.50
1/23/2013	KAPLAN, LINDSAY EYLER	2.25	Reviewed Appellee's brief; participated in team meeting re Reply brief.	618.75
1/24/2013	KAPLAN, LINDSAY EYLER	2.5	Participated in team call re Reply brief; reviewed and analyzed cases re mootness and "capable of repetition yet evading review" exception.	687.50
1/25/2013	KAPLAN, LINDSAY EYLER	1	Outlined arguments for mootness section of Reply brief.	275.00
1/26/2013	KAPLAN, LINDSAY EYLER	2.75	Researched and analyzed 11th Circuit caselaw re "capable of repetition yet evading review" exception to mootness; reviewed cases cited in mootness section of Appellee's brief.	756.25
1/27/2013	KAPLAN, LINDSAY EYLER	3.75	Researched and analyzed 11th Circuit caselaw re "capable of repetition yet evading review" exception to mootness; drafted mootness section of Reply brief.	1,031.25
1/29/2013	KAPLAN, LINDSAY EYLER	2.5	Researched and analyzed cases applying "capable of repetition yet evading review" exception to mootness and involving elections.	687.50
1/30/2013	KAPLAN, LINDSAY EYLER	0.25	Reviewed 11th Circuit Order re briefing schedule.	68.75
2/10/2013	KAPLAN, LINDSAY EYLER	6.25	Drafted mootness section of reply brief.	1,718.75
2/12/2013	KAPLAN, LINDSAY EYLER	4.75	Drafted mootness and delay section of reply brief.	1,306.25
2/26/2013	KAPLAN, LINDSAY EYLER	2	Conferences with M. Goldman and J. Friedman re mootness and standing; reviewed memorandum ruling on jurisdictional question; reviewed draft mootness section of reply brief.	550.00
2/27/2013	KAPLAN, LINDSAY EYLER	0.5	Revised mootness section of reply brief.	137.50
3/1/2013	KAPLAN, LINDSAY EYLER	1.25	Reviewed and revised mootness/delay section of Reply brief.	343.75
3/3/2013	KAPLAN, LINDSAY EYLER	8.25	Revised mootness section of Reply brief.	2,268.75
3/4/2013	KAPLAN, LINDSAY EYLER	1	Reviewed draft Reply.	275.00
3/5/2013	KAPLAN, LINDSAY EYLER	2.5	Reviewed and analyzed draft Reply brief; team meeting re same; reviewed and provided comments on K. Rogers' mootness section.	687.50
3/7/2013	KAPLAN, LINDSAY EYLER	1.5	Reviewed and revised mootness section; researched case law to support proposition that court should not read 90-day provision out of the statute.	412.50
3/10/2013	KAPLAN, LINDSAY EYLER	1.5	Reviewed and revised Reply brief; prepared table of contents; reviewed rule re necessity of filing revised certificate of interested parties.	412.50

9/30/2013	KAPLAN, LINDSAY EYLER	8.75	Reviewed and summarized key cases re capable of repetition yet evading review exception to mootness and researched post-Clapper standing cases to assist M. Goldman with preparing for moot.	2,406.25
10/1/2013	KAPLAN, LINDSAY EYLER	2.5	Attended moot of M. Goldman; conference with co-counsel from Project Vote; reviewed and revised notes from moot to send to M. Goldman.	687.50
10/8/2013	KAPLAN, LINDSAY EYLER	2.75	Prepared for and attended moot of M. Goldman.	756.25
10/9/2013	KAPLAN, LINDSAY EYLER	6.75	Reviewed and revised press release re oral argument; [redacted]	1,856.25
10/10/2013	KAPLAN, LINDSAY EYLER	1.75	Searched case record for date of M. Antoine's purge notice letter.	481.25
10/22/2013	KAPLAN, LINDSAY EYLER	3.75	Researched additional support for and drafted Rule 28(j) letter re available relief.	1,031.25
10/23/2013	KAPLAN, LINDSAY EYLER	0.25	Reviewed revised draft Rule 28(j) letter; emails re whether to file.	68.75
4/1/2014	KAPLAN, LINDSAY EYLER	1.25	Reviewed 11th Circuit opinion; emails with team re opinion and press release.	343.75
4/9/2014	KAPLAN, LINDSAY EYLER	3.5	Researched re deadlines and procedures for filing petitions for rehearing and fees/costs.	962.50

Exhibit B: Time Allocations

KAPLAN, LINDSAY EYLER

2012-10-05

KAPLAN, LINDSAY EYLER	Reviewed, revised, and oversaw filing of Notice of Appeal; reviewed and revised Motion to Expedite Appeal; reviewed and analyzed 11th Circuit Rules re admission pro hac vice, formatting motions and filing appeals; researched re "capable of repetition yet evading review" exception to mootness and summarized findings; participated in team call and meeting re appeal brief and strategy; calls with 11th Circuit clerk's office and docketing department re filing motion to expedite.	8.5	275	\$2,337.50
	Briefs	30%		\$701.25
	Meetings	15%		\$350.63
	Other	5%		\$116.88
	Research	50%		\$1,168.75

2012-10-06

KAPLAN, LINDSAY EYLER	Located sample 11th Circuit briefs; reviewed 11th Circuit Rules re contents and formatting requirements for opening brief; researched jurisdictional and legal standard questions for appeal.	2.25	275	\$618.75
	Research	100%		\$618.75

2012-10-07

KAPLAN, LINDSAY EYLER	Drafted introductory and background sections, and put together and revised argument section, for opening brief.	8.25	275	\$2,268.75
	Briefs	100%		\$2,268.75

2012-10-08

KAPLAN, LINDSAY EYLER	Drafted introductory and background sections, and put together and revised argument section, for opening brief.	5.5	275	\$1,512.50
	Briefs	100%		\$1,512.50

2012-10-09

KAPLAN, LINDSAY EYLER	Called SD Fla. and 11th Circuit clerks' offices re expediting appeal; revised and finalized Motion to Expedite appeal and coordinated filing and serving; continued to work on opening brief; participated in team meeting.	8	275	\$2,200.00
	Briefs	80%		\$1,760.00
	Meetings	15%		\$330.00
	Other	5%		\$110.00

2012-10-10

KAPLAN, LINDSAY EYLER	Participated in weekly team call/meeting; miscellaneous tasks related to appeal.	3.25	275	\$893.75
	Briefs	75%		\$670.31
	Meetings	25%		\$223.44

2012-10-11

KAPLAN, LINDSAY EYLER	Calls to 11th Circuit re expediting our appeal; researched to bolster delay/irreparable harm argument; revised opening brief, including incorporating others' edits.	8.75	275	\$2,406.25
	Research	50%		\$1,203.13
	Briefs	50%		\$1,203.13

2012-10-12

KAPLAN, LINDSAY EYLER	Participated in team meeting re status of opening brief; reviewed and analyzed State's opposition to our Motion to Expedite; call with 11th Circuit clerk's office re filing a reply; drafted Reply in support of Motion to Expedite Appeal.	7.75	275	\$2,131.25
	Briefs	70%		\$1,491.88
	Meetings	15%		\$319.69
	Other	15%		\$319.69

2012-10-13

KAPLAN, LINDSAY EYLER	Drafted delay section of Reply in support of Motion to Expedite.	5.5	275	\$1,512.50
	Briefs	100%		\$1,512.50

2012-10-14

KAPLAN, LINDSAY EYLER	Reviewed and revised Reply in support of Motion to Expedite; reviewed and revised opening brief.	6.75	275	\$1,856.25
	Briefs	100%		\$1,856.25

2012-10-15

KAPLAN, LINDSAY EYLER	Filed Reply in support of Motion to Expedite; reviewed, revised and coordinated cite checking of opening brief.	11.5	275	\$3,162.50
	Briefs	100%		\$3,162.50

2012-10-16

KAPLAN, LINDSAY EYLER	Worked with K. Gibbs to ensure all edits made to opening brief; reviewed 11th Circuit order denying expedition.	0.5	275	\$137.50
	Briefs	95%		\$130.63
	Other	5%		\$6.88

2012-10-17

KAPLAN, LINDSAY EYLER	Participated in weekly team call/meeting.	1.75	275	\$481.25
	Meetings	100%		\$481.25

2012-10-25

KAPLAN, LINDSAY EYLER	Reviewed 11th Circuit rules re filing electronic certificate of interested parties; coordinated with F. Aul to revise certificate of interested parties; proofed civil appeal statement for filing.	1.75	275	\$481.25
	Research	5%		\$24.06
	Meetings	5%		\$24.06
	Briefs	90%		\$433.13

2012-11-01

KAPLAN, LINDSAY EYLER	Strategy conference with J. Friedman re withdrawing first appeal vs. moving to combine appeals; reviewed research re delay, mootness, and appellate jurisdiction.	1.5	275	\$412.50
	Research	5%		\$20.63
	Meetings	95%		\$391.88

2012-11-02

KAPLAN, LINDSAY EYLER	Researched effect of delay in filing appeal on "capable of repetition yet evading review" exception to mootness; researched procedure for withdrawing, combining, or consolidating appeals, particularly an appeal from an interlocutory order with an appeal of a final judgment.	1.75	275	\$481.25
	Research	100%		\$481.25

2012-11-07

KAPLAN, LINDSAY EYLER	Participated in weekly team call.	1	275	\$275.00
	Meetings	100%		\$275.00

2012-11-09

KAPLAN, LINDSAY EYLER	Drafted email to U. Nkwonta providing update on weekly team call and seeking factual developments from Election Day.	0.25	275	\$68.75
	Meetings	100%		\$68.75

2012-11-14

KAPLAN, LINDSAY EYLER	Conference with J. Friedman and M. Jenkins re returning call from DOJ; call with N. Pollock from DOJ re briefing schedule and amicus brief.	0.75	275	\$206.25
	Meetings	100%		\$206.25

2012-11-15

KAPLAN, LINDSAY EYLER	Researched procedure for withdrawing first appeal; drafted motion to dismiss first appeal; participated in weekly team call.	3	275	\$825.00
	Research	15%		\$123.75
	Briefs	55%		\$453.75
	Meetings	30%		\$247.50

2012-11-16

KAPLAN, LINDSAY EYLER	Conference with M. Goldman and call with M. Goldman and D. Nordby re Secretary's consent to our motion to dismiss first appeal; revised motion; coordinated filing.	0.5	275	\$137.50
	Briefs	50%		\$68.75
	Meetings	50%		\$68.75

2012-11-20

KAPLAN, LINDSAY EYLER	Reviewed and proof read Civil Appeal Statement and Certificate of Interested Parties.	0.5	275	\$137.50
	Other	100%		\$137.50

2012-11-26

KAPLAN, LINDSAY EYLER	Call with N. Pollock from DOJ Civil Rights Division re briefing schedule; sent email to Jenner team re call.	0.25	275	\$68.75
	Meetings	100%		\$68.75

2012-11-29

KAPLAN, LINDSAY EYLER	Call with N. Pollock re DOJ filing an amicus brief.	0.25	275	\$68.75
	Meetings	100%		\$68.75

2012-12-05

KAPLAN, LINDSAY EYLER	Researched re appealing denial of permanent injunction and applicability of "capable of repetition yet evading review" exception to mootness; conference with Jenner team re status of brief.	1.5	275	\$412.50
	Research	50%		\$206.25
	Meetings	50%		\$206.25

2012-12-11

KAPLAN, LINDSAY EYLER	Participated in team meeting re tasks to complete brief.	0.75	275	\$206.25
	Meetings	100%		\$206.25

2012-12-12

KAPLAN, LINDSAY EYLER	Reviewed and edited latest draft initial brief; participated in weekly team call; revised Notice of Withdrawal for D. Sen.	2.75	275	\$756.25
	Briefs	70%		\$529.38
	Meetings	25%		\$189.06
	Other	5%		\$37.81

2012-12-13

KAPLAN, LINDSAY EYLER	Drafted short section re mootness and "capable of repetition yet evading review" doctrine for brief; reviewed and analyzed current draft brief.	3	275	\$825.00
	Briefs	100%		\$825.00

2012-12-14

KAPLAN, LINDSAY EYLER	Reviewed and analyzed NVRA's legislative history; conference with M. Goldman re brief; reviewed, revised and input edits to brief.	5.25	275	\$1,443.75
	Meetings	10%		\$144.38
	Research	30%		\$433.13
	Briefs	60%		\$866.25

2012-12-17

KAPLAN, LINDSAY EYLER	Reviewed brief and filled in missing cites and pincites; worked with M. Jenkins, J. Friedman, and C. Olson to finalize brief; proofread sections of final draft; worked with Docketing Department and DTI to prepare for and execute filing.	6.5	275	\$1,787.50
	Briefs	85%		\$1,519.38
	Meetings	15%		\$268.13

2012-12-31

KAPLAN, LINDSAY EYLER	Participated in weekly team call/meeting.	1	275	\$275.00
	Meetings	100%		\$275.00
	Other	50%		\$68.75
	Meetings	50%		\$68.75

2013-01-02

KAPLAN, LINDSAY EYLER	Conference with M. Goldman and M. Jenkins re responding to 11th Circuit's Jurisdictional Question.	0.75	275	\$206.25
	Meetings	100%		\$206.25

2013-01-06

KAPLAN, LINDSAY EYLER	Researched and drafted Response to 11th Circuit's Jurisdictional Question.	4.5	275	\$1,237.50
	Briefs	10%		\$123.75
	Research	90%		\$1,113.75

2013-01-08

KAPLAN, LINDSAY EYLER	Researched and drafted Response to 11th Circuit's Jurisdictional Question; conference with J. Friedman re same.	2.75	275	\$756.25
	Meetings	10%		\$75.63
	Briefs	60%		\$453.75
	Research	30%		\$226.88

2013-01-09

KAPLAN, LINDSAY EYLER	Researched and drafted Response to Jurisdictional Question.	7.25	275	\$1,993.75
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Research	20%	\$398.75
Briefs	80%	\$1,595.00

2013-01-10

KAPLAN, LINDSAY EYLER	Reviewed M. Goldman and L. Masters' edits to Response to Jurisdictional Question; reviewed and revised Response to Jurisdictional Question.	0.75	275	\$206.25
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Briefs	100%	\$206.25
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2013-01-11

KAPLAN, LINDSAY EYLER	Reviewed and revised Response to Jurisdictional Question; calls with M. Goldman re same.	4	275	\$1,100.00
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Briefs	80%	\$880.00
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Meetings	20%	\$220.00
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2013-01-12

KAPLAN, LINDSAY EYLER	Revised Response to Jurisdictional Question.	2	275	\$550.00
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Briefs	100%	\$550.00
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2013-01-14

KAPLAN, LINDSAY EYLER	Finalized Response to Jurisdictional Question; reviewed and input C. Olson's cite-checking edits; prepared Table of Contents; updated Certificate of Interested Parties; and coordinated filing with T. Edwards.	5.25	275	\$1,443.75
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Briefs	100%	\$1,443.75
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2013-01-17

KAPLAN, LINDSAY EYLER	Call with J. Friedman re Appellee's failure to file brief; reviewed 11th Circuit Rule 31-1(d) re postponement of briefing schedule when Court has issued Jurisdictional Question; drafted email to team re same.	0.5	275	\$137.50
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Meetings	15%	\$20.63
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Research	85%	\$116.88
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2013-01-23

KAPLAN, LINDSAY EYLER	Reviewed Appellee's brief; participated in team meeting re Reply brief.	2.25	275	\$618.75
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Briefs	55%	\$340.31
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Meetings	45%	\$278.44
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2013-01-24

KAPLAN, LINDSAY EYLER	Participated in team call re Reply brief; reviewed and analyzed cases re mootness and "capable of repetition yet evading review" exception.	2.5	275	\$687.50
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Meetings	50%	\$343.75
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Research	50%	\$343.75
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2013-01-25

2013-01-26	KAPLAN, LINDSAY EYLER	Outlined arguments for mootness section of Reply brief.	1	275	\$275.00
		Briefs	100%		\$275.00
2013-01-27	KAPLAN, LINDSAY EYLER	Researched and analyzed 11th Circuit caselaw re "capable of repetition yet evading review" exception to mootness; reviewed cases cited in mootness section of Appellee's brief.	2.75	275	\$756.25
		Research	100%		\$756.25
2013-01-27	KAPLAN, LINDSAY EYLER	Researched and analyzed 11th Circuit caselaw re "capable of repetition yet evading review" exception to mootness; drafted mootness section of Reply brief.	3.75	275	\$1,031.25
		Briefs	70%		\$721.88
		Research	30%		\$309.38
2013-01-29	KAPLAN, LINDSAY EYLER	Researched and analyzed cases applying "capable of repetition yet evading review" exception to mootness and involving elections.	2.5	275	\$687.50
		Research	100%		\$687.50
2013-01-30	KAPLAN, LINDSAY EYLER	Reviewed 11th Circuit Order re briefing schedule.	0.25	275	\$68.75
		Other	100%		\$68.75
2013-02-10	KAPLAN, LINDSAY EYLER	Drafted mootness section of reply brief.	6.25	275	\$1,718.75
		Briefs	100%		\$1,718.75
2013-02-12	KAPLAN, LINDSAY EYLER	Drafted mootness and delay section of reply brief.	4.75	275	\$1,306.25
		Briefs	100%		\$1,306.25
2013-02-26	KAPLAN, LINDSAY EYLER	Conferences with M. Goldman and J. Friedman re mootness and standing; reviewed memorandum ruling on jurisdictional question; reviewed draft mootness section of reply brief.	2	275	\$550.00
		Meetings	25%		\$137.50
		Briefs	75%		\$412.50
2013-02-27					

2013-03-01	KAPLAN, LINDSAY EYLER	Revised mootness section of reply brief.	0.5	275	\$137.50
		Briefs 100% \$137.50			
2013-03-03	KAPLAN, LINDSAY EYLER	Reviewed and revised mootness/delay section of Reply brief.	1.25	275	\$343.75
		Briefs 100% \$343.75			
2013-03-04	KAPLAN, LINDSAY EYLER	Revised mootness section of Reply brief.	8.25	275	\$2,268.75
		Briefs 100% \$2,268.75			
2013-03-05	KAPLAN, LINDSAY EYLER	Reviewed draft Reply.	1	275	\$275.00
		Briefs 100% \$275.00			
2013-03-07	KAPLAN, LINDSAY EYLER	Reviewed and analyzed draft Reply brief; team meeting re same; reviewed and provided comments on K. Rogers' mootness section.	2.5	275	\$687.50
		Briefs 60% \$412.50			
		Meetings 40% \$275.00			
2013-03-10	KAPLAN, LINDSAY EYLER	Reviewed and revised mootness section; researched case law to support proposition that court should not read 90-day provision out of the statute.	1.5	275	\$412.50
		Research 50% \$206.25			
		Briefs 50% \$206.25			
2013-09-30	KAPLAN, LINDSAY EYLER	Reviewed and revised Reply brief; prepared table of contents; reviewed rule re necessity of filing revised certificate of interested parties.	1.5	275	\$412.50
		Briefs 95% \$391.88			
		Research 5% \$20.63			
2013-10-01	KAPLAN, LINDSAY EYLER	Reviewed and summarized key cases re capable of repetition yet evading review exception to mootness and researched post-Clapper standing cases to assist M. Goldman with preparing for moot.	8.75	275	\$2,406.25
		Research 100% \$2,406.25			

KAPLAN, LINDSAY EYLER	Attended moot of M. Goldman; conference with co-counsel from Project Vote; reviewed and revised notes from moot to send to M. Goldman.	2.5	275	\$687.50
	Argument	70%		\$481.25
	Meetings	30%		\$206.25

2013-10-08

KAPLAN, LINDSAY EYLER	Prepared for and attended moot of M. Goldman.	2.75	275	\$756.25
	Argument	100%		\$756.25

2013-10-09

KAPLAN, LINDSAY EYLER	Reviewed and revised press release re oral argument; [redacted]	6.75	275	\$1,856.25
	Argument	25%		\$464.06
	Other	25%		\$464.06
	Research	50%		\$928.13

2013-10-10

KAPLAN, LINDSAY EYLER	Searched case record for date of M. Antoine's purge notice letter.	1.75	275	\$481.25
	Records	100%		\$481.25

2013-10-22

KAPLAN, LINDSAY EYLER	Researched additional support for and drafted Rule 28(j) letter re available relief.	3.75	275	\$1,031.25
	Meetings	20%		\$206.25
	Briefs	20%		\$206.25
	Research	60%		\$618.75

2013-10-23

KAPLAN, LINDSAY EYLER	Reviewed revised draft Rule 28(j) letter; emails re whether to file.	0.25	275	\$68.75
	Meetings	50%		\$34.38
	Briefs	50%		\$34.38

2014-04-01

KAPLAN, LINDSAY EYLER	Reviewed 11th Circuit opinion; emails with team re opinion and press release.	1.25	275	\$343.75
	Meetings	50%		\$171.88
	Other	50%		\$171.88

2014-04-09

KAPLAN, LINDSAY EYLER	Researched re deadlines and procedures for filing petitions for rehearing and fees/costs.	3.5	275	\$962.50
	Research	100%		\$962.50
Total Fees:				\$58,987.50

UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT
Form to Accompany Application for Attorney's Fees

Summary of work performed by (name): Marina K. Jenkins

Total compensation requested for this person: \$26,400

Hourly rate of compensation requested for this person: \$200

This person is an:

☒ attorney ☐ law student/graduate ☐ certified paralegal ☐ other: _____

Category	Total Hours
Interviews and conferences	20.4
Obtaining and reviewing records	0
Legal research	38.8875
Brief writing	71.4625
Preparing for and attending oral argument	0
Other (specify on additional sheets if necessary): Reviewed orders, judgment and opinion of the Court; attention to press release.	1.25
Total hours claimed for this person	132

Instructions: on the applicable lines, enter the total time spent in each category. A separate form must be completed for each person for whom time is claimed. Attach contemporaneous time records reflecting all hours listed and indicating the dates on which the work was performed. An affidavit attesting to the truthfulness of the information contained in the application and demonstrating the basis for the hourly rate(s) requested must also accompany the application.

Date	Timekeeper	Hours	Description	Cost
10/5/2012	JENKINS, MARINA K.	4.75	Reviewed denial of PI and SJ motion; met with case team re same and strategy for appeal; research re same.	950.00
10/8/2012	JENKINS, MARINA K.	5.75	Conducted research pertaining to absurdity exception to plain meaning canon of statutory construction.	1,150.00
10/9/2012	JENKINS, MARINA K.	3.5	Team meeting re opening appellate brief; conducted research pertaining to absurdity exception to plain meaning rule of statutory construction.	700.00
10/10/2012	JENKINS, MARINA K.	0.25	Teleconference with co-counsel re status of appeal.	50.00
10/12/2012	JENKINS, MARINA K.	2.75	Team strategy meeting re appeal; conducted research pertaining to statutory construction.	550.00
10/13/2012	JENKINS, MARINA K.	4	Conducted statutory construction research and revised draft opening brief accordingly.	800.00
10/16/2012	JENKINS, MARINA K.	3	Revised opening appellate brief in anticipation of filing; checked record citations for same; read court order denying motion to expedite.	600.00
10/17/2012	JENKINS, MARINA K.	1.25	Co-counsel teleconference re status of appeal, amicus, and press release.	250.00
10/31/2012	JENKINS, MARINA K.	1	Attended team status teleconference; reviewed Final Judgment.	200.00
11/1/2012	JENKINS, MARINA K.	1.5	Prepared Notice of Appeal of final judgment.	300.00
11/16/2012	JENKINS, MARINA K.	0.25	Checked on status of transfer of case hearing transcripts to Eleventh Circuit.	50.00
11/20/2012	JENKINS, MARINA K.	0.75	Case strategy meeting re opening brief.	150.00
11/28/2012	JENKINS, MARINA K.	1.5	Drafted opening brief in appeal of final judgment.	300.00
11/29/2012	JENKINS, MARINA K.	0.25	Discussed status of brief with case team.	50.00
12/2/2012	JENKINS, MARINA K.	3	Revised draft opening brief.	600.00
12/3/2012	JENKINS, MARINA K.	2.25	Revised draft opening appellate brief.	450.00
12/6/2012	JENKINS, MARINA K.	2.5	Revised draft opening brief.	500.00
12/7/2012	JENKINS, MARINA K.	2	Revised draft opening appellate brief.	400.00
12/11/2012	JENKINS, MARINA K.	1	Team meeting re opening appellate brief.	200.00
12/12/2012	JENKINS, MARINA K.	1	Revised draft opening appellate brief; met with case team re same.	200.00
12/13/2012	JENKINS, MARINA K.	7.5	Reviewed legislative history; revised draft opening brief.	1,500.00
12/14/2012	JENKINS, MARINA K.	1	Revised draft opening appellate brief; met with case team re same.	200.00
12/16/2012	JENKINS, MARINA K.	1.5	Team teleconference re status of brief.	300.00
12/17/2012	JENKINS, MARINA K.	9.75	Finalized and prepared for filing opening appellate brief.	1,950.00
1/2/2013	JENKINS, MARINA K.	1.25	Reviewed jurisdictional question posed by Court; met with case team re same.	250.00
1/25/2013	JENKINS, MARINA K.	1.5	Drafted motion to request clarification on reply brief due date.	300.00
1/28/2013	JENKINS, MARINA K.	6.75	Conducted research and drafted section for reply brief; prepared motion for clarification on due date for filing.	1,350.00
6/18/2013	JENKINS, MARINA K.	0.75	Reviewed new case re proof-of-citizenship requirement under NVRA.	150.00
6/19/2013	JENKINS, MARINA K.	0.5	Reviewed rules for filing letter re supplemental authority.	100.00
6/20/2013	JENKINS, MARINA K.	4	Drafted letter to court re supplemental authority.	800.00
6/21/2013	JENKINS, MARINA K.	3.25	Drafted response letter re supplemental authority.	650.00
6/24/2013	JENKINS, MARINA K.	3.25	Revised draft letter re supplemental authority.	650.00
6/27/2013	JENKINS, MARINA K.	1.5	Telephone call with case team re response letter re supplemental authority; revised draft letter.	300.00
4/1/2014	JENKINS, MARINA K.	2	Reviewed Eleventh Circuit opinion; coordinated press release re same.	400.00

4/10/2014	JENKINS, MARINA K.	2	Conducted research pertaining to petition for fees.	400.00
4/11/2014	JENKINS, MARINA K.	2	Conducted research pertaining to petition for fees.	400.00
4/14/2014	JENKINS, MARINA K.	2.25	Conducted research pertaining to fee petition.	450.00
4/15/2014	JENKINS, MARINA K.	1.25	Conducted research pertaining to attorneys fees.	250.00
4/16/2014	JENKINS, MARINA K.	3.75	Conducted research pertaining to fee petitions.	750.00
4/23/2014	JENKINS, MARINA K.	2.75	Email correspondence with case team re fee petition; conducted research re same; started drafting motion for attorney's fees.	550.00
4/24/2014	JENKINS, MARINA K.	4.25	Drafted motion for attorney's fees; email correspondence re same; telephone call with M. Kanter Cohen re declarations.	850.00
4/25/2014	JENKINS, MARINA K.	2	Drafted motion for attorneys' fees.	400.00
4/28/2014	JENKINS, MARINA K.	2	Drafted motion for attorneys' fees; correspondence with case team re same.	400.00
4/29/2014	JENKINS, MARINA K.	2	Drafted motion for attorneys' fees; correspondence with case team re same.	400.00
4/30/2014	JENKINS, MARINA K.	3.75	Teleconference with case team re fee petition to 11th Circuit; conducted research on reasonable rates.	750.00
5/1/2014	JENKINS, MARINA K.	5.75	Drafted motion for attorneys' fees; met with M. Goldman re same.	1,150.00
5/2/2014	JENKINS, MARINA K.	3.5	Drafted motion for attorneys' fees; prepared exhibits thereto.	700.00
5/4/2014	JENKINS, MARINA K.	0.5	Drafted declaration in support of motion for attorneys' fees.	100.00
5/5/2014	JENKINS, MARINA K.	4.75	Drafted motion for extension of time to file fee petition; correspondence with case team and preparation of filing re same.	950.00
5/6/2014	JENKINS, MARINA K.	2	Reviewed motion for transfer and prepared for filing; email correspondence with case team re same.	400.00
5/14/2014	JENKINS, MARINA K.	0.75	Prepared re-styled motion to withdraw for filing.	150.00

Exhibit B: Time Allocations

JENKINS, MARINA K.

2012-10-05

JENKINS, MARINA K.	Reviewed denial of PI and SJ motion; met with case team re same and strategy for appeal; research re same.	4.75	200	\$950.00
	Meetings	25%		\$237.50
	Research	75%		\$712.50

2012-10-08

JENKINS, MARINA K.	Conducted research pertaining to absurdity exception to plain meaning canon of statutory construction.	5.75	200	\$1,150.00
	Research	100%		\$1,150.00

2012-10-09

JENKINS, MARINA K.	Team meeting re opening appellate brief; conducted research pertaining to absurdity exception to plain meaning rule of statutory construction.	3.5	200	\$700.00
	Meetings	25%		\$175.00
	Research	75%		\$525.00

2012-10-10

JENKINS, MARINA K.	Teleconference with co-counsel re status of appeal.	0.25	200	\$50.00
	Meetings	100%		\$50.00

2012-10-12

JENKINS, MARINA K.	Team strategy meeting re appeal; conducted research pertaining to statutory construction.	2.75	200	\$550.00
	Meetings	35%		\$192.50
	Research	65%		\$357.50

2012-10-13

JENKINS, MARINA K.	Conducted statutory construction research and revised draft opening brief accordingly.	4	200	\$800.00
	Research	75%		\$600.00
	Briefs	25%		\$200.00

2012-10-16

JENKINS, MARINA K.	Revised opening appellate brief in anticipation of filing; checked record citations for same; read court order denying motion to expedite.	3	200	\$600.00
	Briefs	95%		\$570.00
	Other	5%		\$30.00

2012-10-17

JENKINS, MARINA K.	Co-counsel teleconference re status of appeal, amicus, and press release.	1.25	200	\$250.00
	Meetings	100%		\$250.00

2012-11-01

JENKINS, MARINA K.	Prepared Notice of Appeal of final judgment.	1.5	200	\$300.00
	Briefs	100%		\$300.00

2012-11-16

JENKINS, MARINA K.	Checked on status of transfer of case hearing transcripts to Eleventh Circuit.	0.25	200	\$50.00
	Other	100%		\$50.00

2012-11-20

JENKINS, MARINA K.	Case strategy meeting re opening brief.	0.75	200	\$150.00
	Meetings	100%		\$150.00

2012-11-28

JENKINS, MARINA K.	Drafted opening brief in appeal of final judgment.	1.5	200	\$300.00
	Briefs	100%		\$300.00

2012-11-29

JENKINS, MARINA K.	Discussed status of brief with case team.	0.25	200	\$50.00
	Meetings	100%		\$50.00

2012-12-02

JENKINS, MARINA K.	Revised draft opening brief.	3	200	\$600.00
	Briefs	100%		\$600.00

2012-12-03

JENKINS, MARINA K.	Revised draft opening appellate brief.	2.25	200	\$450.00
	Briefs	100%		\$450.00

2012-12-06

JENKINS, MARINA K.	Revised draft opening brief.	2.5	200	\$500.00
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	Briefs	100%		\$500.00	
2012-12-07	JENKINS, MARINA K.	Revised draft opening appellate brief.	2	200	\$400.00
	Briefs	100%		\$400.00	
2012-12-11	JENKINS, MARINA K.	Team meeting re opening appellate brief.	1	200	\$200.00
	Meetings	100%		\$200.00	
2012-12-12	JENKINS, MARINA K.	Revised draft opening appellate brief; met with case team re same.	1	200	\$200.00
	Meetings	75%		\$150.00	
	Briefs	25%		\$50.00	
2012-12-13	JENKINS, MARINA K.	Reviewed legislative history; revised draft opening brief.	7.5	200	\$1,500.00
	Briefs	50%		\$750.00	
	Research	50%		\$750.00	
2012-12-14	JENKINS, MARINA K.	Revised draft opening appellate brief; met with case team re same.	1	200	\$200.00
	Meetings	50%		\$100.00	
	Briefs	50%		\$100.00	
2012-12-16	JENKINS, MARINA K.	Team teleconference re status of brief.	1.5	200	\$300.00
	Meetings	100%		\$300.00	
2012-12-17	JENKINS, MARINA K.	Finalized and prepared for filing opening appellate brief.	9.75	200	\$1,950.00
	Briefs	100%		\$1,950.00	
2012-12-31	JENKINS, MARINA K.	Attended team status teleconference; reviewed Final Judgment.	1	200	\$200.00

	Other	25%	\$50.00			
	Meetings	75%	\$150.00			
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2013-01-02						
JENKINS, MARINA K.	Reviewed jurisdictional question posed by Court; met with case team re same.			1.25	200	\$250.00
	Meetings	50%	\$125.00			
	Research	50%	\$125.00			
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2013-01-25						
JENKINS, MARINA K.	Drafted motion to request clarification on reply brief due date.			1.5	200	\$300.00
	Briefs	100%	\$300.00			
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2013-01-28						
JENKINS, MARINA K.	Conducted research and drafted section for reply brief; prepared motion for clarification on due date for filing.			6.75	200	\$1,350.00
	Research	40%	\$540.00			
	Briefs	60%	\$810.00			
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2013-06-18						
JENKINS, MARINA K.	Reviewed new case re proof-of-citizenship requirement under NVRA.			0.75	200	\$150.00
	Research	100%	\$150.00			
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2013-06-19						
JENKINS, MARINA K.	Reviewed rules for filing letter re supplemental authority.			0.5	200	\$100.00
	Research	100%	\$100.00			
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2013-06-20						
JENKINS, MARINA K.	Drafted letter to court re supplemental authority.			4	200	\$800.00
	Briefs	100%	\$800.00			
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2013-06-21						
JENKINS, MARINA K.	Drafted response letter re supplemental authority.			3.25	200	\$650.00
	Briefs	100%	\$650.00			
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2013-06-24						
JENKINS, MARINA K.	Revised draft letter re supplemental authority.			3.25	200	\$650.00

	Briefs	100%	\$650.00			
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2013-06-27	JENKINS, MARINA K.	Telephone call with case team re response letter re supplemental authority; revised draft letter.	1.5	200	\$300.00	
		Briefs	75%		\$225.00	
		Meetings	25%		\$75.00	
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2014-04-01	JENKINS, MARINA K.	Reviewed Eleventh Circuit opinion; coordinated press release re same.	2	200	\$400.00	
		Other	30%		\$120.00	
		Meetings	70%		\$280.00	
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2014-04-10	JENKINS, MARINA K.	Conducted research pertaining to petition for fees.	2	200	\$400.00	
		Research	100%		\$400.00	
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2014-04-11	JENKINS, MARINA K.	Conducted research pertaining to petition for fees.	2	200	\$400.00	
		Research	100%		\$400.00	
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2014-04-14	JENKINS, MARINA K.	Conducted research pertaining to fee petition.	2.25	200	\$450.00	
		Research	100%		\$450.00	
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2014-04-15	JENKINS, MARINA K.	Conducted research pertaining to attorneys fees.	1.25	200	\$250.00	
		Research	100%		\$250.00	
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2014-04-16	JENKINS, MARINA K.	Conducted research pertaining to fee petitions.	3.75	200	\$750.00	
		Research	100%		\$750.00	
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2014-04-23	JENKINS, MARINA K.	Email correspondence with case team re fee petition; conducted research re same; started drafting motion for attorney's fees.	2.75	200	\$550.00	
		Research	60%		\$330.00	

Briefs	20%	\$110.00
Meetings	20%	\$110.00

2014-04-24

JENKINS, MARINA K.	Drafted motion for attorney's fees; email correspondence re same; telephone call with M. Kanter Cohen re declarations.	4.25	200	\$850.00
	Briefs	75%		\$637.50
	Meetings	25%		\$212.50

2014-04-25

JENKINS, MARINA K.	Drafted motion for attorneys' fees.	2	200	\$400.00
	Briefs	100%		\$400.00

2014-04-28

JENKINS, MARINA K.	Drafted motion for attorneys' fees; correspondence with case team re same.	2	200	\$400.00
	Briefs	50%		\$200.00
	Meetings	50%		\$200.00

2014-04-29

JENKINS, MARINA K.	Drafted motion for attorneys' fees; correspondence with case team re same.	2	200	\$400.00
	Meetings	50%		\$200.00
	Briefs	50%		\$200.00

2014-04-30

JENKINS, MARINA K.	Teleconference with case team re fee petition to 11th Circuit; conducted research on reasonable rates.	3.75	200	\$750.00
	Research	25%		\$187.50
	Meetings	75%		\$562.50

2014-05-01

JENKINS, MARINA K.	Drafted motion for attorneys' fees; met with M. Goldman re same.	5.75	200	\$1,150.00
	Briefs	90%		\$1,035.00
	Meetings	10%		\$115.00

2014-05-02

JENKINS, MARINA K.	Drafted motion for attorneys' fees; prepared exhibits thereto.	3.5	200	\$700.00
	Briefs	100%		\$700.00

2014-05-04

JENKINS, MARINA K.	Drafted declaration in support of motion for attorneys' fees.	0.5	200	\$100.00
	Briefs	100%		\$100.00

2014-05-05

JENKINS, MARINA K.	Drafted motion for extension of time to file fee petition; correspondence with case team and preparation of filing re same.	4.75	200	\$950.00
	Briefs	90%		\$855.00
	Meetings	10%		\$95.00

2014-05-06

JENKINS, MARINA K.	Reviewed motion for transfer and prepared for filing; email correspondence with case team re same.	2	200	\$400.00
	Meetings	25%		\$100.00
	Briefs	75%		\$300.00

2014-05-14

JENKINS, MARINA K.	Prepared re-styled motion to withdraw for filing.	0.75	200	\$150.00
	Briefs	100%		\$150.00
	Total Fees:			\$26,400.00

UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT
Form to Accompany Application for Attorney's Fees

Summary of work performed by (name): Kristen M. Rogers

Total compensation requested for this person: \$11,050.00

Hourly rate of compensation requested for this person: \$200

This person is an:

☒ attorney ☐ law student/graduate ☐ certified paralegal ☐ other: _____

Category	Total Hours
Interviews and conferences	7.45
Obtaining and reviewing records	0
Legal research	19.1
Brief writing	26.8875
Preparing for and attending oral argument	0
Other (specify on additional sheets if necessary): Managed filing of transcript request form; managed filing of other papers with Court.	1.8125
Total hours claimed for this person	55.25

Instructions: on the applicable lines, enter the total time spent in each category. A separate form must be completed for each person for whom time is claimed. Attach contemporaneous time records reflecting all hours listed and indicating the dates on which the work was performed. An affidavit attesting to the truthfulness of the information contained in the application and demonstrating the basis for the hourly rate(s) requested must also accompany the application.

Date	Timekeeper	Hours	Description	Cost
10/5/2012	ROGERS, KRISTEN M.	2.5	Researched absurdity doctrine as related to exceptions being read into statutes.	500.00
10/8/2012	ROGERS, KRISTEN M.	3	Researched absurdity doctrine under Ron Pair and its application to cases where exceptions have been read into federal statutes.	600.00
10/9/2012	ROGERS, KRISTEN M.	2	Researched absurdity doctrine and its potential impact on how the court should interpret the NVRA.	400.00
10/12/2012	ROGERS, KRISTEN M.	0.25	Called organizational plaintiffs to inquire as to diversion of resources; bases of standing.	50.00
10/13/2012	ROGERS, KRISTEN M.	2	Researched case law on absurdity doctrine; reviewed and analyzed draft brief for discussion regarding same, general edits.	400.00
10/14/2012	ROGERS, KRISTEN M.	2	Edited brief, inserted citations where indicated.	400.00
10/16/2012	ROGERS, KRISTEN M.	1.5	Attended case team meeting, edited brief.	300.00
10/24/2012	ROGERS, KRISTEN M.	1.5	Participated in case team call regarding status of case, next steps.	300.00
11/13/2012	ROGERS, KRISTEN M.	1.25	Managed filing of transcript request form; conferred with local counsel, M. Jenkins regarding same; reviewed and analyzed rules related to filing transcript request form, various requirements.	250.00
11/15/2012	ROGERS, KRISTEN M.	1	Prepared for and participated in team meeting.	200.00
12/2/2012	ROGERS, KRISTEN M.	6	Edited and drafted revised version of brief for 11th circuit.	1,200.00
12/4/2012	ROGERS, KRISTEN M.	3	Revised and edited 11th circulated brief.	600.00
12/4/2012	ROGERS, KRISTEN M.	1	Drafted motion for extension of time, reviewed and analyzed local rules for same, communicated with opposing counsel for motion for extension of time.	200.00
12/5/2012	ROGERS, KRISTEN M.	0.75	Prepared for and participated in case team meeting; analyzed draft of brief.	150.00
12/6/2012	ROGERS, KRISTEN M.	1.5	Reviewed draft of brief, analyzed same; conferred with M. Jenkins regarding next steps for edits and further research.	300.00
1/23/2013	ROGERS, KRISTEN M.	1.75	Reviewed brief filed by Appellee/State, conferred with case team regarding same.	350.00
1/24/2013	ROGERS, KRISTEN M.	1	Conferred with L. Kaplan regarding exceptions to mootness doctrine, strategy for drafting section of reply brief; researched same.; participated in case team call re responding to State's brief.	200.00
1/28/2013	ROGERS, KRISTEN M.	1	Reviewed and analyzed State's brief, analyzed exception to mootness doctrine.	200.00
3/4/2013	ROGERS, KRISTEN M.	5.75	Researched exception to mootness doctrine.	1,150.00
3/5/2013	ROGERS, KRISTEN M.	3	Researched exception to mootness doctrine; drafted section of reply brief.	600.00
3/6/2013	ROGERS, KRISTEN M.	2	Reviewed and analyzed draft reply brief; participated on team call regarding same.	400.00
3/11/2013	ROGERS, KRISTEN M.	5	Edited brief; prepared filing; assisted with filing.	1,000.00
6/17/2013	ROGERS, KRISTEN M.	0.5	Reviewed materials for Arizona voter id case.	100.00
6/20/2013	ROGERS, KRISTEN M.	0.75	Reviewed Arizona case and draft letter of supplemental authority.	150.00
6/21/2013	ROGERS, KRISTEN M.	3	Reviewed materials associated with Arizona case, cases cited; reviewed Jones Day letter; reviewed draft letter of supplemental authority.	600.00
6/24/2013	ROGERS, KRISTEN M.	0.75	Reviewed draft letter of supplemental authority, conferred re same with M. Jenkins.	150.00

6/25/2013	ROGERS, KRISTEN M.	0.5	Participated in team call regarding letter of supplemental authority.	100.00
6/27/2013	ROGERS, KRISTEN M.	1	Managed filing of letter of supplemental authority.	200.00

Exhibit B: Time Allocations

ROGERS, KRISTEN M.

2012-10-05

ROGERS, KRISTEN M.	Researched absurdity doctrine as related to exceptions being read into statutes.	2.5	200	\$500.00
	Research	100%		\$500.00

2012-10-08

ROGERS, KRISTEN M.	Researched absurdity doctrine under Ron Pair and its application to cases where exceptions have been read into federal statutes.	3	200	\$600.00
	Research	100%		\$600.00

2012-10-09

ROGERS, KRISTEN M.	Researched absurdity doctrine and its potential impact on how the court should interpret the NVRA.	2	200	\$400.00
	Research	100%		\$400.00

2012-10-12

ROGERS, KRISTEN M.	Called organizational plaintiffs to inquire as to diversion of resources; bases of standing.	0.25	200	\$50.00
	Research	100%		\$50.00

2012-10-13

ROGERS, KRISTEN M.	Researched case law on absurdity doctrine; reviewed and analyzed draft brief for discussion regarding same, general edits.	2	200	\$400.00
	Research	25%		\$100.00
	Briefs	75%		\$300.00

2012-10-14

ROGERS, KRISTEN M.	Edited brief, inserted citations where indicated.	2	200	\$400.00
	Briefs	100%		\$400.00

2012-10-16

ROGERS, KRISTEN M.	Attended case team meeting, edited brief.	1.5	200	\$300.00
	Meetings	50%		\$150.00
	Briefs	50%		\$150.00

2012-10-24

ROGERS, KRISTEN M.	Participated in case team call regarding status of case, next steps.	1.5	200	\$300.00
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	Meetings	100%			\$300.00
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2012-11-13					
ROGERS, KRISTEN M.	Managed filing of transcript request form; conferred with local counsel, M. Jenkins regarding same; reviewed and analyzed rules related to filing transcript request form, various requirements.		1.25	200	\$250.00
	Other	25%			\$62.50
	Meetings	25%			\$62.50
	Research	50%			\$125.00
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2012-11-15					
ROGERS, KRISTEN M.	Prepared for and participated in team meeting.		1	200	\$200.00
	Meetings	100%			\$200.00
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2012-12-02					
ROGERS, KRISTEN M.	Edited and drafted revised version of brief for 11th circuit.		6	200	\$1,200.00
	Briefs	100%			\$1,200.00
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2012-12-04a					
ROGERS, KRISTEN M.	Revised and edited 11th circulated brief.		3	200	\$600.00
	Briefs	100%			\$600.00
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2012-12-04b					
ROGERS, KRISTEN M.	Drafted motion for extension of time, reviewed and analyzed local rules for same, communicated with opposing counsel for motion for extension of time.		1	200	\$200.00
	Research	20%			\$40.00
	Briefs	70%			\$140.00
	Meetings	10%			\$20.00
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2012-12-05					
ROGERS, KRISTEN M.	Prepared for and participated in case team meeting; analyzed draft of brief.		0.75	200	\$150.00
	Briefs	65%			\$97.50
	Meetings	35%			\$52.50
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2012-12-06					
ROGERS, KRISTEN M.	Reviewed draft of brief, analyzed same; conferred with M. Jenkins regarding next steps for edits and further research.		1.5	200	\$300.00
	Meetings	10%			\$30.00
	Briefs	90%			\$270.00
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2013-01-23

ROGERS, KRISTEN M.	Reviewed brief filed by Appellee/State, conferred with case team regarding same.	1.75	200	\$350.00
	Briefs	40%		\$140.00
	Meetings	60%		\$210.00

2013-01-24

ROGERS, KRISTEN M.	Conferred with L. Kaplan regarding exceptions to mootness doctrine, strategy for drafting section of reply brief; researched same.; participated in case team call re responding to State's brief.	1	200	\$200.00
	Meetings	75%		\$150.00
	Research	25%		\$50.00

2013-01-28

ROGERS, KRISTEN M.	Reviewed and analyzed State's brief, analyzed exception to mootness doctrine.	1	200	\$200.00
	Briefs	100%		\$200.00

2013-03-04

ROGERS, KRISTEN M.	Researched exception to mootness doctrine.	5.75	200	\$1,150.00
	Research	100%		\$1,150.00

2013-03-05

ROGERS, KRISTEN M.	Researched exception to mootness doctrine; drafted section of reply brief.	3	200	\$600.00
	Research	30%		\$180.00
	Briefs	70%		\$420.00

2013-03-06

ROGERS, KRISTEN M.	Reviewed and analyzed draft reply brief; participated on team call regarding same.	2	200	\$400.00
	Meetings	50%		\$200.00
	Briefs	50%		\$200.00

2013-03-11

ROGERS, KRISTEN M.	Edited brief; prepared filing; assisted with filing.	5	200	\$1,000.00
	Briefs	90%		\$900.00
	Other	10%		\$100.00

2013-06-17

2013-06-20	ROGERS, KRISTEN M.	Reviewed materials for Arizona voter id case.	0.5	200	\$100.00
		Research	100%		\$100.00
2013-06-20	ROGERS, KRISTEN M.	Reviewed Arizona case and draft letter of supplemental authority.	0.75	200	\$150.00
		Research	50%		\$75.00
		Briefs	50%		\$75.00
2013-06-21	ROGERS, KRISTEN M.	Reviewed materials associated with Arizona case, cases cited; reviewed Jones Day letter; reviewed draft letter of supplemental authority.	3	200	\$600.00
		Research	75%		\$450.00
		Briefs	25%		\$150.00
2013-06-24	ROGERS, KRISTEN M.	Reviewed draft letter of supplemental authority, conferred re same with M. Jenkins.	0.75	200	\$150.00
		Meetings	10%		\$15.00
		Briefs	90%		\$135.00
2013-06-25	ROGERS, KRISTEN M.	Participated in team call regarding letter of supplemental authority.	0.5	200	\$100.00
		Meetings	100%		\$100.00
2013-06-27	ROGERS, KRISTEN M.	Managed filing of letter of supplemental authority.	1	200	\$200.00
		Other	100%		\$200.00
		Total Fees:			\$11,050.00

UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT
Form to Accompany Application for Attorney's Fees

Summary of work performed by (name): Cheryl L. Olson

Total compensation requested for this person: \$4,237.50

Hourly rate of compensation requested for this person: \$150

This person is an:

☐ attorney ☐ law student/graduate ☐ certified paralegal ☒ other: paralegal

Category	Total Hours
Interviews and conferences	0.5
Obtaining and reviewing records	0
Legal research	0.025
Brief writing	27
Preparing for and attending oral argument	0
Other (specify on additional sheets if necessary): Assisted with bill of costs; conferred with Clerk re same.	0.725
Total hours claimed for this person	28.25

Instructions: on the applicable lines, enter the total time spent in each category. A separate form must be completed for each person for whom time is claimed. Attach contemporaneous time records reflecting all hours listed and indicating the dates on which the work was performed. An affidavit attesting to the truthfulness of the information contained in the application and demonstrating the basis for the hourly rate(s) requested must also accompany the application.

Date	Timekeeper	Hours	Description	Cost
10/15/2012	OLSON, CHERYL L.	7.25	Cite checked plaintiffs-appellants' initial brief.	1,087.50
10/16/2012	OLSON, CHERYL L.	5.5	Cite checked plaintiffs-appellants' initial brief.	825.00
12/12/2012	OLSON, CHERYL L.	3.75	Cite checked appellant's brief.	562.50
1/11/2013	OLSON, CHERYL L.	1.5	Cite checked response to Court's jurisdictional question.	225.00
1/14/2013	OLSON, CHERYL L.	1.5	Cite checked response to Court's jurisdictional question.	225.00
3/11/2013	OLSON, CHERYL L.	4.25	Reviewed and revised reply brief; assisted in filing and serving reply brief.	637.50
6/27/2013	OLSON, CHERYL L.	0.5	Reviewed and revised 28j response letter.	75.00
4/11/2014	OLSON, CHERYL L.	0.5	Met with F. Aul re gathering information for bill of costs form; prepared bill of cost form.	75.00
4/14/2014	OLSON, CHERYL L.	0.25	Conference with clerk at 11th Circuit re bill of costs form; reviewed and revised bill of cost form.	37.50
4/16/2014	OLSON, CHERYL L.	0.5	Met with M. Jenkins re preparing attorneys fees for filing; conference with T. Winston re pulling report of attorneys time in preparation for filings for attorneys fees.	75.00
5/5/2014	OLSON, CHERYL L.	1.75	Cite checked motion for attorneys' fees.	262.50
5/6/2014	OLSON, CHERYL L.	1	Cite checked motion for attorneys' fees.	150.00

Exhibit B: Time Allocations

OLSON, CHERYL L.

2012-10-15

OLSON, CHERYL L.	Cite checked plaintiffs-appellants' initial brief.	7.25	150	\$1,087.50
	Briefs	100%		\$1,087.50

2012-10-16

OLSON, CHERYL L.	Cite checked plaintiffs-appellants' initial brief.	5.5	150	\$825.00
	Briefs	100%		\$825.00

2012-12-12

OLSON, CHERYL L.	Cite checked appellant's brief.	3.75	150	\$562.50
	Briefs	100%		\$562.50

2013-01-11

OLSON, CHERYL L.	Cite checked response to Court's jurisdictional question.	1.5	150	\$225.00
	Briefs	100%		\$225.00

2013-01-14

OLSON, CHERYL L.	Cite checked response to Court's jurisdictional question.	1.5	150	\$225.00
	Briefs	100%		\$225.00

2013-03-11

OLSON, CHERYL L.	Reviewed and revised reply brief; assisted in filing and serving reply brief.	4.25	150	\$637.50
	Briefs	100%		\$637.50

2013-06-27

OLSON, CHERYL L.	Reviewed and revised 28j response letter.	0.5	150	\$75.00
	Briefs	100%		\$75.00

2014-04-11

OLSON, CHERYL L.	Met with F. Aul re gathering information for bill of costs form; prepared bill of cost form.	0.5	150	\$75.00
	Other	100%		\$75.00

2014-04-14

OLSON, CHERYL L.	Conference with clerk at 11th Circuit re bill of costs form; reviewed and revised bill of cost form.	0.25	150	\$37.50
	Research	10%		\$3.75
	Other	90%		\$33.75

2014-04-16

OLSON, CHERYL L.	Met with M. Jenkins re preparing attorneys fees for filing; conference with T. Winston re pulling report of attorneys time in preparation for filings for attorneys fees.	0.5	150	\$75.00
	Meetings	100%		\$75.00

2014-05-05

OLSON, CHERYL L.	Cite checked motion for attorneys' fees.	1.75	150	\$262.50
	Briefs	100%		\$262.50

2014-05-06

OLSON, CHERYL L.	Cite checked motion for attorneys' fees.	1	150	\$150.00
	Briefs	100%		\$150.00
Total Fees:				\$4,237.50

UNITED STATES COURT OF APPEALS FOR THE ELEVENTH CIRCUIT
Form to Accompany Application for Attorney's Fees

Summary of work performed by (name): Francis J. Aul

Total compensation requested for this person: \$13,175.00

Hourly rate of compensation requested for this person: \$100

This person is an:

☐ attorney ☐ law student/graduate ☐ certified paralegal ☒ other: project assistant

Category	Total Hours
Interviews and conferences	0.9125
Obtaining and reviewing records	35.675
Legal research	5.775
Brief writing	31.0125
Preparing for and attending oral argument	14.875
Other (specify on additional sheets if necessary): Assisted with appearance forms and pro hac vice motions; maintained certificate of service; assisted with preparation of fee petition; assisted with e-filings; obtained audio recordings of oral argument; other organizational tasks and support.	43.5
Total hours claimed for this person	131.75

Instructions: on the applicable lines, enter the total time spent in each category. A separate form must be completed for each person for whom time is claimed. Attach contemporaneous time records reflecting all hours listed and indicating the dates on which the work was performed. An affidavit attesting to the truthfulness of the information contained in the application and demonstrating the basis for the hourly rate(s) requested must also accompany the application.

Date	Timekeeper	Hours	Description	Cost
10/5/2012	AUL, FRANCIS J.	3.75	Updated Arcia contacts list; gathered information for and acquired D.C. Court of Appeals Certificates of Good Standing for M. Goldman, L. Masters and B. Ramamurti.	375.00
10/8/2012	AUL, FRANCIS J.	0.25	Prepared and sent case filings to L. Masters to forward to potential amici writers.	25.00
10/9/2012	AUL, FRANCIS J.	2.25	Prepared Appearance of counsel forms for the 11th Circuit for M. Goldman and J. Friedman.	225.00
10/11/2012	AUL, FRANCIS J.	8.5	Met with J. Friedman re record excerpts for 11th Circuit appeal; prepared record excerpts; updated sharepoint calendar and court files.	850.00
10/12/2012	AUL, FRANCIS J.	2	Updated L Drive and Sharepoint with new 11th circuit filings.	200.00
10/15/2012	AUL, FRANCIS J.	9.75	Met with J. Friedman re record excerpts; updated record excerpts; called 11th circuit re M. Goldman's missing appearance of counsel form; cite checked record cites in opening brief.	975.00
10/16/2012	AUL, FRANCIS J.	0.75	Updated sharepoint court files; updated certificate of service in record excerpts.	75.00
10/25/2012	AUL, FRANCIS J.	4.25	Prepared 11th Circuit PHV motions for M. Goldman and L. Masters; contact 11th circuit clerk re filing L. Masters' appearance of counsel form; revised Certificate of Interested Parties for filing with opening brief.	425.00
10/26/2012	AUL, FRANCIS J.	1	Prepared and coordinated filing of L. Masters' appearance of counsel form with 11th circuit.	100.00
11/5/2012	AUL, FRANCIS J.	2.5	Uploaded appeal docket filings to sharepoint; updated sharepoint calendar.	250.00
11/19/2012	AUL, FRANCIS J.	1	Prepared Pro Hac Vice Applications for M. Goldman and L. Masters; arranged to retrieve required Certificates of Good Standing.	100.00
11/20/2012	AUL, FRANCIS J.	3	Updated certificates of service for Pro Hac Vice Applications for M. Goldman and L. Masters; finalized Pro Hac Vice Application for M. Goldman; mailed M. Goldman's application to the 11th Circuit Court of Appeals.	300.00
11/29/2012	AUL, FRANCIS J.	0.75	Prepared Appearance of Counsel form for L. Masters; mailed form to 11th Circuit Court of Appeals.	75.00
12/3/2012	AUL, FRANCIS J.	1	Spoke with 11th circuit Court of Appeals to check status of M. Goldman's pending Pro Hac Vice application; communicated with several clerks and managers to locate missing Pro Have Vice application; left voicemails with case handlers and managers requesting information about the application.	100.00
12/4/2012	AUL, FRANCIS J.	1.5	Spoke with 11th circuit Court of Appeals to check status of M. Goldman's pending Pro Hac Vice application; communicated with several clerks and managers to locate missing Pro Have Vice application; left voicemails with case handlers and managers requesting information about the application.	150.00
12/4/2012	AUL, FRANCIS J.	0.5	Prepared L. Masters Appearance of Counsel form for filing with the 11th Circuit.	50.00
12/5/2012	AUL, FRANCIS J.	2	Spoke with 11th circuit Court of Appeals to check status of M. Goldman's pending Pro Hac Vice application; communicated with several clerks and managers to locate missing Pro Have Vice application; assisted case handler locate and docket the Pro Hac Vice application for M. Goldman.	200.00
12/6/2012	AUL, FRANCIS J.	0.75	Researched local 11th circuit rules re motions to extend briefing schedule; collected sample of such motions.	75.00

12/7/2012	AUL, FRANCIS J.	7.5	Prepared and mailed M. Goldman's Appearance of Counsel form; prepared chart of total fees owed to expert D. Smith; created sharepoint page for newly received legislative history documents; prepared legislative history binder for review by L. Masters.	750.00
12/10/2012	AUL, FRANCIS J.	5	Updated Record Excerpts in preparation for filing opening brief; prepared print outs of selected legislative history reports and docket entries for review by M. Goldman.	500.00
12/11/2012	AUL, FRANCIS J.	5.75	Collected all invoices and prepared updated invoice summary for review by L. Masters; spoke with 11th Circuit clerk to ascertain the status of M. Goldman's appearance of counsel form and Motion to Extend; uploaded legislative history documents to sharepoint; updated sharepoint docket filings.	575.00
12/12/2012	AUL, FRANCIS J.	2.5	Cite checked record citations in opening appeal brief in preparation for filing; revised Record Excerpts to match brief citations.	250.00
12/13/2012	AUL, FRANCIS J.	4.75	Cite checked record citations in Opening Brief in preparation for filing on December, 17.	475.00
12/14/2012	AUL, FRANCIS J.	3.5	Printed and finalized Record Excerpts contents; prepared cover pages for brief and Record Excerpts.	350.00
12/17/2012	AUL, FRANCIS J.	9.75	Prepared, printed and mailed final copies of opening brief and record excerpts.	975.00
1/4/2013	AUL, FRANCIS J.	0.5	Organized the client file containing recent correspondence received from the 11th Circuit.	50.00
1/9/2013	AUL, FRANCIS J.	2.5	Coordinated with T. Edwards and 11th Circuit to activate e-filing account for M. Goldman.	250.00
1/14/2013	AUL, FRANCIS J.	1	Cite checked record citations and Table of Authorities in preparation to file the response to the Jurisdictional Question.	100.00
1/24/2013	AUL, FRANCIS J.	1.75	Printed Westlaw cases cited in Secretary's Reply Brief for review by L. Kaplan; printed "as filed" copy of Plaintiff's opening brief for use by M. Goldman.	175.00
1/25/2013	AUL, FRANCIS J.	1.5	Prepared binder of current 11th Circuit briefing for review by L. Masters; collected documents re the Court's Jurisdictional Question for review by L. Masters.	150.00
2/27/2013	AUL, FRANCIS J.	3.25	Updated Sharepoint court files; arranged for 11th circuit electronic notification of filings to be forwarded to other members of the team.	325.00
3/1/2013	AUL, FRANCIS J.	1	Printed copy of originally filed Record Excerpts for review by M. Goldman.	100.00
3/6/2013	AUL, FRANCIS J.	2.25	Updated 11th Circuit pleadings on sharepoint site in preparation for filing of Reply brief.	225.00
3/11/2013	AUL, FRANCIS J.	5.5	Cite checked Reply Brief in preparation for filing; prepared paper copies of brief; mailed copies of the brief to the court and opposing counsel.	550.00
3/19/2013	AUL, FRANCIS J.	1	Updated docket filings on sharepoint site.	100.00
5/16/2013	AUL, FRANCIS J.	5.25	Updated docket on sharepoint; organized client files.	525.00
7/24/2013	AUL, FRANCIS J.	0.5	Prepared acknowledgment response to 11th circuit re date scheduled for oral argument.	50.00
8/7/2013	AUL, FRANCIS J.	7.75	Pulled Westlaw cases; prepared binders of appeals briefing; organized case files in preparation for upcoming oral argument.	775.00
9/23/2013	AUL, FRANCIS J.	4.75	Updated sharepoint courtfile and calendar; prepared moot court binder for M. Goldman.	475.00

9/25/2013	AUL, FRANCIS J.	0.5	Prepared moot court materials to be sent via UPS overnight to co counsel.	50.00
9/27/2013	AUL, FRANCIS J.	1	Updated moot court binders for M. Goldman in preparation for 11th Circuit argument.	100.00
9/30/2013	AUL, FRANCIS J.	1.25	Prepared case law binder for review by M. Goldman in preparation for oral argument.	125.00
10/10/2013	AUL, FRANCIS J.	0.75	Reviewed case records to locate copy of purge letter.	75.00
10/16/2013	AUL, FRANCIS J.	0.25	Contacted the 11th Circuit Court of Appeals to request a copy of the audio from oral argument.	25.00
11/1/2013	AUL, FRANCIS J.	1.25	Prepared letter to the 11th Circuit Court of Appeals requesting copy of oral argument audio.	125.00
4/16/2014	AUL, FRANCIS J.	3	Researched 11th Circuit rules re attorneys fees; reviewed case files in preparation for fee petition.	300.00
5/5/2014	AUL, FRANCIS J.	1	Organized timesheets in preparation for filing fee petition.	100.00

Exhibit B: Time Allocations

AUL, FRANCIS J.

2012-10-05

AUL, FRANCIS J.	Updated Arcia contacts list; gathered information for and acquired D.C. Court of Appeals Certificates of Good Standing for M. Goldman, L. Masters and B. Ramamurti.	3.75	100	\$375.00
	Other	100%		\$375.00

2012-10-08

AUL, FRANCIS J.	Prepared and sent case filings to L. Masters to forward to potential amici writers.	0.25	100	\$25.00
	Records	100%		\$25.00

2012-10-09

AUL, FRANCIS J.	Prepared Appearance of counsel forms for the 11th Circuit for M. Goldman and J. Friedman.	2.25	100	\$225.00
	Argument	100%		\$225.00

2012-10-11

AUL, FRANCIS J.	Met with J. Friedman re record excerpts for 11th Circuit appeal; prepared record excerpts; updated sharepoint calendar and court files.	8.5	100	\$850.00
	Meetings	5%		\$42.50
	Records	95%		\$807.50

2012-10-12

AUL, FRANCIS J.	Updated L Drive and Sharepoint with new 11th circuit filings.	2	100	\$200.00
	Records	100%		\$200.00

2012-10-15

AUL, FRANCIS J.	Met with J. Friedman re record excerpts; updated record excerpts; called 11th circuit re M. Goldman's missing appearance of counsel form; cite checked record cites in opening brief.	9.75	100	\$975.00
	Meetings	5%		\$48.75
	Other	5%		\$48.75
	Briefs	70%		\$682.50
	Records	20%		\$195.00

2012-10-16

AUL, FRANCIS J.	Updated sharepoint court files; updated certificate of service in record excerpts.	0.75	100	\$75.00
	Records	10%		\$7.50
	Other	90%		\$67.50

2012-10-25

AUL, FRANCIS J.	Prepared 11th Circuit PHV motions for M. Goldman and L. Masters; contact 11th circuit clerk re filing L. Masters' appearance of counsel form; revised Certificate of Interested Parties for filing with opening brief.	4.25	100	\$425.00
	Other	90%		\$382.50
	Briefs	10%		\$42.50

2012-10-26

AUL, FRANCIS J.	Prepared and coordinated filing of L. Masters' appearance of counsel form with 11th circuit.	1	100	\$100.00
	Other	100%		\$100.00

2012-11-05

AUL, FRANCIS J.	Uploaded appeal docket filings to sharepoint; updated sharepoint calendar.	2.5	100	\$250.00
	Records	100%		\$250.00

2012-11-19

AUL, FRANCIS J.	Prepared Pro Hac Vice Applications for M. Goldman and L. Masters; arranged to retrieve required Certificates of Good Standing.	1	100	\$100.00
	Other	100%		\$100.00

2012-11-20

AUL, FRANCIS J.	Updated certificates of service for Pro Hac Vice Applications for M. Goldman and L. Masters; finalized Pro Hac Vice Application for M. Goldman; mailed M. Goldman's application to the 11th Circuit Court of Appeals.	3	100	\$300.00
	Other	100%		\$300.00

2012-11-29

AUL, FRANCIS J.	Prepared Appearance of Counsel form for L. Masters; mailed form to 11th Circuit Court of Appeals.	0.75	100	\$75.00
	Other	100%		\$75.00

2012-12-03

AUL, FRANCIS J.	Spoke with 11th circuit Court of Appeals to check status of M. Goldman's pending Pro Hac Vice application; communicated with several clerks and managers to locate missing Pro Have Vice application; left voicemails with case handlers and managers requesting information about the application.	1	100	\$100.00
	Other	100%		\$100.00

2012-12-04a

AUL, FRANCIS J.	Spoke with 11th circuit Court of Appeals to check status of M. Goldman's pending Pro Hac Vice application; communicated with several clerks and managers to locate missing Pro Have Vice application; left voicemails with case handlers and managers requesting information about the application.	1.5	100	\$150.00
	Other	100%		\$150.00

2012-12-04b

AUL, FRANCIS J.	Prepared L. Masters Appearance of Counsel form for filing with the 11th Circuit.	0.5	100	\$50.00
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	Other	100%			\$50.00
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2012-12-05					
AUL, FRANCIS J.	Spoke with 11th circuit Court of Appeals to check status of M. Goldman's pending Pro Hac Vice application; communicated with several clerks and managers to locate missing Pro Have Vice application; assisted case handler locate and docket the Pro Hac Vice application for M. Goldman.		2	100	\$200.00
	Other	100%			\$200.00
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2012-12-06					
AUL, FRANCIS J.	Researched local 11th circuit rules re motions to extend briefing schedule; collected sample of such motions.		0.75	100	\$75.00
	Research	100%			\$75.00
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2012-12-07					
AUL, FRANCIS J.	Prepared and mailed M. Goldman's Appearance of Counsel form; prepared chart of total fees owed to expert D. Smith; created sharepoint page for newly received legislative history documents; prepared legislative history binder for review by L. Masters.		7.5	100	\$750.00
	Other	65%			\$487.50
	Research	35%			\$262.50
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2012-12-10					
AUL, FRANCIS J.	Updated Record Excerpts in preparation for filing opening brief; prepared print outs of selected legislative history reports and docket entries for review by M. Goldman.		5	100	\$500.00
	Records	80%			\$400.00
	Other	20%			\$100.00
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2012-12-11					
AUL, FRANCIS J.	Collected all invoices and prepared updated invoice summary for review by L. Masters; spoke with 11th Circuit clerk to ascertain the status of M. Goldman's appearance of counsel form and Motion to Extend; uploaded legislative history documents to sharepoint; updated sharepoint docket filings.		5.75	100	\$575.00
	Other	100%			\$575.00
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2012-12-12					
AUL, FRANCIS J.	Cite checked record citations in opening appeal brief in preparation for filing; revised Record Excerpts to match brief citations.		2.5	100	\$250.00
	Briefs	50%			\$125.00
	Records	50%			\$125.00
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2012-12-13					
AUL, FRANCIS J.	Cite checked record citations in Opening Brief in preparation for filing on December, 17.		4.75	100	\$475.00
	Briefs	100%			\$475.00
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2012-12-14					

2012-12-17	AUL, FRANCIS J.	Printed and finalized Record Excerpts contents; prepared cover pages for brief and Record Excerpts.	3.5	100	\$350.00
		Briefs 100% \$350.00			
2012-12-17	AUL, FRANCIS J.	Prepared, printed and mailed final copies of opening brief and record excerpts.	9.75	100	\$975.00
		Briefs 75% \$731.25			
		Other 25% \$243.75			
2013-01-04	AUL, FRANCIS J.	Organized the client file containing recent correspondence received from the 11th Circuit.	0.5	100	\$50.00
		Records 100% \$50.00			
2013-01-09	AUL, FRANCIS J.	Coordinated with T. Edwards and 11th Circuit to activate e-filing account for M. Goldman.	2.5	100	\$250.00
		Other 100% \$250.00			
2013-01-14	AUL, FRANCIS J.	Cite checked record citations and Table of Authorities in preparation to file the response to the Jurisdictional Question.	1	100	\$100.00
		Briefs 100% \$100.00			
2013-01-24	AUL, FRANCIS J.	Printed Westlaw cases cited in Secretary's Reply Brief for review by L. Kaplan; printed "as filed" copy of Plaintiff's opening brief for use by M. Goldman.	1.75	100	\$175.00
		Other 100% \$175.00			
2013-01-25	AUL, FRANCIS J.	Prepared binder of current 11th Circuit briefing for review by L. Masters; collected documents re the Court's Jurisdictional Question for review by L. Masters.	1.5	100	\$150.00
		Other 100% \$150.00			
2013-02-27	AUL, FRANCIS J.	Updated Sharepoint court files; arranged for 11th circuit electronic notification of filings to be forwarded to other members of the team.	3.25	100	\$325.00
		Other 20% \$65.00			
		Records 80% \$260.00			
2013-03-01	AUL, FRANCIS J.	Printed copy of originally filed Record Excerpts for review by M. Goldman.	1	100	\$100.00
		Other 100% \$100.00			
2013-03-06					

2013-03-11	AUL, FRANCIS J.	Updated 11th Circuit pleadings on sharepoint site in preparation for filing of Reply brief.	2.25	100	\$225.00
		Records 100% \$225.00			
2013-03-11	AUL, FRANCIS J.	Cite checked Reply Brief in preparation for filing; prepared paper copies of brief; mailed copies of the brief to the court and opposing counsel.	5.5	100	\$550.00
		Briefs 90% \$495.00			
		Other 10% \$55.00			
2013-03-19	AUL, FRANCIS J.	Updated docket filings on sharepoint site.	1	100	\$100.00
		Records 100% \$100.00			
2013-05-16	AUL, FRANCIS J.	Updated docket on sharepoint; organized client files.	5.25	100	\$525.00
		Records 100% \$525.00			
2013-07-24	AUL, FRANCIS J.	Prepared acknowledgment response to 11th circuit re date scheduled for oral argument.	0.5	100	\$50.00
		Records 50% \$25.00			
		Argument 50% \$25.00			
2013-08-07	AUL, FRANCIS J.	Pulled Westlaw cases; prepared binders of appeals briefing; organized case files in preparation for upcoming oral argument.	7.75	100	\$775.00
		Argument 100% \$775.00			
2013-09-23	AUL, FRANCIS J.	Updated sharepoint courtfile and calendar; prepared moot court binder for M. Goldman.	4.75	100	\$475.00
		Records 50% \$237.50			
		Argument 50% \$237.50			
2013-09-25	AUL, FRANCIS J.	Prepared moot court materials to be sent via UPS overnight to co counsel.	0.5	100	\$50.00
		Other 100% \$50.00			
2013-09-27	AUL, FRANCIS J.	Updated moot court binders for M. Goldman in preparation for 11th Circuit argument.	1	100	\$100.00
		Argument 100% \$100.00			
2013-09-30					

	AUL, FRANCIS J.	Prepared case law binder for review by M. Goldman in preparation for oral argument.	1.25	100	\$125.00
		Argument	100%		\$125.00
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2013-10-10					
	AUL, FRANCIS J.	Reviewed case records to locate copy of purge letter.	0.75	100	\$75.00
		Records	100%		\$75.00
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2013-10-16					
	AUL, FRANCIS J.	Contacted the 11th Circuit Court of Appeals to request a copy of the audio from oral argument.	0.25	100	\$25.00
		Other	100%		\$25.00
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2013-11-01					
	AUL, FRANCIS J.	Prepared letter to the 11th Circuit Court of Appeals requesting copy of oral argument audio.	1.25	100	\$125.00
		Other	100%		\$125.00
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2014-04-16					
	AUL, FRANCIS J.	Researched 11th Circuit rules re attorneys fees; reviewed case files in preparation for fee petition.	3	100	\$300.00
		Research	80%		\$240.00
		Records	20%		\$60.00
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2014-05-05					
	AUL, FRANCIS J.	Organized timesheets in preparation for filing fee petition.	1	100	\$100.00
		Briefs	100%		\$100.00
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Total Fees:					\$13,175.00

Exhibit C

Exhibit C to Declaration of Marc A. Goldman Summary
Chart of Expenses for Travel to Oral Argument

Expenses for Marc A. Goldman

Date incurred	Expense type	Amount	Purpose
Oct. 9, 2013	Airfare	\$ 425.57	Flight to Miami for oral argument on 10/10/13
Oct. 9, 2013	Hotel	\$ 281.37	Hotel in Miami for oral argument on 10/10/13
Oct. 9-10, 2013	Food expenses	\$ 33.70	Food expenses for travel to oral argument
Oct. 9-10, 2013	Ground transportation	\$ 68.00	Parking and ground transportation in Miami for oral argument
SUBTOTAL		\$ 808.64	
Amount billed		\$ 759.94	

Expenses for Lorelie S. Masters

Date incurred	Expense type	Amount	Purpose
Oct. 9, 2013	Airfare	\$ 695.36	Flight to Miami for oral argument on 10/10/13
Oct. 9, 2013	Hotel	\$ 281.37	Hotel in Miami for oral argument on 10/10/13
Oct. 9-10, 2013	Food expenses	\$ 101.74	Food expenses for travel to oral argument
Oct. 9-10, 2013	Parking and ground transportation	\$ 137.00	Parking and ground transportation in Miami for oral argument
SUBTOTAL		\$ 1,215.47	
Amount billed		\$ 1,113.73	

TOTAL Amount Billed for Travel \$ 1,873.67

EXPENSE REIMBURSEMENT - Print View

Payee	Goldman, Marc A	Expense Report ID	131118141912
Office	Washington DC	Status	Paid
Department	Appellate & Supreme Court Practice	Client-Matter	63779-10002
Prepared by	Winston, Tasman / Legal Secretary		Project Vote / Purge Litigation
Notes	Traveled to/from Miami, FL to present oral argument in Karla Arcia, et al. v. Florida Secretary of State, USDC No.	Expense Type	Client Pro-Bono
Out-of-town Travel	<input checked="" type="checkbox"/>		

Travel Start Date	Travel End Date	Travel To City and State	Travel Purpose
10/9/2013	10/10/2013	Miami, FL	to present oral argument in Karla Arcia, et al. v. Flo...

Itemized Expenses

Date	Expense Category	Expense Reason	Additional Description	Amount
10/9/2013	Air/Rail fare	Other	Air fare expense incurred by M. Goldm... 02-315-60000-0499 00096	\$359.80

Date	Expense Category	Expense Reason	Additional Description	Amount
10/9/2013	Air/Rail fare	Other	ProTravel agent fee incurred by M. Gol... 02-315-60000-0499 00096	\$37.78

Date	Expense Category	Expense Reason	Additional Description	Amount
10/9/2013	Air/Rail fare	Other	American Airlines expense incurred in c... 02-315-60000-0499 00096	\$27.99

Date	Expense Category	Expense Reason	Additional Description	Amount
10/10/2013	Lodging	Other	Hotel expense incurred by M. Goldman... 02-315-60005-0499 00096	\$281.37

Date	Expense Category	Expense Reason	Additional Description	Amount
10/9/2013	Meals	Other	Food expense incurred by M. Goldman... 02-315-60200-0499 00097	\$13.37
	Meal Type Breakfast			

Expense Details

Purpose: Food expense incurred by M. Goldman for o... Place: Jet Rock Bar and Grill, Washington Reagan Int...

Attendee Name	Attendee Title	Firm
Self	Partner	Jenner & Block (DC Office)

Date	Expense Category	Expense Reason	Additional Description	Amount
10/10/2013	Meals	Other	Food expense incurred by M. Goldman... 02-315-60200-0499 00097	\$7.63
	Meal Type Other (Specify)			

Expense Details

Purpose: Food expense incurred by M. Goldman for o... Place: Room Honor Bar @ Epic Miami Kimpton Hotel...

Attendee Name	Attendee Title	Firm
Self	Partner	Jenner & Block (DC Office)

Date	Expense Category	Expense Reason	Additional Description	Amount
10/10/2013	Meals	Other	Food expense incurred by M. Goldman... 02-315-60200-0499 00097	\$12.70
	Meal Type Lunch			

Expense Details

Purpose: Food expense incurred by M. Goldman for o... Place: Sushi Maki Take-out, Miami International Airp...

Attendee Name	Attendee Title	Firm

Case: 12-15738 Date Filed: 12/08/2014 Page: 113 of 135

Self		Partner		Jenner & Block (DC Office)	
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Date	Expense Category	Expense Reason	Additional Description	Amount
10/9/2013	Taxi / Car Service	Other	Cab fare expense incurred by M. Gold... 02-315-60010-0499 00096	\$20.00
10/10/2013	Taxi / Car Service	Other	Cab fare expense incurred by M. Gold... 02-315-60010-0499 00096	\$25.00
10/10/2013	Taxi / Car Service	Other	Cab fare expense incurred by M. Gold... 02-315-60010-0499 00096	\$23.00
Sub Total				\$808.64
01-000-17000-0000 Cash Advance				\$0.00
Total				\$808.64

Attachments / Receipts

File Name	Attached On	View	Attachment Note
goldman receipts - Oct. 9-10, 2013 - Miami, FL (63779-10002).PDF	11/18/2013 3:08:38 PM	View	

Approvers Section

Payee Group All Personnel (User Select) Must be approved by Koppy, Jeffrey A (User Select)
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Approval History

Payee Expense Approval				
Signed by	Goldman, Marc	Signed on	11/25/2013	10:19:40 AM
Response	Approve			
Approve/Return Comments				
1st Level Expense Approval				
Signed by	Koppy, Jeffrey	Signed on	12/02/2013	01:34:22 PM
Response	Approve			
Approve/Return Comments				
AP Audit Expense Approval				
Signed by	Benitez, Barbara	Signed on	12/12/2013	04:03:32 PM
Response	Approve			
Approve/Return Comments				

Code Version 1.68d



PROTRAVEL INTERNATIONAL
JENNER@PROTRAVELINC.COM

eTicket Receipt

Prepared For
GOLDMAN/MARC A [FILE 63779-10002]

RESERVATION CODE	RDNUGE
ISSUE DATE	27Sep2013
TICKET NUMBER	0017308329083
INVOICE NUMBER	0018470
ISSUING AIRLINE	AMERICAN AIRLINES
ISSUING AGENT	PROTRAVEL INTERNATIONAL/AVC
ISSUING AGENT LOCATION	NEW YORK NY
IATA NUMBER	33692551
CUSTOMER NUMBER	[REDACTED]
TOUR CODE	ITC506984A15XAB
FREQUENT FLYER NUMBER	[REDACTED]

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
09Oct13	AMERICAN AIRLINES AA 1550	WASHINGTON REAGAN, DC Time 10:55am Terminal TERMINAL B	MIAMI INTERNTNL, FL Time 1:35pm	Airline Reservation Code RDNUGE Class ECONOMY Seat Number 16C Baggage Allowance NIL Booking Status CONFIRMED Fare Basis SA07ERP1 Not Valid Before 09 OCT Not Valid After 09 OCT
10Oct13	AMERICAN AIRLINES AA 1227	MIAMI INTERNTNL, FL Time 1:40pm	WASHINGTON REAGAN, DC Time 4:00pm Terminal TERMINAL B	Airline Reservation Code RDNUGE Class ECONOMY Seat Number 16D Baggage Allowance NIL Booking Status CONFIRMED Fare Basis SA07ERP1 Not Valid Before 10 OCT Not Valid After 10 OCT

Allowances

Baggage Allowance

DCA to MIA - 0 Pieces AMERICAN AIRLINES

Prices of additional baggage pieces:

- 25.00 USD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters
- 35.00 USD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters

MIA to DCA - 0 Pieces AMERICAN AIRLINES

Prices of additional baggage pieces:

1. 25.00 USD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters

2. 35.00 USD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters

ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY DEPENDING ON FLYER-SPECIFIC FACTORS /E.G. FREQUENT FLYER STATUS/MILITARY/ CREDIT CARD FORM OF PAYMENT/EARLY PURCHASE OVER INTERNET,ETC

Carry On Allowances

DCA to MIA , MIA to DCA - 2 Pieces (AA - AMERICAN AIRLINES)

1 Piece up to 45 linear inches/115 linear centimeters

1 Piece up to 36 linear inches/92 linear centimeters

Embargoes - Apply To Each Passenger

DCA to MIA , MIA to DCA - (AA - AMERICAN AIRLINES)

over 100 pounds/45 kilograms not permitted

Payment/Fare Details

Form of Payment	CREDIT CARD - AMERICAN EXPRESS : XXXXXXXXXXXX
Endorsement / Restrictions	NONREF/SVCCHGPLUSFAREDIF/CXL BY FLT TIME OR NOVALUE
Fare Calculation Line	WAS AA MIA157.21AA WAS157.21USD314.42END ZPDCAMIA XT5.00AY 9.00XFDCA4.5MIA4.5
Fare	USD 314.42
Taxes/Fees/Carrier-Imposed Charges	USD 23.58 US (US DOMESTIC TRANSPORTATION TAX)
	USD 7.80 ZP (SEGMENT TAX)
	USD 14.00 XT (COMBINED TAXES/FEES/CARRIER-IMPOSED CHARGES)
Total Fare	USD 359.80

Positive identification required for airport check in

Notice:

Carriage and other service provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

[Important Legal Notices](#)



PROTRAVEL INTERNATIONAL
JENNER@PROTRAVELINC.COM

Electronic Invoice

Prepared For:
GOLDMAN/MARC A

Ref: FILE 63779-10002

SALES PERSON	VC
INVOICE NUMBER	0018470
INVOICE ISSUE DATE	27 Sep 2013
RECORD LOCATOR	RDNUGE
CUSTOMER NUMBER	[REDACTED]

Client Address

JENNER AND BLOCK LLP
353 N. CLARK STREET
CHICAGO, IL 60654-3456

Notes

PROTRAVEL/JENNER BLOCK INTERNAL EXT 8300
PROTRAVEL/JENNER BLOCK OFFICE 312-923-8300
HOURS ARE 7AM TO 7PM-CST MONDAY TO FRIDAY
FAX 646-792-4529 EMAIL JENNER@PROTRAVELINC.COM
FOR EMERGENCY AFTER HOURS SERVICE
DIAL SAME NUMBER ABOVE AND PRESS 2
AT THE PROMPT
**OR DIAL 800-669-1356 **
THANKS FOR USING PROTRAVEL

DATE: Wed, Oct 09

Flight: AMERICAN AIRLINES 1550

From	WASHINGTON REAGAN, DC	Departs	10:55am
To	MIAMI INTERNTNL, FL	Arrives	1:35pm
Departure Terminal	B		
Duration	02hr(s) :40min(s)	Class	Economy
Type	BOEING 737-800 JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	GOLDMAN/MARC A		AA - XXXXX L4

Confirmed

DATE: Wed, Oct 09

Hotel: KIMPTON HOTELS, EPIC KIMPTON HOTEL
270 BISCAYNE BLVD WAY
MIAMI FL 33131

Service City	MIAMI INTERNTNL		
Check-In	09 Oct	Check-Out	10 Oct
Rooms(s)	1	Room Details	CITYVIEW KING PREM 1 BED PRIVA CITY VIEW OVERSIZED TUB STAND
Night(s)	1	Rate per Night	249.00 USD
Confirmation Number	CITQ5UR	Frequent Traveler	
Service Information		Phone	1-305-4245226

Guarantee Guaranteed Late
Arrival

DATE: Thu, Oct 10

Flight: AMERICAN AIRLINES 1227

From	MIAMI INTERNL, FL	Departs	1:40pm
To	WASHINGTON REAGAN, DC	Arrives	4:00pm
Duration	02hr(s) :20min(s)	Arrival Terminal	B
Type	BOEING 737-800 JET	Class	Economy
Stop(s)	Non Stop	Meal	Food for Purchase
Seat(s) Details	GOLDMAN/MARC A		AA - XXXXX L4

Confirmed

Ticket Information

Ticket Number	AA 7308329083	Passenger	GOLDMAN MARC A		
		Billed to:	AX XXXXXXXXXXXX	USD	* 359.80
Service Fee	XD 0594724154	Passenger	GOLDMAN MARC A		
		Billed to:	AX XXXXXXXXXXXX	USD	* 37.78
			SubTotal	USD	397.58
			Net Credit Card Billing	* USD	397.58
			Total Amount Due	USD	0.00

AG-49

Your travel arranger provides the information contained in this document. If you have any questions about the content, please contact your travel arranger. For Credit Card Service fees, please see eTicket receipt for total charges.

PREPARED FOR
GOLDMAN/MARC A



PROTRAVEL INTERNATIONAL
 JENNER@PROTRAVELINC.COM

RESERVATION CODE RDNUGE
 AIRLINE RESERVATION CODE RDNUGE (AA)
Travel Arranger Priority Comments
 PROTRAVEL/JENNER BLOCK INTERNAL EXT 8300
 PROTRAVEL/JENNER BLOCK OFFICE 312-923-8300
 HOURS ARE 7AM TO 7PM-CST MONDAY TO FRIDAY
 FAX 646-792-4529 EMAIL JENNER PROTRAVELINC.COM
 FOR EMERGENCY AFTER HOURS SERVICE
 DIAL SAME NUMBER ABOVE AND PRESS 2
 AT THE PROMPT
 OR DIAL 800-669-1356
 THANKS FOR USING PROTRAVEL



DEPARTURE: WEDNESDAY 09 OCT Please verify flight times prior to departure

AMERICAN AIRLINES
AA 1550

Duration:
 02hr(s) :40min(s)

DCA
 WASHINGTON REAGAN, DC

▶ **MIA**
 MIAMI INTERNTNL, FL

Aircraft:
 BOEING 737-800 JET
 Distance (in Miles): 0923
 Stop(s): 0

Departing At:
10:55am
 Terminal:
 TERMINAL B

Arriving At:
1:35pm
 Terminal:
 Not Available

Passenger Name: Seats: Class: Status: Frequent Flyer #: eTicket Receipt(s): Meals:
 » GOLDMAN/MARC A 16C / Confirmed Economy Confirmed [REDACTED] AMERICAN AIRLINES 0017308329083 Food for Purchase



CHECK IN: WEDNESDAY 09 OCT ▶ CHECK OUT: THURSDAY 10 OCT ▶ 1 NIGHT(S)

EPIC KIMPTON HOTEL
(KIMPTON HOTELS)

Phone 1-305-4245226

Fax 1-305-4245232

270 BISCAYNE BLVD WAY
 MIAMI FL 33131

Confirmation:
 CITQ5UR

Status:
 Confirmed

Room Details:
 PROTRAVEL
 INTERNATIONAL
 CITYVIEW KING PREM 1
 BED PRIVA
 CITY VIEW OVERSIZED
 TUB STAND
 32.37 TTL TAX
 281.37 USD APPROX. TTL
 PRICE
 INCLUDES TAXES AND
 SURCHARGES

Room(s): 1 Guest(s): 1

Rate:
 249.00 USD / night

Cancellation Information:
 Cancel 1 day(s) prior to
 arrival to avoid a penalty

Guarantee:
 Room is guaranteed for late
 arrival

DEPARTURE: **THURSDAY 10 OCT** Please verify flight times prior to departure**AMERICAN AIRLINES
AA 1227**Duration:
02hr(s) :20min(s)**MIA**
MIAMI INTERNTNL, FL**DCA**
WASHINGTON REAGAN, DCDeparting At:
1:40pmArriving At:
4:00pmTerminal:
Not AvailableTerminal:
TERMINAL BAircraft:
BOEING 737-800 JET

Distance (in Miles): 0923

Stop(s): 0

Passenger Name: Seats: Class: Status: Frequent Flyer #: eTicket Receipt(s): Meals:

» GOLDMAN/MARC A 16D / Confirmed Economy Confirmed [REDACTED] AMERICAN AIRLINES 0017308329083 Food for Purchase

PROTRAVEL INTERNATIONAL
JENNER@PROTRAVELINC.COM

American Airlines 

MISCELLANEOUS
SALES RECEIPT

American Airlines

PASSENGER NAME
GOLDMAN/MARC A

Main Cabin Extra
For Flight(s) 1550

1 26.04 USD

Total with Applicable TFC 27.99 USD
Credit Card MC XXXXXXXXXXXX [REDACTED]

PASSENGER TICKET
0017308329083

Fare 26.04 USD

TFC 1.95 US

TFC

TFC Total 27.99 USD

DATE
OCTOBER 09, 2013

PNR: RDNUGE

Agent: DCA-SSM 001

0646297983
Document Number

TFC=TAXES, FEES & CHARGES

NOT VALID FOR TRAVEL

SGL-1 CPN 1109928

EPICTM

MIAMI

A KIMPTON HOTEL

270 Biscayne Boulevard Way Miami, FL 33131 T: 305.424.5226 F: 305.424.5232 R: 866.760.3742 www.epichotel.com

GOLDMAN, MARC A

Room Number: 2033

Daily Rate: 249.00

Room Type: CJRS

No. of Guests: 1 / 0

US

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
10/09/13	10/10/13	XXXXXXXXXXXX [REDACTED]	POTI	ICNS	[REDACTED]
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
10/09/13	2033	ROOM CHARGE	#2033 GOLDMAN, MARC A	\$249.00	
10/09/13	2033	TAX - ROOM - STATE	TAX - ROOM - STATE	\$32.37	
10/10/13	2033	MASTERCARD	MASTERCARD	(\$281.37)	
10/10/13	2033	HONOR BAR FOOD	HONOR BAR FOOD	\$7.00	
10/10/13	2033	TAX - HONOR BAR - STATE	TAX - HONOR BAR - STATE	\$0.63	
10/10/13	2033	MASTERCARD	MASTERCARD	(\$7.63)	

[REDACTED] - Meals = \$7.63

TOTAL DUE: \$0.00

Jet Rock Bar and Grill
Washington Reagan Airport
OTG Management

2093 Selam

53 / 1 1478 GST 1
OCT09'13 9:39AM

1 Eggs your Way 7.59
1 OJ 2.75

Food 7.59
Beverage 2.75
TAX 1.03
TOTAL DUE \$ 11.37

\$ 13.37
w/tip

10/10/2013 12:55

Sushi Maki Take Out
Check: 3118410
Server: LILIANA
Terminal: 311

** ORDER#: 129822 **

Regular Check
1 California Roll 6.50
1 Seaweed Salad 5.25

Subtotal 11.75
Tax 0.95
Total 12.70

Master Card 12.70
XXXXXXXXXXXX - GOLDMAN/MARC

GRAND TOTAL 12.70

T311 02622 10/10/2013 12:56

Thank You
Gratuuity NOT included
Propina NO esta incluido



Taxi Cab Receipts

DATE: 10/9/13 TIME: _____
TRIP ORIGIN: hotel
DESTINATION: airport
FARE: \$ 20.00 SIGNATURE _____

CAB RECEIPT

DATE:	<u>10/10/13</u>
FROM:	<u>hotel</u>
TO:	<u>airport</u>
AMOUNT: \$	<u>25.00</u>
DRIVER:	
CAB N°:	

PASSENGER SERVICE COMPANY #26

MERITT CAB
CAB #42
202 554 7900
PVIN # J005
FACE ID # 56385
10/10/13 TR 0151
START END MILES
15:55 16:13 4.6
RATE #1
FARE : \$ 16.21
EXTRA: \$ 2.75
TOTAL: \$ 18.96
TAG # 01379H
THANKS
DC TAXICAB COMM
TEL 855 484 4967
WWW.DCTAXI.DC.GOV

16 tip =
23.00

EXPENSE REIMBURSEMENT - Print View

Payee **Masters, Lorelie S**
 Office **Washington DC**
 Department **Insurance & Reinsurance**
 Prepared by **Gibbs, Kimberly / Legal Secretary Coordinator**
 Notes

Expense Report ID **131014091603**
 Status **Paid**
 Client-Matter **63779-10002**
 Project Vote / Purge Litigation
 Expense Type **Client Pro-Bono**

Out-of-town Travel ☒

Travel Start Date	Travel End Date	Travel To City and State	Travel Purpose
10/9/2013	10/10/2013	Miami, FL	for oral argument

Itemized Expenses

Date	Expense Category	Expense Reason	Additional Description	Amount
10/9/2013	Air/Rail fare	Other	original tickets/agency fee 02-345-60000-0499 00096	\$695.36

Date	Expense Category	Expense Reason	Additional Description	Amount
10/9/2013	Lodging	Other	02-345-60005-0499 00096	\$281.37

Date	Expense Category	Expense Reason	Additional Description	Amount
10/9/2013	Meals Meal Type Dinner	Other	dinner 02-345-60200-0499 00097	\$98.66

Expense Details

Purpose: dinner

Place: Area 31 (restaurant in Epic Hotel, Miami)

Attendee Name	Attendee Title	Firm
Self	Partner	Jenner & Block
Marc Goldman	Partner	Jenner & Block
John DeLeon	Partner	Law Offices of Chavez & De Leon

Date	Expense Category	Expense Reason	Additional Description	Amount
10/10/2013	Meals Meal Type Other (Specify)	Other	snack (less raid the minibar credit) 02-345-60200-0499 00097	\$3.08

Expense Details

Purpose: snack

Place: Minibar (Epic Hotel, Miami)

Attendee Name	Attendee Title	Firm
Self	Partner	Jenner & Block

Date	Expense Category	Expense Reason	Additional Description	Amount
10/10/2013	Parking	Other	parking at airport 02-345-60010-0499 00096	\$44.00

Date	Expense Category	Expense Reason	Additional Description	Amount
10/9/2013	Taxi / Car Service	Other	airport to hotel 02-345-60010-0499 00096	\$46.00

Date	Expense Category	Expense Reason	Additional Description	Amount
10/10/2013	Taxi / Car Service	Other	hotel to courthouse 02-345-60010-0499 00096	\$8.00

Date	Expense Category	Expense Reason	Additional Description	Amount
10/10/2013	Taxi / Car Service	Other	hotel to airport	\$39.00

Case: 12-15738 Date Filed: 12/08/2014 Page: 125 of 135

		02-345-60010-0499	00096	
			Sub Total	\$1,215.47
			01-000-17000-0000 Cash Advance	\$0.00
			Total	\$1,215.47

Attachments / Receipts

File Name	Attached On	View	Attachment Note
10-9 - 10.pdf	10/14/2013 9:52:40 AM	View	

Approvers Section

Payee Group Secretaries;Paralegals;Attorneys Must be approved by Koppy, Jeffrey	Pro-Bono Committee Chairman
---	-----------------------------

Approval History

Payee Expense Approval				
Signed by	Masters, Lorelie	Signed on	10/14/2013	09:55:13 AM
Response	Approve			
Approve/Return Comments				
1st Level Expense Approval				
Signed by	Koppy, Jeffrey	Signed on	10/17/2013	04:15:32 PM
Response	Approve			
Approve/Return Comments				
AP Audit Expense Approval				
Signed by	Taylor, Jennifer	Signed on	10/31/2013	08:23:25 AM
Response	Approve			
Approve/Return Comments				

Code Version 1.68d



PROTRAVEL INTERNATIONAL
JENNER@PROTRAVELINC.COM

Electronic Invoice

Prepared For:
MASTERS/LORELIE S

Ref: FILE 63779-10002

SALES PERSON	VC
INVOICE NUMBER	0018522
INVOICE ISSUE DATE	03 Oct 2013
RECORD LOCATOR	QQNDUN
CUSTOMER NUMBER	[REDACTED]

Client Address

JENNER AND BLOCK LLP
353 N. CLARK STREET
CHICAGO, IL 60654-3456

Original tickets

Notes

PROTRAVEL/JENNER BLOCK INTERNAL EXT 8300
PROTRAVEL/JENNER BLOCK OFFICE 312-923-8300
HOURS ARE 7AM TO 7PM-CST MONDAY TO FRIDAY
FAX 646-792-4529 EMAIL JENNER@PROTRAVELINC.COM
FOR EMERGENCY AFTER HOURS SERVICE
DIAL SAME NUMBER ABOVE AND PRESS 2
AT THE PROMPT
**OR DIAL 800-669-1356 **
THANKS FOR USING PROTRAVEL

DATE: Wed, Oct 09

Flight: AMERICAN AIRLINES 1550

From	WASHINGTON REAGAN, DC	Departs	10:55am
To	MIAMI INTERNL, FL	Arrives	1:35pm
Departure Terminal	B		
Duration	02hr(s) :40min(s)	Class	Economy
Type	BOEING 737-800 JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	MASTERS/LORELIE S	Seat(s) - 10C Premium AA - XXXXX 52 Seat Confirmed	

DATE: Wed, Oct 09

Hotel: KIMPTON HOTELS, EPIC KIMPTON HOTEL
270 BISCAYNE BLVD WAY
MIAMI FL 33131

Service City	MIAMI INTERNL		
Check-In	09 Oct	Check-Out	10 Oct
Rooms(s)	1	Room Details	CITYVIEW KING PREM 1 BED PRIVA CITY VIEW OVERSIZED TUB STAND
Night(s)	1	Rate per Night	249.00 USD
Confirmation Number	CITVTK6	Frequent Traveler	
Service Information		Phone	1-305-4245226

Guarantee

Guaranteed Late
Arrival**DATE: Thu, Oct 10****Flight: AMERICAN AIRLINES 1227**

From	MIAMI INTERNTNL, FL	Departs	1:40pm
To	WASHINGTON REAGAN, DC	Arrives	4:00pm
Duration	02hr(s) :20min(s)	Arrival Terminal	B
Type	BOEING 737-800 JET	Class	Economy
Stop(s)	Non Stop	Meal	Food for Purchase
Seat(s) Details	MASTERS/LORELIE S	Seat(s) - 14C Premium AA - XXXXX 52	
Notes	EXIT ROW AISLE SEAT***	Seat Confirmed	

*Changed
Refuse***Ticket Information**

Ticket Number	AA 7308329136	Passenger	MASTERS LORELIE S		
		Billed to:	AX XXXXXXXXXXXX	USD	* 399.80
Service Fee	XD 0594868993	Passenger	MASTERS LORELIE S		
		Billed to:	AX XXXXXXXXXXXX	USD	* 37.78
		SubTotal		USD	437.58
		Net Credit Card Billing		* USD	437.58
		Total Amount Due		USD	0.00

**
**

AG-49

Your travel arranger provides the information contained in this document. If you have any questions about the content, please contact your travel arranger. For Credit Card Service fees, please see eTicket receipt for total charges.

09 OCT 2013 ▶ 10 OCT 2013 TRIP TO MIAMI INTERNTNL, FL

PREPARED FOR
MASTERS/LORELIE SPROTRAVEL INTERNATIONAL
JENNER@PROTRAVELINC.COM

RESERVATION CODE QQNDUN
 AIRLINE RESERVATION CODE QQNDUN (AA)
Travel Arranger Priority Comments
 PROTRAVEL/JENNER BLOCK INTERNAL EXT 8300
 PROTRAVEL/JENNER BLOCK OFFICE 312-923-8300
 HOURS ARE 7AM TO 7PM-CST MONDAY TO FRIDAY
 FAX 646-792-4529 EMAIL JENNER PROTRAVELINC.COM
 FOR EMERGENCY AFTER HOURS SERVICE
 DIAL SAME NUMBER ABOVE AND PRESS 2
 AT THE PROMPT
 OR DIAL 800-669-1356
 THANKS FOR USING PROTRAVEL

**DEPARTURE: WEDNESDAY 09 OCT** Please verify flight times prior to departure**AMERICAN AIRLINES**
AA 1550Duration:
02hr(s) :40min(s)**DCA**
WASHINGTON REAGAN, DC ▶ **MIA**
MIAMI INTERNTNL, FLDeparting At:
10:55amTerminal:
TERMINAL BArriving At:
1:35pmTerminal:
Not AvailableAircraft:
BOEING 737-800 JET

Distance (in Miles): 0923

Stop(s): 0

Passenger Name:

Seats:

Class:

Status:

Frequent Flyer #:

eTicket
Receipt(s):

Meals:

» MASTERS/LORELIE
S10C /
ConfirmedEconomy Confirmed [REDACTED] / AMERICAN
AIRLINES

0017308329136

Food for
Purchase**CHECK IN: WEDNESDAY 09 OCT ▶ CHECK OUT: THURSDAY 10 OCT ▶ 1 NIGHT(S)****EPIC KIMPTON HOTEL**
(KIMPTON HOTELS)**Phone** 1-305-4245226**Fax** 1-305-4245232270 BISCAYNE BLVD WAY
MIAMI FL 33131Confirmation:
CITVTK6Status:
Confirmed

Room Details:
 PROTRAVEL
 INTERNATIONAL
 CITYVIEW KING PREM 1
 BED PRIVA
 CITY VIEW OVERSIZED
 TUB STAND
 32.37 TTL TAX
 281.37 USD APPROX. TTL
 PRICE
 INCLUDES TAXES AND
 SURCHARGES

Room(s): 1 Guest(s): 1

Rate:
249.00 USD / nightCancellation Information:
Cancel 1 day(s) prior to
arrival to avoid a penaltyGuarantee:
Room is guaranteed for late
arrival

DEPARTURE: **THURSDAY 10 OCT** Please verify flight times prior to departure**AMERICAN AIRLINES
AA 1227**Duration:
02hr(s) :20min(s)**MIA**
MIAMI INTERNTNL, FL**DCA**
WASHINGTON REAGAN, DCAircraft:
BOEING 737-800 JET

Distance (in Miles): 0923

Stop(s): 0

Notes:
EXIT ROW AISLE SEAT***Departing At:
1:40pmArriving At:
4:00pmTerminal:
Not AvailableTerminal:
TERMINAL B

Passenger Name:

Seats:

Class:

Status:

Frequent Flyer #:

eTicket
Receipt(s):

Meals:

» MASTERS/LORELIE
S14C /
ConfirmedEconomy Confirmed [REDACTED] AMERICAN
AIRLINES

0017308329136

Food for
PurchasePROTRAVEL INTERNATIONAL
JENNER@PROTRAVELINC.COM



PROTRAVEL INTERNATIONAL
JENNER@PROTRAVELINC.COM

Electronic Invoice

Prepared For:
MASTERS/LORELIE S

Ref: **FILE 63779-10002**

SALES PERSON	VC
INVOICE NUMBER	0018619
INVOICE ISSUE DATE	10 Oct 2013
RECORD LOCATOR	QQNDUN
CUSTOMER NUMBER	[REDACTED]

Client Address

JENNER AND BLOCK LLP
353 N. CLARK STREET
CHICAGO, IL 60654-3456

Notes

PROTRAVEL/JENNER BLOCK INTERNAL EXT 8300
PROTRAVEL/JENNER BLOCK OFFICE 312-923-8300
HOURS ARE 7AM TO 7PM-CST MONDAY TO FRIDAY
FAX 646-792-4529 EMAIL JENNER@PROTRAVELINC.COM
FOR EMERGENCY AFTER HOURS SERVICE
DIAL SAME NUMBER ABOVE AND PRESS 2
AT THE PROMPT
**OR DIAL 800-669-1356 **
THANKS FOR USING PROTRAVEL
PLEASE REVIEW THIS ITINERARY CAREFULLY.
IMMEDIATELY NOTIFYING YOUR AGENT OF ANY CHANGES MAY
REDUCE THE RISK OF INCREASED FARE AND/OR PENALTIES
* AIR FARES ARE NOT GUARANTEED UNTIL TICKETED *

DATE: Wed, Oct 09

Flight: AMERICAN AIRLINES 1550

From	WASHINGTON REAGAN, DC	Departs	10:55am
To	MIAMI INTERNTNL, FL	Arrives	1:35pm
Departure Terminal	B		
Duration	02hr(s) :40min(s)	Class	Economy
Type	BOEING 737-800 JET	Meal	Food for Purchase
Stop(s)	Non Stop		
Seat(s) Details	MASTERS/LORELIE S	Seat(s) - 10C Premium AA - XXXXX 52 Seat Confirmed	

DATE: Wed, Oct 09

Hotel: KIMPTON HOTELS, EPIC KIMPTON HOTEL
270 BISCAYNE BLVD WAY
MIAMI FL 33131

Service City	MIAMI INTERNTNL		
Check-In	09 Oct	Check-Out	10 Oct
Rooms(s)	1	Room Details	CITYVIEW KING PREM 1 BED PRIVA CITY VIEW OVERSIZED TUB STAND
Night(s)	1	Rate per Night	249.00 USD

Confirmation Number CITVTK6

Frequent Traveler

Service Information

Phone

1-305-4245226

Guarantee

Guaranteed Late
Arrival**DATE: Thu, Oct 10****Flight: AMERICAN AIRLINES 230**

From	MIAMI INTERNTNL, FL	Departs	3:30pm
To	WASHINGTON REAGAN, DC	Arrives	5:55pm
Duration	02hr(s) :25min(s)	Arrival Terminal	B
Type	BOEING 737-800 JET	Class	Economy
Stop(s)	Non Stop	Meal	Food for Purchase
Seat(s) Details	MASTERS/LORELIE S	Seat(s) - 09C Premium AA - XXXXX 52	
		Seat	
		Confirmed	

DATE: Fri, Aug 29**Others**

THANK YOU FOR
USING
PROTRAVEL

Ticket Information

Ticket Number	AA 7308329229	Passenger	MASTERS LORELIE S		
		Exchange	AA 7308329136		
		Billed to:	AX XXXXXXXXXXXX	USD	* 220.00
Service Fee	XD 0595165378	Passenger	MASTERS LORELIE S		
		Billed to:	AX XXXXXXXXXXXX	USD	* 37.78
		SubTotal		USD	257.78
		Net Credit Card Billing		* USD	257.78
		Total Amount Due		USD	0.00

DOCUMENTATION

AIRPORT SECURITY *REQUIRES* GOVERNMENT ISSUED PHOTO ID
--- PHOTO ID MUST BE CURRENT AND VALID ---
VISA/PASSPORT MUST BE VALID FOR AT LEAST 6 MONTHS AFTER
YOUR RETURN.

FLIGHT CHECK-IN

DOMESTIC - 2 HOURS PRIOR TO DEPARTURE
INTERNATIONAL - 3 HOURS PRIOR TO DEPARTURE

BAGGAGE ALLOWANCE

WE STRONGLY ADVISE PASSENGERS TO CHECK WITH
INDIVIDUAL CARRIERS REGARDING CARRY-ON BAGGAGE
POLICIES AND ALLOWANCES. CHECKED BAGGAGE FEES
MAY APPLY AT AIRPORT.
AG-49

** 200 exchange fee
+ 20 fare diff.
for new ticket*

Your travel arranger provides the information contained in this document. If you have any questions about the content, please contact your travel arranger. For Credit Card Service fees, please see eTicket receipt for total charges.

PREPARED FOR
MASTERS/LORELIE S



PROTRAVEL INTERNATIONAL
JENNER@PROTRAVELINC.COM

RESERVATION CODE QQNDUN
AIRLINE RESERVATION CODE QQNDUN (AA)
Travel Arranger Priority Comments
PROTRAVEL/JENNER BLOCK INTERNAL EXT 8300
PROTRAVEL/JENNER BLOCK OFFICE 312-923-8300
HOURS ARE 7AM TO 7PM-CST MONDAY TO FRIDAY
FAX 646-792-4529 EMAIL JENNER PROTRAVELINC.COM
FOR EMERGENCY AFTER HOURS SERVICE
DIAL SAME NUMBER ABOVE AND PRESS 2
AT THE PROMPT
**OR DIAL 800-669-1356 **
THANKS FOR USING PROTRAVEL
PLEASE REVIEW THIS ITINERARY CAREFULLY.
IMMEDIATELY NOTIFYING YOUR AGENT OF ANY CHANGES MAY
REDUCE THE RISK OF INCREASED FARE AND/OR PENALTIES
* AIR FARES ARE NOT GUARANTEED UNTIL TICKETED *



DEPARTURE: WEDNESDAY 09 OCT Please verify flight times prior to departure

AMERICAN AIRLINES
AA 1550

Duration:
02hr(s) :40min(s)

DCA ▶ **MIA**
WASHINGTON REAGAN, DC MIAMI INTERNTNL, FL

Departing At:
10:55am

Arriving At:
1:35pm

Terminal:
TERMINAL B

Terminal:
Not Available

Aircraft:
BOEING 737-800 JET

Distance (in Miles): 0923

Stop(s): 0

Passenger Name:	Seats:	Class:	Status:	Frequent Flyer #:	eTicket Receipt(s):	Meals:
» MASTERS/LORELIE S	10C / Confirmed	Economy	Confirmed	AMERICAN AIRLINES	0017308329136	Food for Purchase

CHECK IN: WEDNESDAY 09 OCT ▶ CHECK OUT: THURSDAY 10 OCT ▶ 1 NIGHT(S)

EPIC KIMPTON HOTEL
(KIMPTON HOTELS)

Phone 1-305-4245226

Fax 1-305-4245232

270 BISCAYNE BLVD WAY
MIAMI FL 33131

Confirmation:
CITVTK6

Status:
Confirmed

Room Details:
PROTRAVEL
INTERNATIONAL
CITYVIEW KING PREM 1
BED PRIVA
CITY VIEW OVERSIZED
TUB STAND
32.37 TTL TAX
281.37 USD APPROX. TTL
PRICE
INCLUDES TAXES AND
SURCHARGES

Room(s): 1 Guest(s): 1

Rate:
249.00 USD / night

Cancellation Information:
Cancel 1 day(s) prior to
arrival to avoid a penalty

Guarantee:
Room is guaranteed for late
arrival


DEPARTURE: THURSDAY 10 OCT Please verify flight times prior to departure

**AMERICAN AIRLINES
AA 0230**

 Duration:
02hr(s) :25min(s)

MIA
MIAMI INTERNTNL, FL

DCA
WASHINGTON REAGAN, DC

 Aircraft:
BOEING 737-800 JET

Distance (in Miles): 0923

Stop(s): 0

 Departing At:
3:30pm

 Arriving At:
5:55pm

 Terminal:
Not Available

 Terminal:
TERMINAL B

Passenger Name:	Seats:	Class:	Status:	Frequent Flyer #:	eTicket Receipt(s):	Meals:
» MASTERS/LORELIE S	09C / Confirmed	Economy	Confirmed	[REDACTED] AMERICAN AIRLINES	0017308329229	Food for Purchase

OTHER: FRIDAY 29 AUG
OTHER

 Status:
Confirmed

DCA
WASHINGTON REAGAN, DC

 Information:
THANK YOU FOR USING PROTRAVEL

Notes

DOCUMENTATION
AIRPORT SECURITY *REQUIRES* GOVERNMENT ISSUED PHOTO ID
--- PHOTO ID MUST BE CURRENT AND VALID ---
VISA/PASSPORT MUST BE VALID FOR AT LEAST 6 MONTHS AFTER
YOUR RETURN.

FLIGHT CHECK-IN
DOMESTIC - 2 HOURS PRIOR TO DEPARTURE
INTERNATIONAL - 3 HOURS PRIOR TO DEPARTURE

BAGGAGE ALLOWANCE
WE STRONGLY ADVISE PASSENGERS TO CHECK WITH
INDIVIDUAL CARRIERS REGARDING CARRY-ON BAGGAGE
POLICIES AND ALLOWANCES. CHECKED BAGGAGE FEES
MAY APPLY AT AIRPORT.

PROTRAVEL INTERNATIONAL
JENNER@PROTRAVELINC.COM

CAB RECEIPT

DATE:	10/9/13
FROM:	Airport
TO:	EPIC hotel
AMOUNT:	\$ 46.00
DRIVER:	
CAB N°:	

PASSENGER SERVICE COMPANY #26

Miami Dade Taxi

2766 N.W. 62 ND ST PSC 016
DATE: 10/10/13 CAB# _____
FROM: hotel
TO: Con Ahouse
AMOUNT: \$ 800
TEL: 305-551-1111

Yellow Cab 444-4444
Metro Taxi 888-8888

Date 10/10/13 Taxicab # _____
Customer _____
From EPIC hotel
To Miami Airport
Amount 39.00 Driver _____

CSD 3-1-1 PSC012 PSC047

MIAMI'S #1 FAMILY ATTRACTION

 **JUNGLE ISLAND**
jungleisland.com

10% OFF
ADMISSION
Cannot be combined with any other offer. PLU #8899

INSERT
THIS END UP

REAGAN
NATIONAL AIRPORT
RECEIPT A210
ENTRY TIME:
10/09/13 10:05
EXIT TIME:
10/10/13 10:05
PARK-DUR.: HRS:MIN
1:08:00
AMOUNT:
\$ 44.00
KIND OF PAYMENT:
AMEX
XXXXXXXXXX
THANK YOU FOR YOUR



A KIMPTON HOTEL

270 Biscayne Boulevard Way Miami, FL 33131 T: 305.424.5226 F: 305.424.5232 R: 866.760.3742 www.epichotel.com

MASTERS, LORELIE S

Room Number: 1920

Daily Rate: 249.00

Room Type: CJRS

No. of Guests: 1 / 0

US

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
10/09/13	10/10/13	XXXXXXXXXXXX	POTI	ICNS	

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
10/09/13	1920	AREA 31	1920/3057/21:34/AREA 31	\$98.66
10/09/13	1920	ROOM CHARGE	#1920 MASTERS, LORELIE S	\$249.00
10/09/13	1920	TAX - ROOM - STATE	TAX - ROOM - STATE	\$32.37
10/10/13	1920	AMERICAN EXPRESS	AMERICAN EXPRESS	(\$380.03)
10/10/13	1920	HONOR BAR FOOD	HONOR BAR FOOD	\$3.00
10/10/13	1920	TAX - HONOR BAR - STATE	TAX - HONOR BAR - STATE	\$0.27
10/10/13	1920	HONOR BAR FOOD	HONOR BAR FOOD	\$9.00
10/10/13	1920	TAX - HONOR BAR - STATE	TAX - HONOR BAR - STATE	\$0.81
10/10/13	1920	Raid the Minibar	Raid the Minibar	(\$10.00)
10/10/13	1920	AMERICAN EXPRESS	AMERICAN EXPRESS	(\$3.08) *

DINNER
= \$281.37 <

SNACK =

TOTAL DUE: \$0.00

From: [Don Blankenau](#)
To: [Leopold, Matt](#); [Kise, Chris](#); Jeffrey.Brown@dep.state.fl.us; [Heekin, Jack](#); [Osvaldo Vazquez](#); ["allen.winsor@myfloridalegal.com"](mailto:allen.winsor@myfloridalegal.com)
Cc: [Tom Wilmoth](#)
Subject: Attorney Work Product - Privileged and Confidential
Date: Friday, September 19, 2014 1:07:44 PM
Attachments: S. 119.071(1)(d)1 F.S. [REDACTED]

[REDACTED]

[REDACTED]

ATTORNEY WORK PRODUCT – PRIVILEGED AND CONFIDENTIAL

s. 119.071(1)(d)1 F.S.

[REDACTED]

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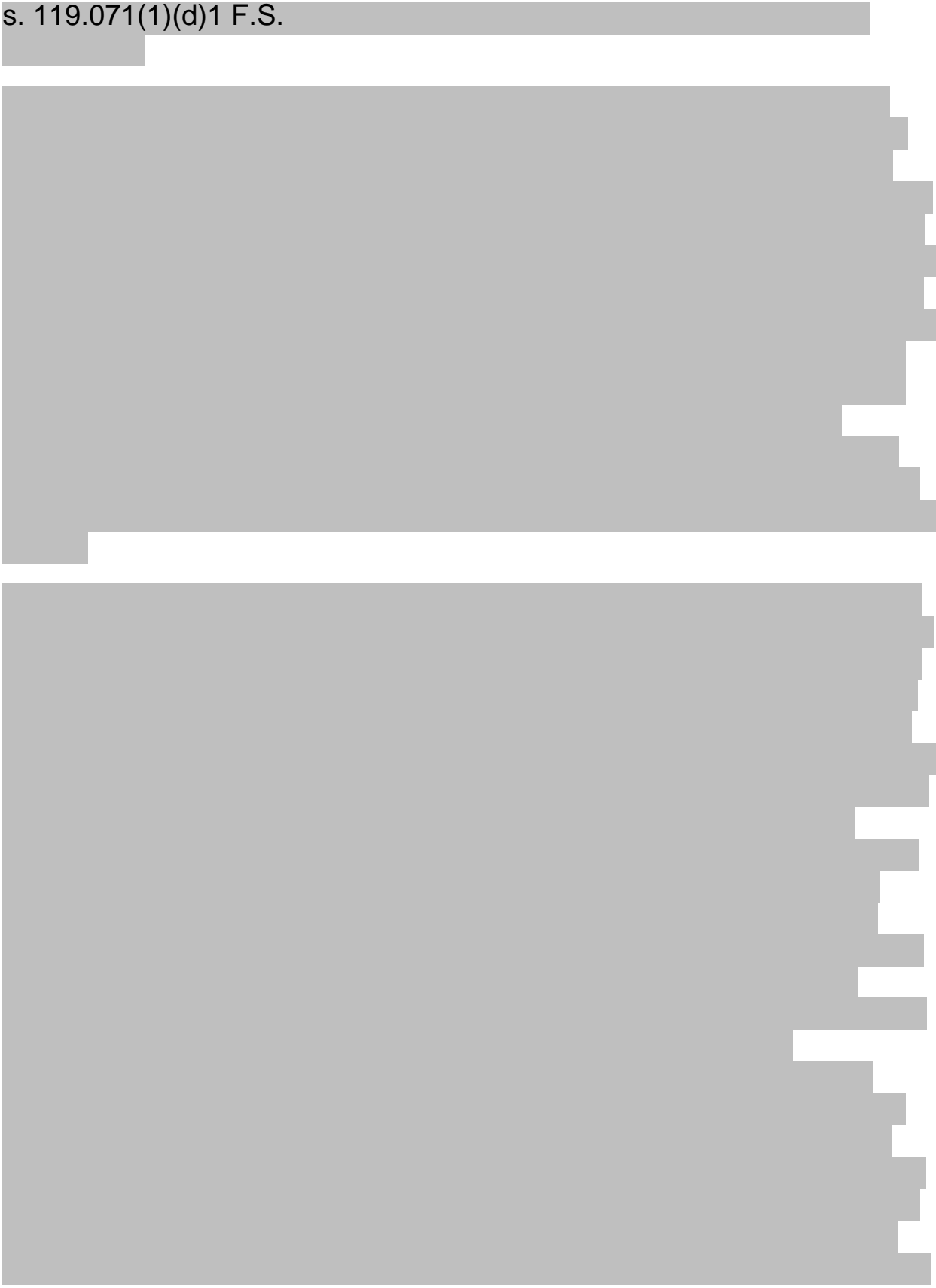
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[REDACTED]

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A large rectangular area of the document is redacted with a solid gray fill, covering approximately the first two paragraphs of text.



A large rectangular area of the document is redacted with a solid gray fill, covering approximately the next two paragraphs of text.



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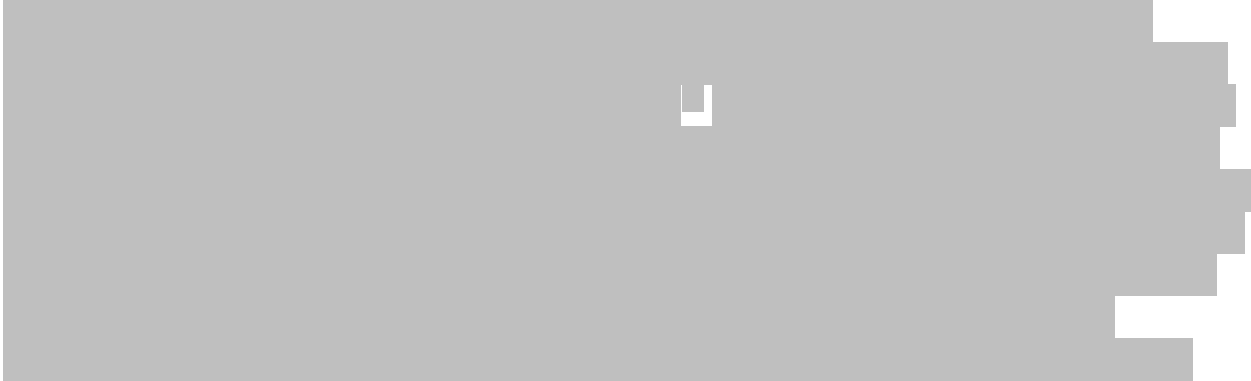



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Government	Percentage
Current government	75%
Previous government	25%

Service	Percentage
Online banking	95%
Mobile banking	92%
ATM services	90%
Branch services	88%
Mobile app	85%

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A horizontal bar chart with a light gray background. The y-axis lists four categories: 'All respondents', 'Men', 'Women', and '18-29'. The x-axis represents percentages from 0 to 100, with major grid lines every 20 units. Each category has three horizontal bars: a dark gray bar for 'U.S. should take action', a medium gray bar for 'U.S. should not take action', and a light gray bar for 'Don't know'. The data is as follows:

Category	U.S. should take action (%)	U.S. should not take action (%)	Don't know (%)
All respondents	77	18	5
Men	78	17	5
Women	76	19	5
18-29	79	16	5

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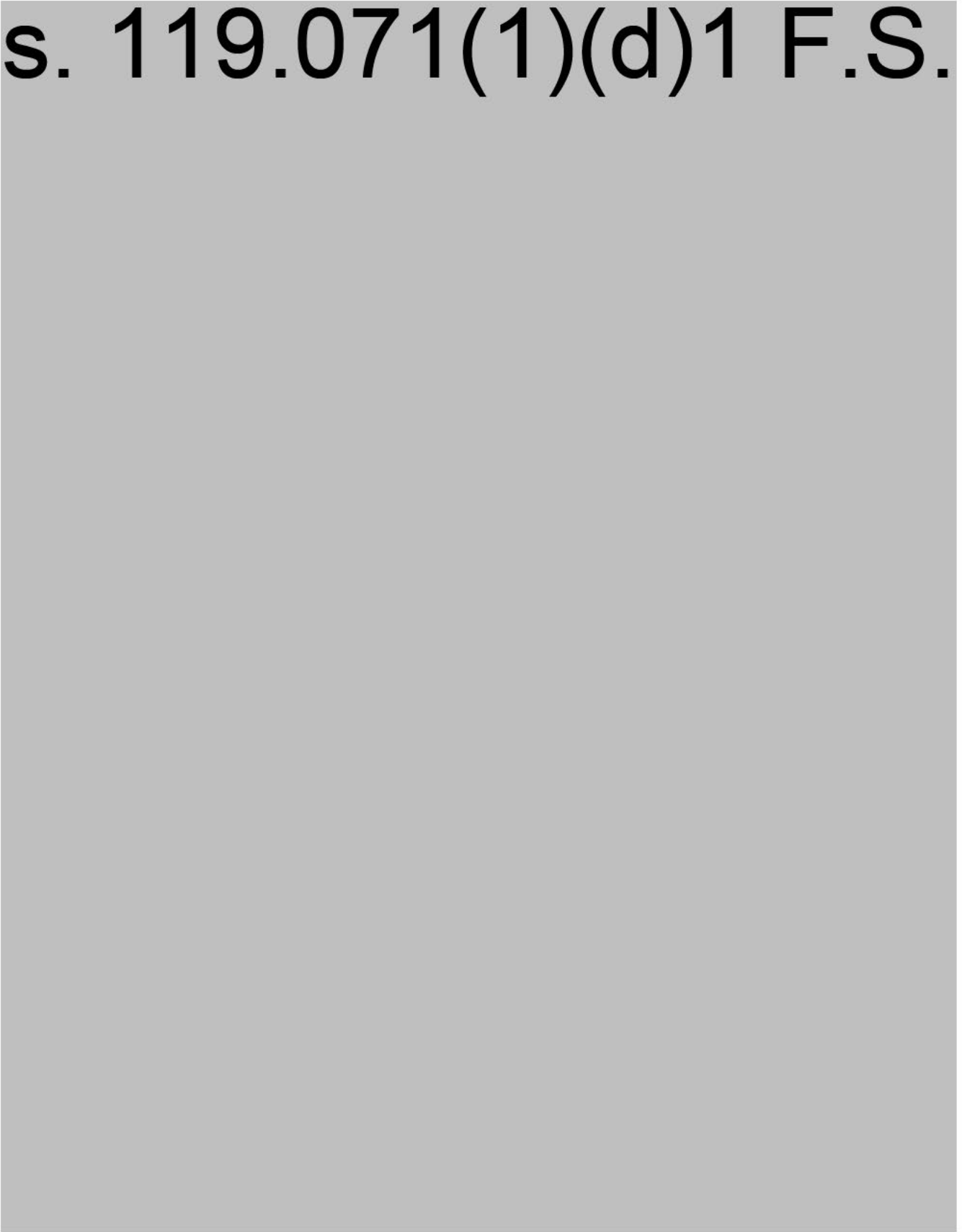
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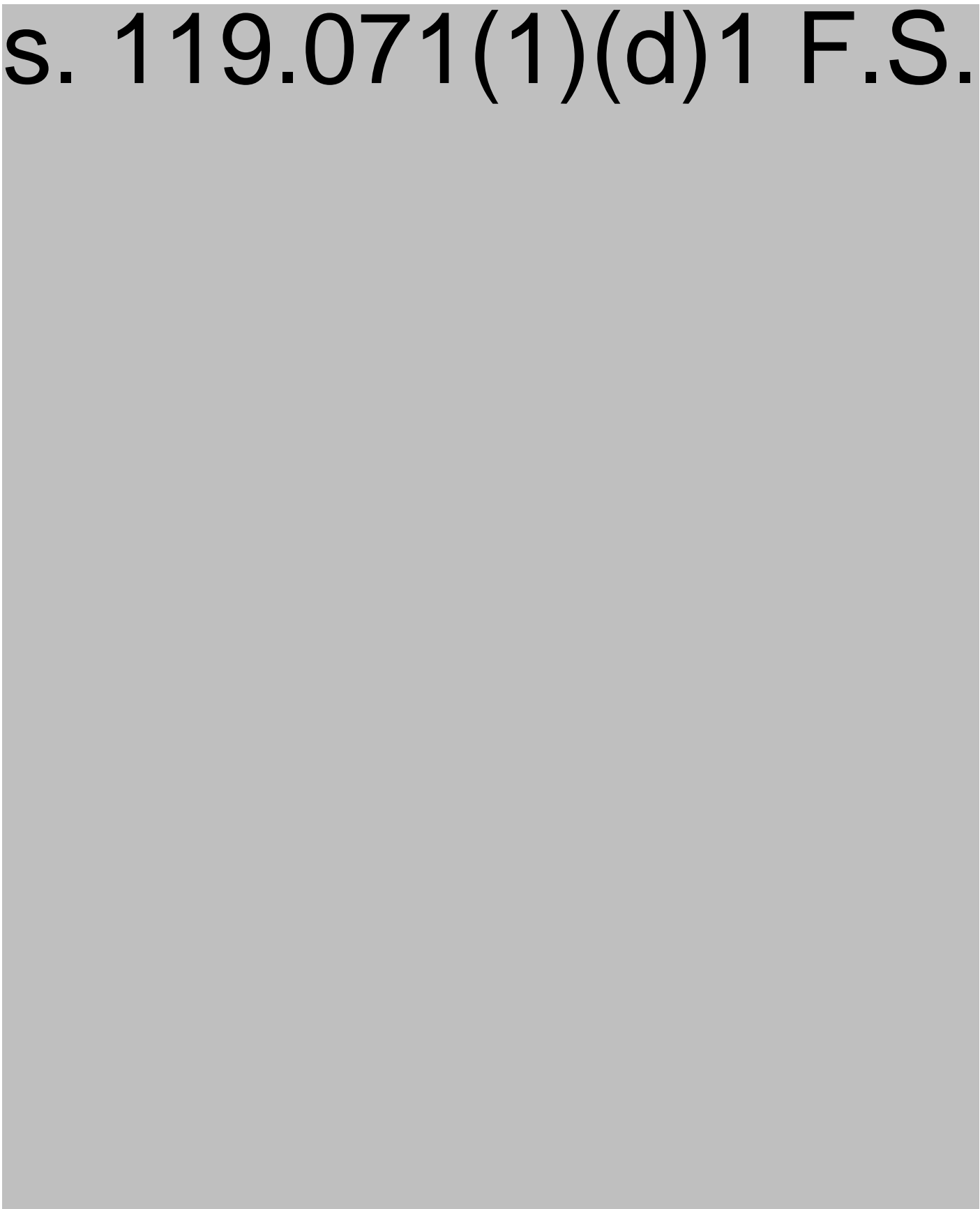
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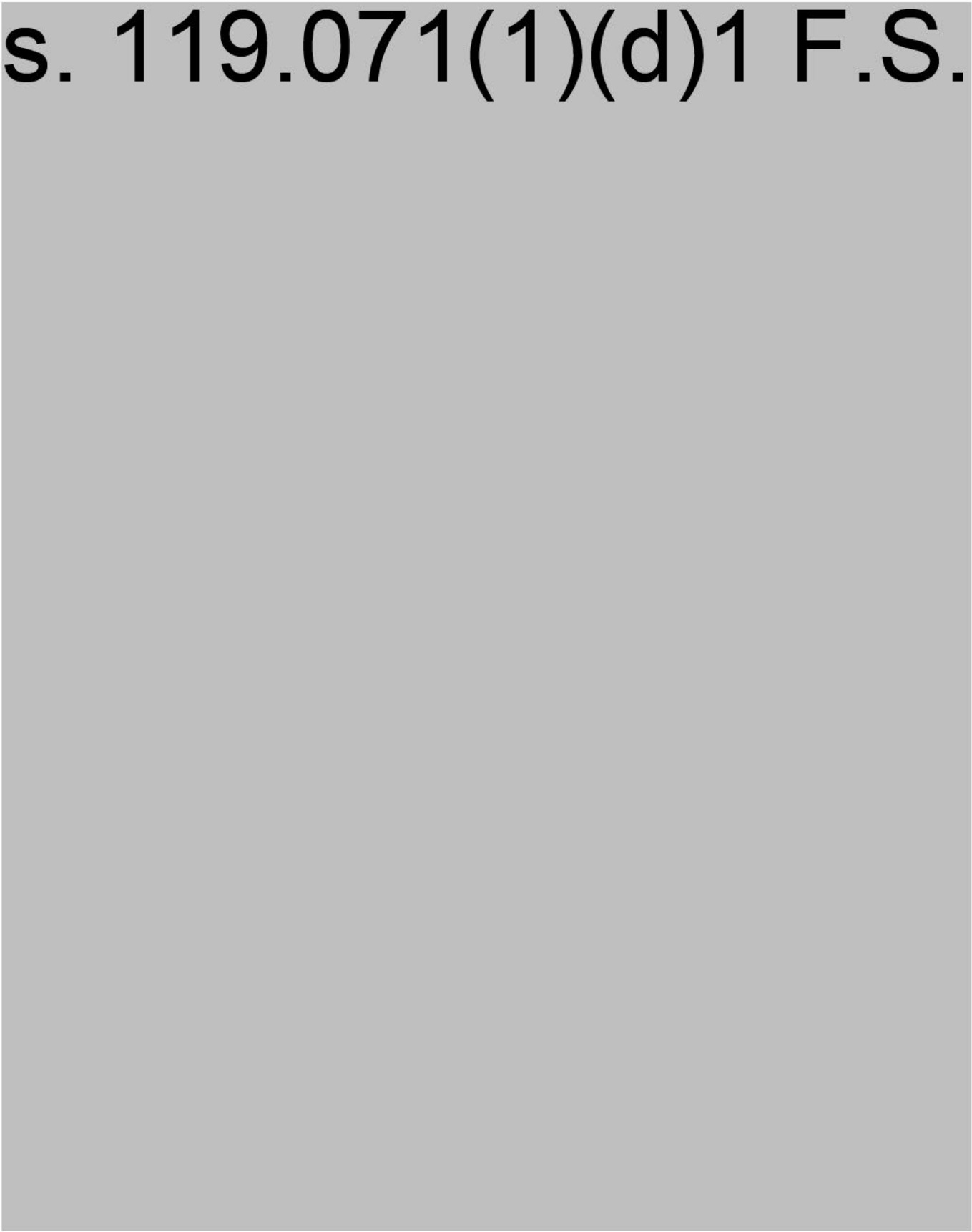
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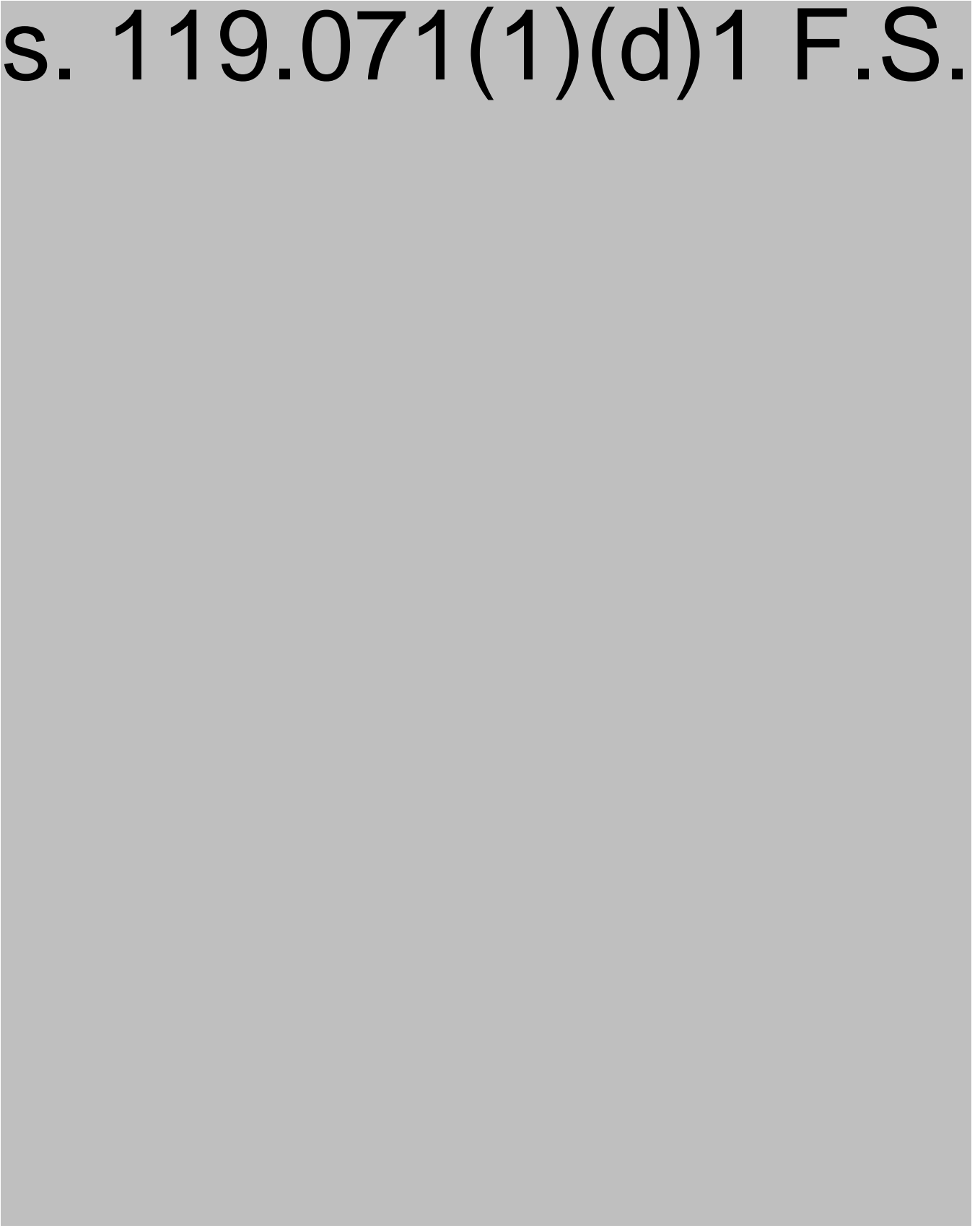
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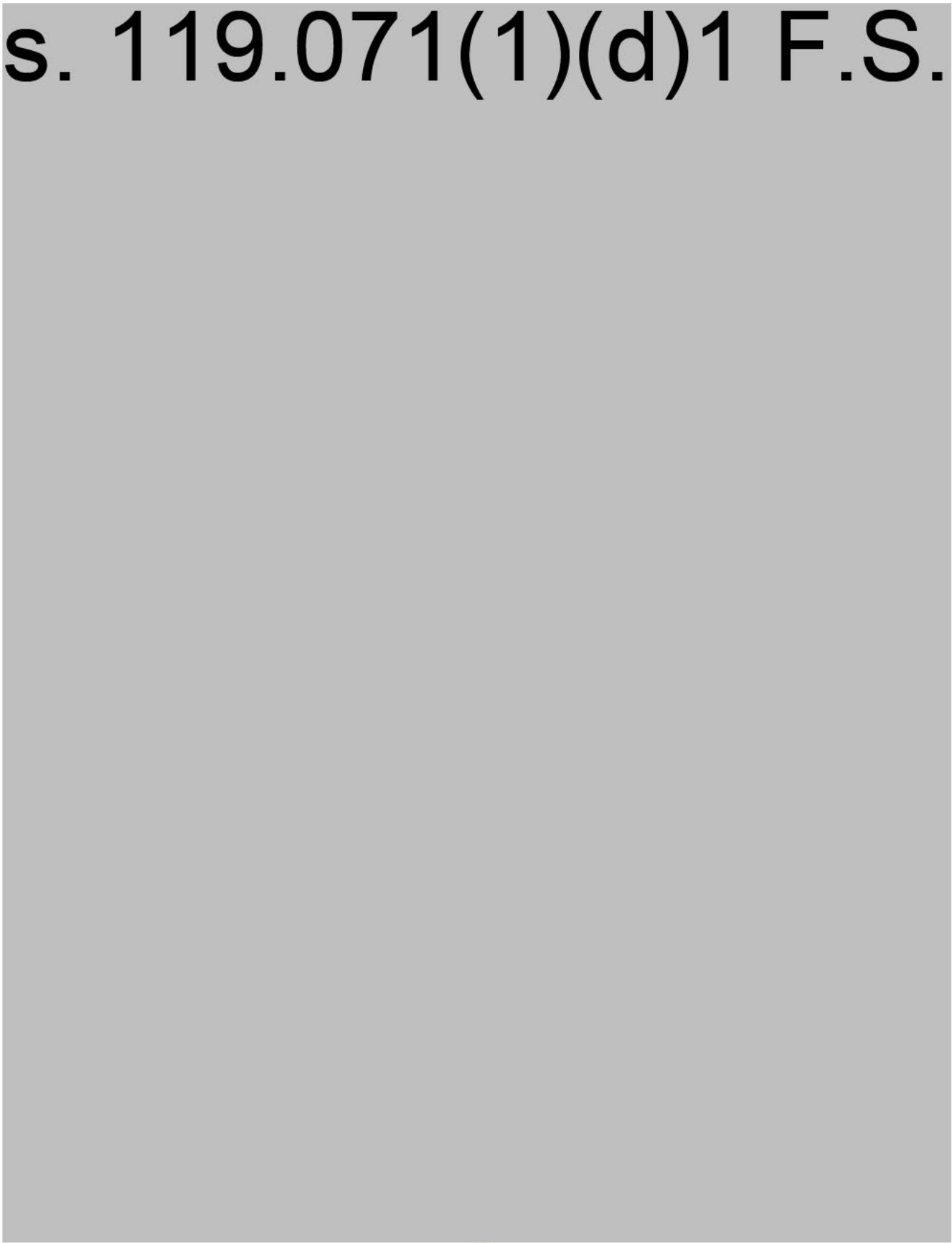
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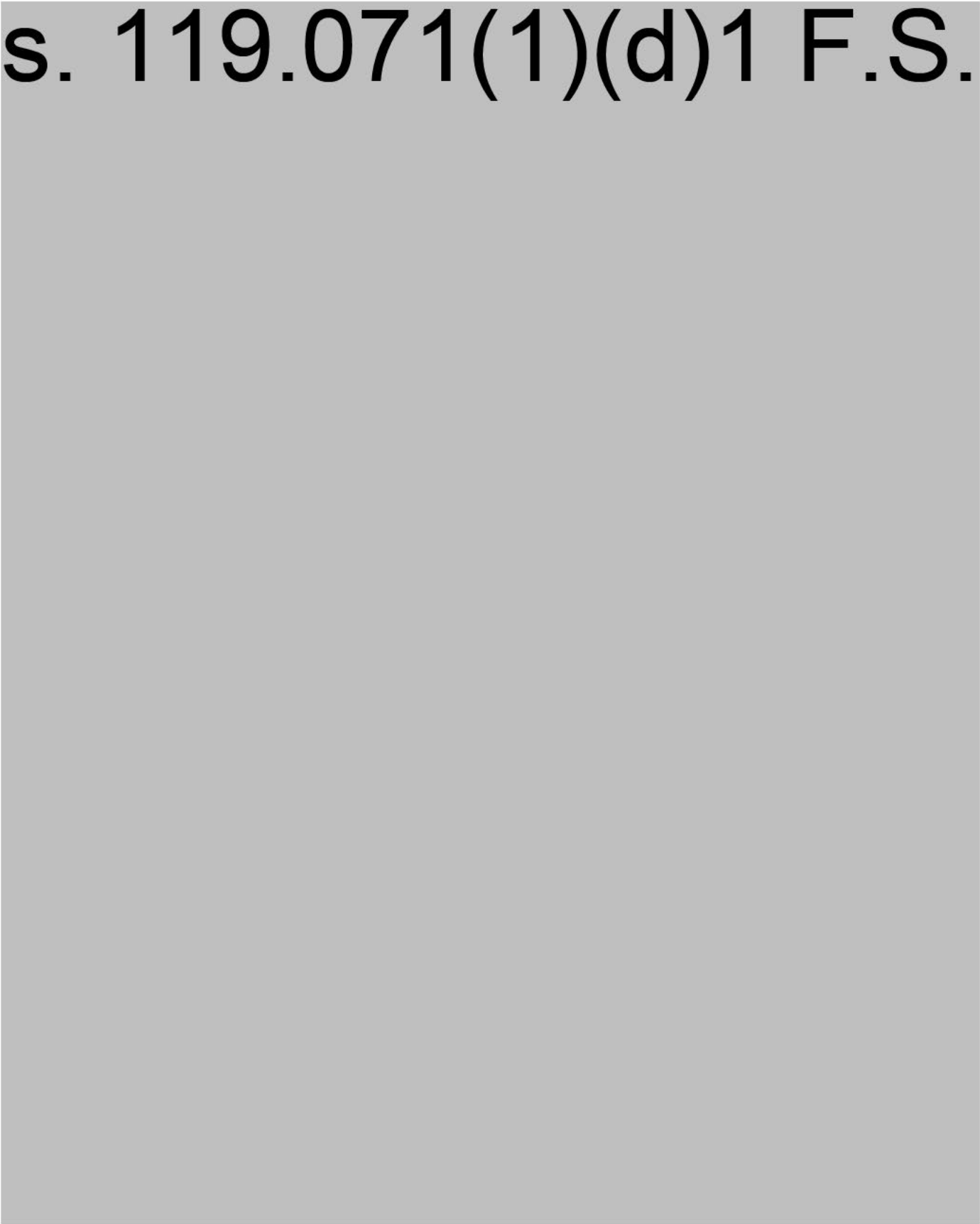
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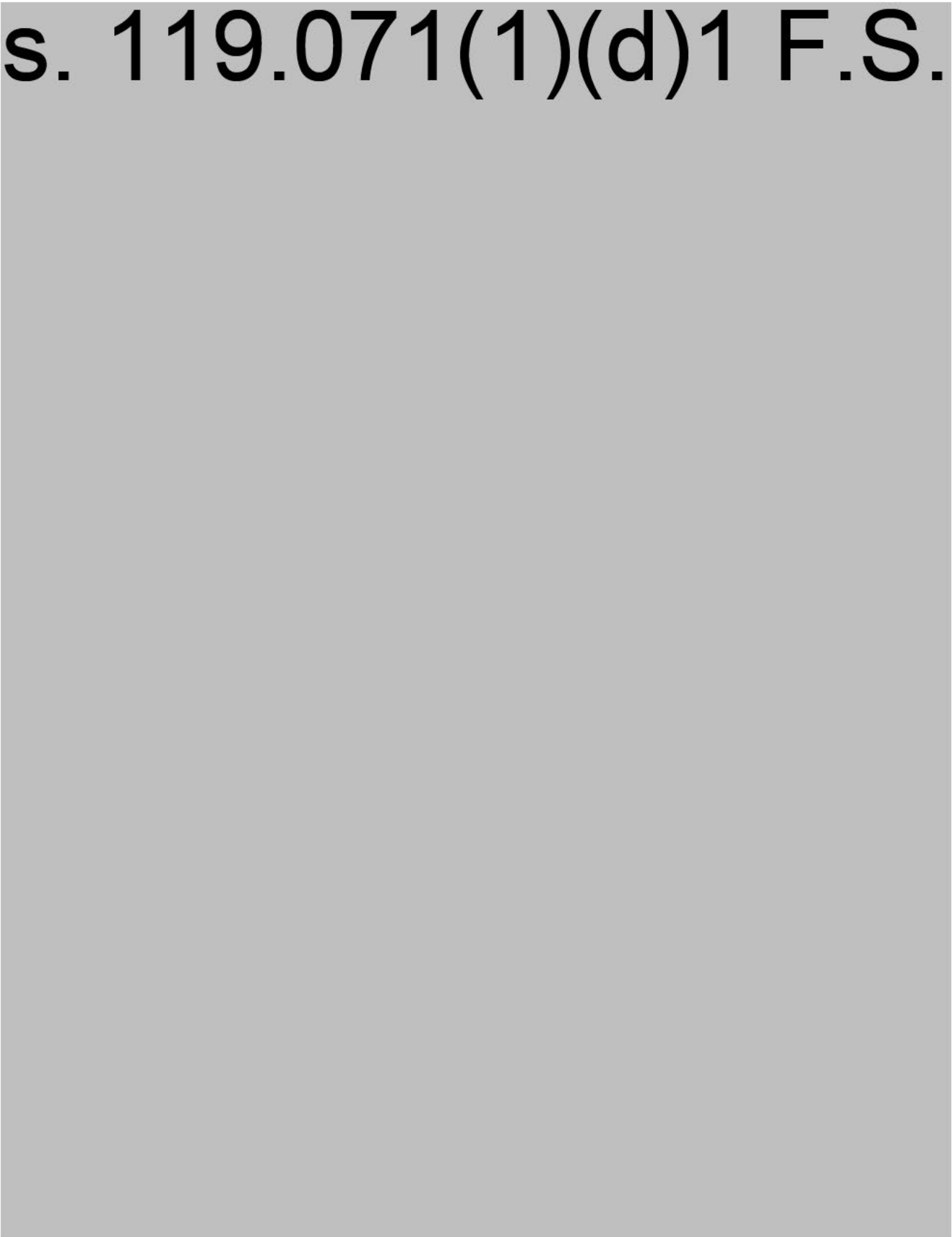
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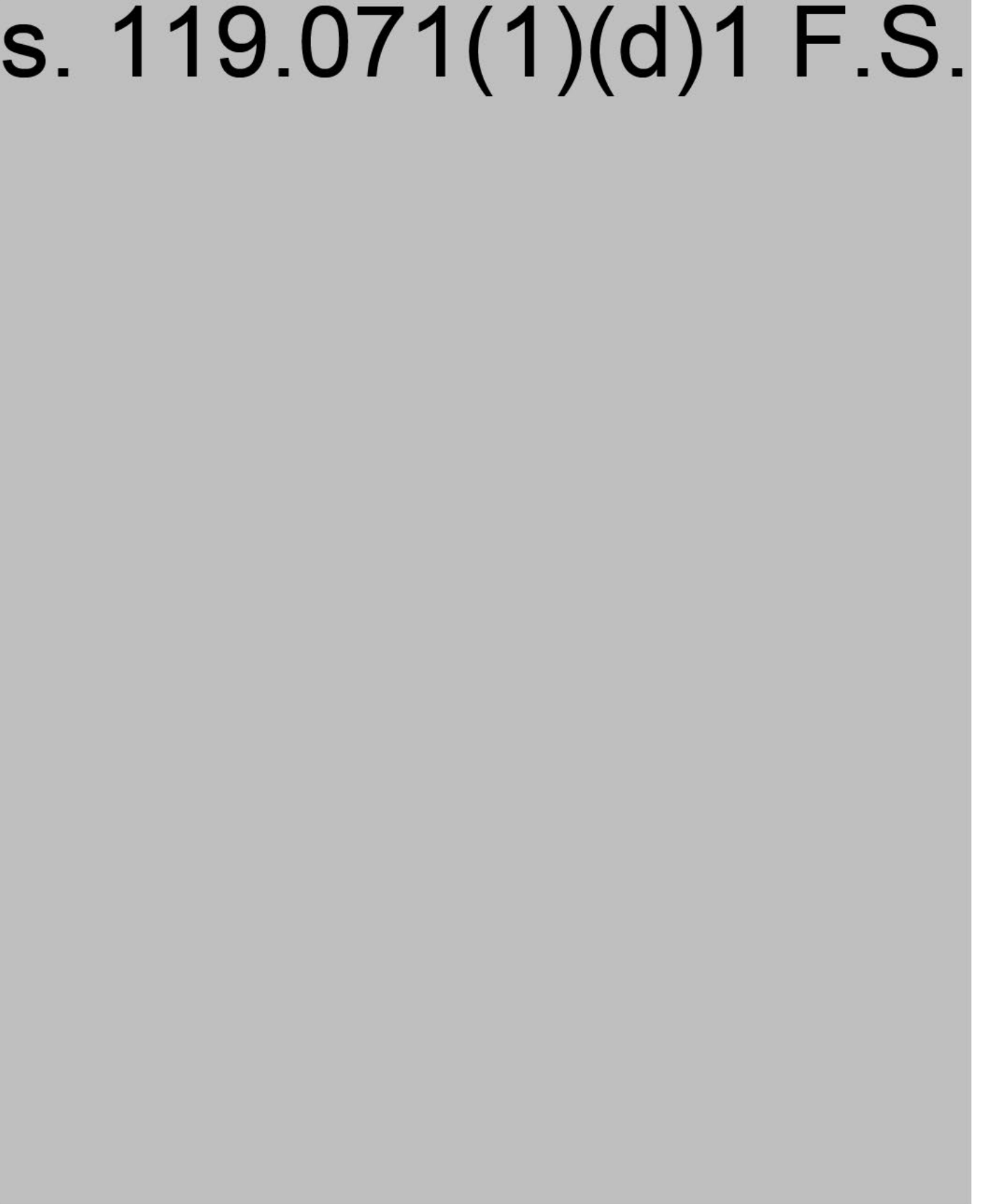
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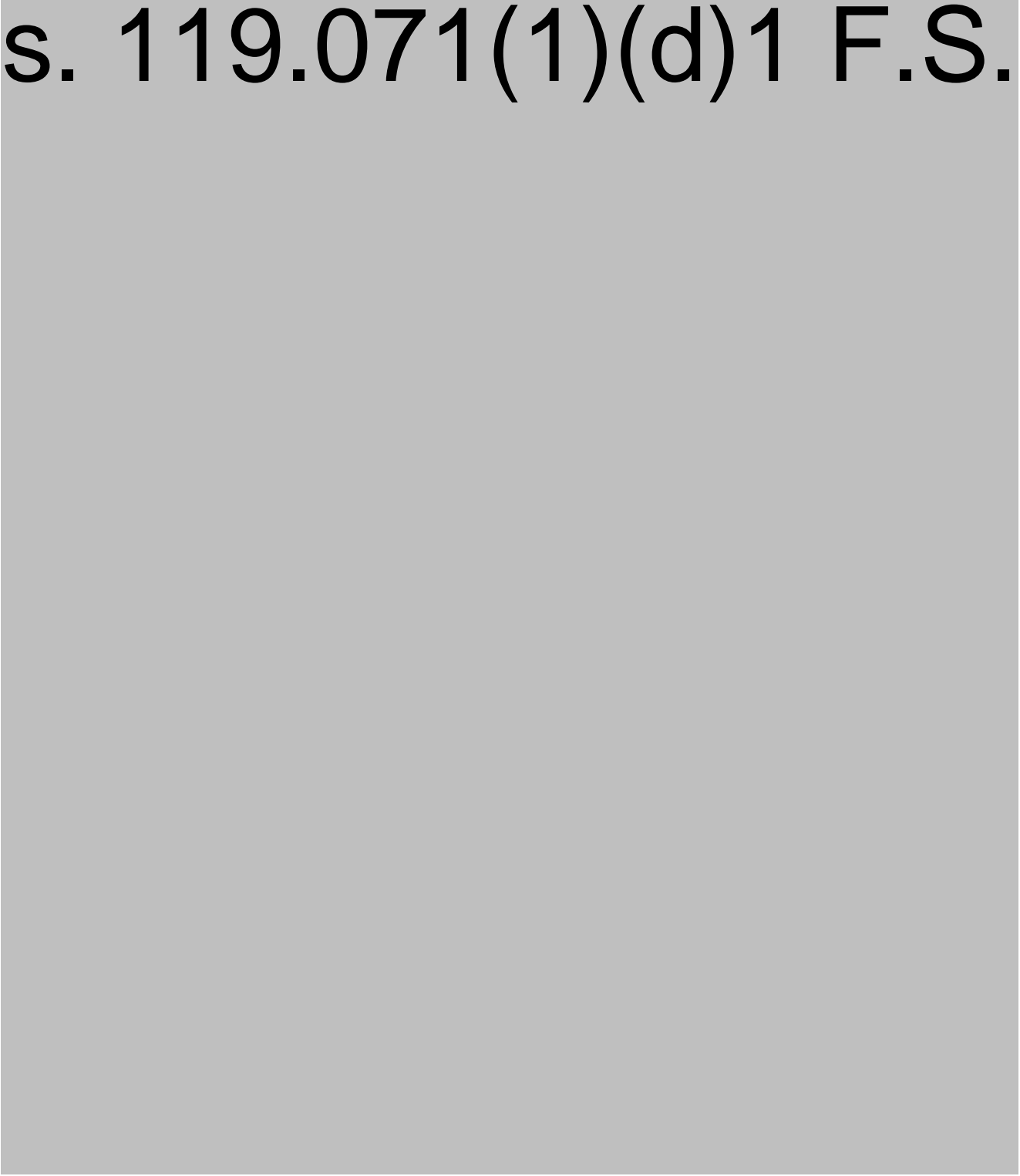
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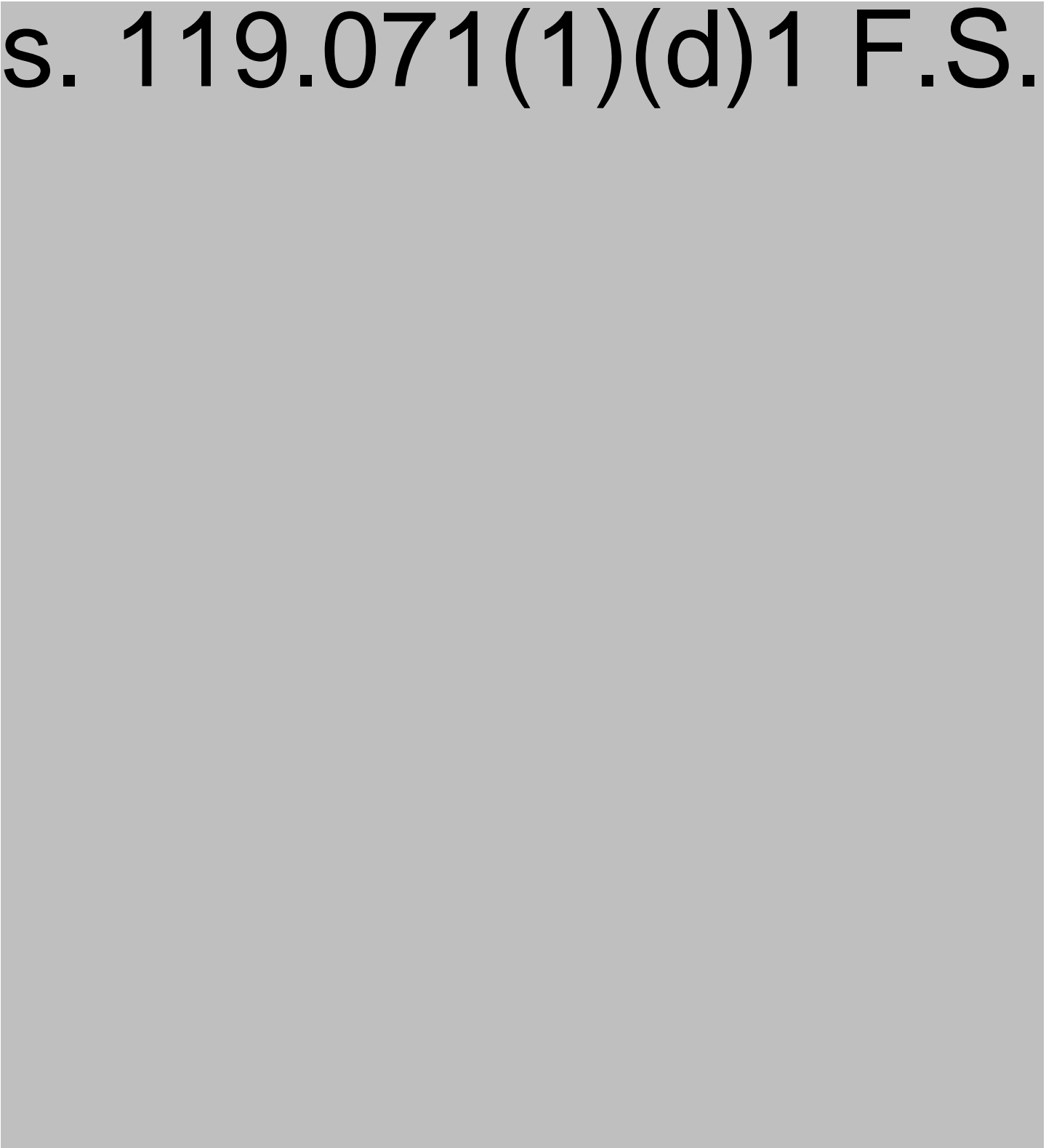
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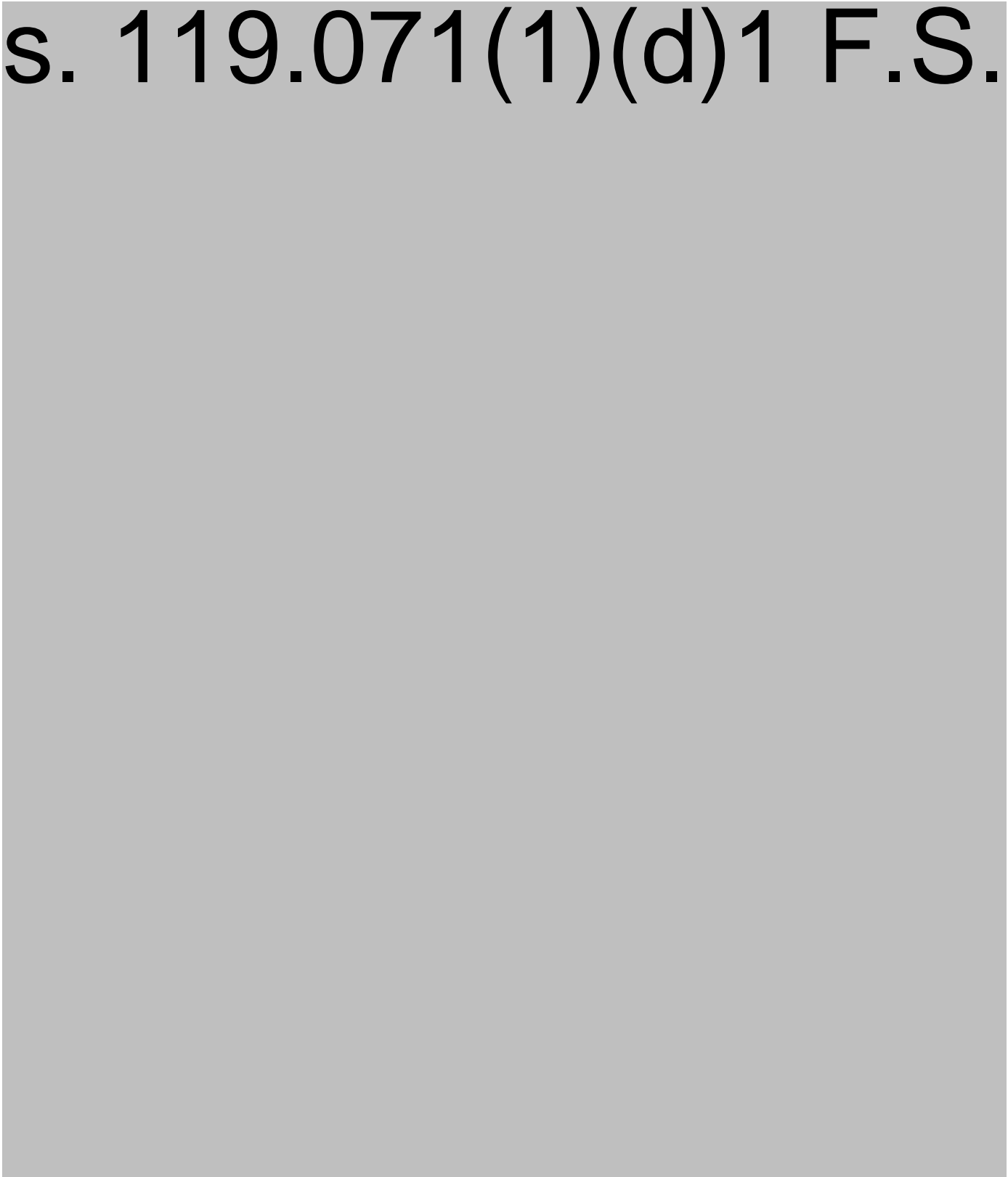
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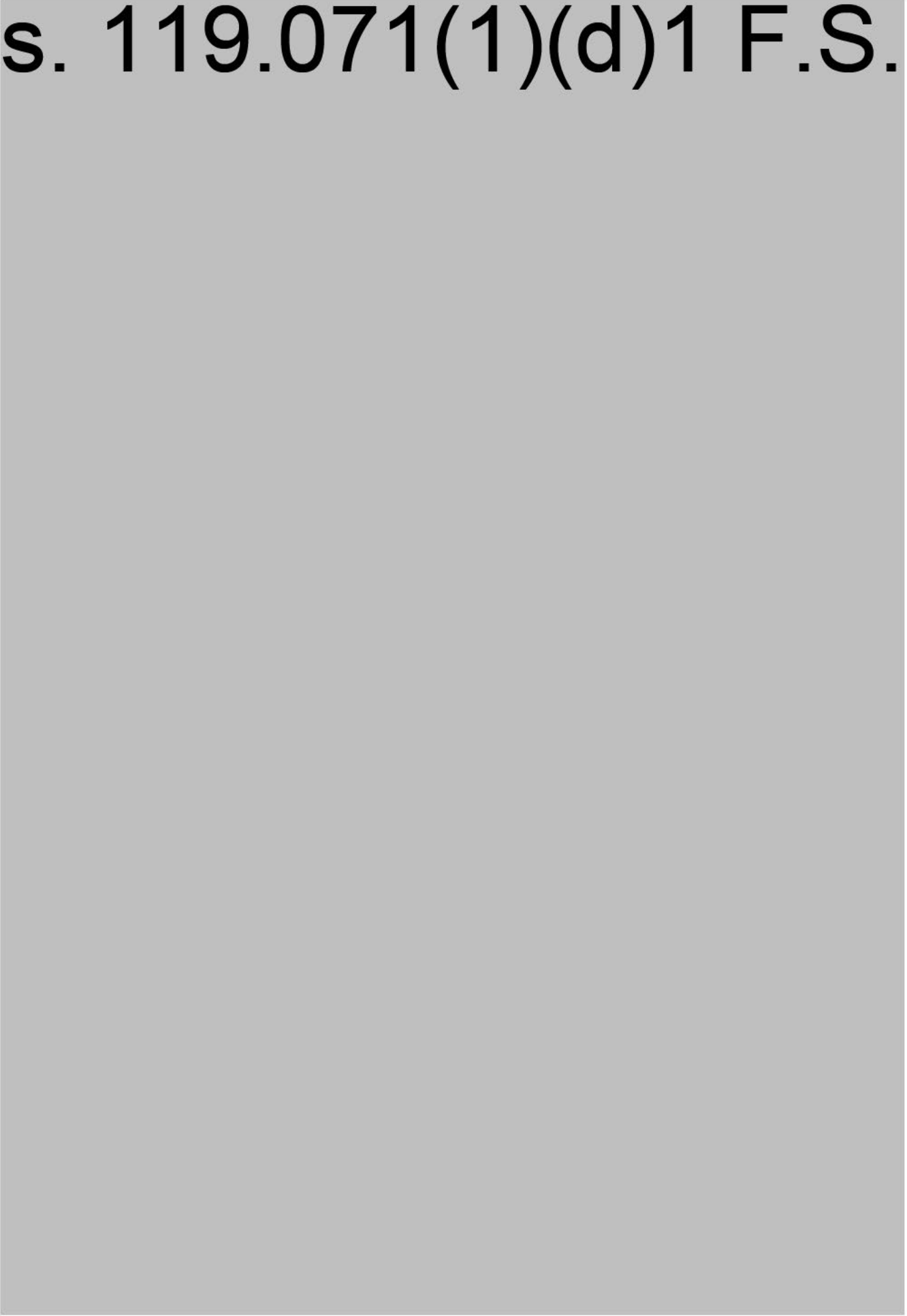
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s. 119.071(1)(d)1 F.S.



From: [Moulton, Ricky](#)
To: [Legal](#)
Subject: FW: AJS Diversity Study
Date: Tuesday, December 11, 2012 9:29:21 AM

FYI

From: Appointments
Sent: Monday, December 10, 2012 2:14 PM
To: Moulton, Ricky
Subject: FW: AJS Diversity Study

From: Bryan Hays [<mailto:bhays@ajs.org>]
Sent: Friday, December 07, 2012 4:23 PM
To: Appointments
Subject: AJS Diversity Study

Dear Court Staffer,

Last year, the American Judicature Society developed and executed a survey of judicial nominating commissioners, in order to better understand the process and people behind nominating commissions. We were very grateful for all the help we received; and we are hoping to build upon that work as we revisit another aspect of judicial selection research.

In 1999, conducted a study on the extent to which judicial merit selection programs affect diversity on the bench. We would like to follow up on that study, to see how the relationship between merit selection and judicial diversity has changed in the new millennium. We are hoping to gather as large a base of data as possible, and we would like to use information from your commission. Specifically, we would like to know some information about the following groups involved in the judicial merit selection process in your state for each year from 1999 through 2011 where the data are available:

- *Pool of applicants for all judicial vacancies in that year.* We would like to know the total number of applicants for all judicial positions in a given year, and then, among these applicants, know how many were women and how many were from each minority group noted below. If an individual applied for more than one judicial vacancy in a given year, please count each application separately if possible.
- *Nominees for all vacancies in that year.* We would like to know the total number of nominees forwarded to the governor for all judicial vacancies in a given year, and then, among these nominees, let us know how many were women and how many were from each minority group. If an individual was nominated more than once in a given year, please contact each nomination separately if possible.
- *Appointees to judicial positions in that year.* Out of all the appointments the governor made in a given year, let us know how many were women and how many were from each minority group.
- *Commission membership.* Out of all of the commission members that served in a given year, let us know how many were women and how many were from each minority group. Please count a commission member as having served even if he or she did not serve the full year.

Categories for minority groups include, but are not limited to, African American, Anglo (or white), Hispanic, Native American, and Asian. Again, we would like to have this information reported by year, and for as many years as you have data available. We are especially interested in showing how the process has changed in the time since the last study, so the more years of data you can provide the better we can make this study.

We're aware that confidentiality is a concern, and we want to assure you that we won't be reporting on any individual person's information. We plan to complete this study using only aggregated data from each year, and to report the data in this form, so that we protect individual confidentiality. If

staff time or cost in compiling the data is also a concern, we have resources available to assist with that process.

We have previously contacted a variety of Florida commission chairs, and have been as yet unable to locate the data we are interested in. We are hoping that you will have some of this information available in a format that can be passed on to us for analysis. We are hoping to conclude data gathering on the 15th of December, so if your office can provide any of the above information or a better point of contact, please let us know as quickly as possible.

Thank you in advance for assisting us with this project. Of course, we will provide you with copies of any papers, reports or publications that result from this effort. If you are unable to assist us directly, it would be much appreciated if you could direct us to the individual or organization that might be more able to help us. Please feel free to contact us if you have any questions or concerns.

Sincerely,

Bryan Hays K.O. Myers

Research Assistant Director of Research and Programs

Bhays@ajs.org kmyers@ajs.org

515-271-2292 515-271-2288

From: [Moulton, Ricky](#)
To: [Legal](#)
Subject: FW: AJS Diversity Study
Date: Tuesday, December 11, 2012 9:29:21 AM

FYI

From: Appointments
Sent: Monday, December 10, 2012 2:14 PM
To: Moulton, Ricky
Subject: FW: AJS Diversity Study

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Sent: Friday, December 07, 2012 4:23 PM
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Subject: AJS Diversity Study

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- *Pool of applicants for all judicial vacancies in that year.* We would like to know the total number of applicants for all judicial positions in a given year, and then, among these applicants, know how many were women and how many were from each minority group noted below. If an individual applied for more than one judicial vacancy in a given year, please count each application separately if possible.
- *Nominees for all vacancies in that year.* We would like to know the total number of nominees forwarded to the governor for all judicial vacancies in a given year, and then, among these nominees, let us know how many were women and how many were from each minority group. If an individual was nominated more than once in a given year, please contact each nomination separately if possible.
- *Appointees to judicial positions in that year.* Out of all the appointments the governor made in a given year, let us know how many were women and how many were from each minority group.
- *Commission membership.* Out of all of the commission members that served in a given year, let us know how many were women and how many were from each minority group. Please count a commission member as having served even if he or she did not serve the full year.

Categories for minority groups include, but are not limited to, African American, Anglo (or white), Hispanic, Native American, and Asian. Again, we would like to have this information reported by year, and for as many years as you have data available. We are especially interested in showing how the process has changed in the time since the last study, so the more years of data you can provide the better we can make this study.

We're aware that confidentiality is a concern, and we want to assure you that we won't be reporting on any individual person's information. We plan to complete this study using only aggregated data from each year, and to report the data in this form, so that we protect individual confidentiality. If

staff time or cost in compiling the data is also a concern, we have resources available to assist with that process.

We have previously contacted a variety of Florida commission chairs, and have been as yet unable to locate the data we are interested in. We are hoping that you will have some of this information available in a format that can be passed on to us for analysis. We are hoping to conclude data gathering on the 15th of December, so if your office can provide any of the above information or a better point of contact, please let us know as quickly as possible.

Thank you in advance for assisting us with this project. Of course, we will provide you with copies of any papers, reports or publications that result from this effort. If you are unable to assist us directly, it would be much appreciated if you could direct us to the individual or organization that might be more able to help us. Please feel free to contact us if you have any questions or concerns.

Sincerely,

Bryan Hays K.O. Myers

Research Assistant Director of Research and Programs

Bhays@ajs.org kmyers@ajs.org

515-271-2292 515-271-2288

From: [Thomas Bishop](#)
To: [Stearns, Heather](#)
Subject: FW: EO 11-58
Date: Friday, November 28, 2014 8:18:48 AM
Attachments: [EO11-58.ppt](#)
[ATT00001.htm](#)
[ReisCV2014.doc](#)
[ATT00002.htm](#)
[Testimony.pptx](#)
[ATT00003.htm](#)
[FeeScheduleForensics.doc](#)
[ATT00004.htm](#)
[EO11-58.doc](#)
[ATT00005.htm](#)

Attached is draft report for addiction expert.

From: Michael Tanner
Sent: Thursday, November 27, 2014 7:20 AM
To: Thomas Bishop
Subject: Fwd: EO 11-58
For your review

Sent from my iPad

Begin forwarded message:

From: "Reisfield,Gary M" <garyr@ufl.edu>
Date: November 26, 2014, 12:45:56 PM EST
To: 'Michael Tanner' <mtanner@tannerbishop.com>
Cc: "Reisfield,Gary M" <garyr@ufl.edu>
Subject: EO 11-58

Dear Mr. Tanner,

Please find the following attached items:

1. EO11-58.doc. Opinions and supporting references.
2. EO11-58.ppt. Tables referenced in my opinions.
3. Testimony.pptx. My testimony listing.
4. FeeScheduleForensics. UF's forensic fee schedule.
5. ReisCV2014. My current curriculum vitae.

Best regards and have a Happy Thanksgiving.

Gary

Gary M. Reisfield, M.D.
Assistant Professor
Divisions of Addiction Medicine, Pain Medicine, and Forensic Psychiatry
Departments of Psychiatry and Anesthesiology
University of Florida College of Medicine
Gainesville, Fla. 32606

-----Original Message-----

From: Michael Tanner [<mailto:mtanner@tannerbishop.com>]
Sent: Tuesday, November 18, 2014 5:11 PM
To: Reisfield, Gary M
Subject: FW: Portion of Rule 26 dealing with expert witnesses

-----Original Message-----

From: Helen Peacock
Sent: Tuesday, November 18, 2014 3:57 PM
To: Michael Tanner
Subject: Portion of Rule 26 dealing with expert witnesses

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Helen A. Peacock
TANNER BISHOP
Direct: 904.446.2989 / Main: 904.598.0034 / Fax: 904.598.0395
<http://www.tannerbishop.com>

Table 1

Alcohol use in past month, individuals age 18+: 2013

Alcohol	Number	Percent
Any use	134,000,000	56.4
Binge use	58,000,000	24.6
Heavy use	16,200,000	6.8

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Table 2

Illicit drug use in past month, individuals age 18 or older (2013)

Substance	Number	Percent
Illicit drug use	22,376,000	9.4
Marijuana	18,048,000	7.6
Abuse of prescription drugs	5,935,000	2.5
Pain relievers (opioids)	4,096,000	1.7
Cocaine	1,505,000	0.6
Hallucinogens	1,179,000	0.5
Inhalants	375,000	0.2
Heroin	277,000	0.1

Note: Numbers and percentages do not sum to the illicit drug use estimate as individuals may have used more than one illicit drug.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Table 3

Abuse or addiction, past year, age 18+ (2013)

	Age 18-25		Age 26+		Age 18+	
	Number	Percent	Number	Percent	Number	Percent
ILLICIT DRUGS	2,557,000	7.4	3,419,000	1.7	5,976,000	2.5
Marijuana	1,878,000	5.4	1,612,000	0.8	3,490,000	1.5
Cocaine	232,000	0.7	601,000	0.3	833,000	0.3
Heroin	173,000	0.5	325,000	0.2	498,000	0.2
Hallucinogens	147,000	0.4	67,000	0.0	214,000	0.0
Inhalants	47,000	0.1	45,000	0.0	92,000	0.0
PRESCRIPTION DRUGS	666,000	1.9	1,438,000	0.7	2,104,000	0.9
Pain relievers	485,000	1.4	1,260,000	0.6	2,879,000	1.2
Tranquilizers	147,000	0.4	236,000	0.1	383,000	0.2
Stimulants	171,000	0.5	256,000	0.1	427,000	0.2
Sedatives	30,000	0.1	58,000	0.0	88,000	0.0
ALCOHOL	4,529,000	13.0	12,072,000	6.0	16,601,000	7.0

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Table 4

Addiction, past year, age 18+ (2013)

	Age 18-25		Age 26+		Age 18+	
	Number	Percent	Number	Percent	Number	Percent
ILLICIT DRUGS	1,808,000	5.2	2,629,000	1.3	4,437,000	1.9
Marijuana	1,251,000	3.6	1,171,000	0.6	2,422,000	1.0
Cocaine	141,000	0.4	472,000	0.2	613,000	0.2
Heroin	155,000	0.4	276,000	0.1	431,000	0.2
Hallucinogens	50,000	0.1	30,000	0.0	80,000	0.0
Inhalants	16,000	0.0	*	*	16,000	0.0
PRESCRIPTION DRUGS	513,000	1.5	1,145,000	0.6	1,658,000	0.7
Pain relievers	385,000	1.1	1,017,000	0.5	1,402,000	0.6
Tranquilizers	83,000	0.2	137,000	0.1	220,000	0.1
Stimulants	131,000	0.4	213,000	0.1	344,000	0.1
Sedatives	22,000	0.1	35,000	0.0	57,000	0.0
ALCOHOL	1,922,000	5.5	5,815,000	2.9	7,737,000	3.3

*Low precision; no estimate reported

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Table 5

Average monthly drug expenditures (2010)

Drug	Number of drug use days/month		
	21+	11-20	4-10
Cocaine	\$1,737	\$906	\$382
Heroin	\$1,834	\$845	\$530
Methamphetamine	\$1,256	\$635	\$165

RAND Corporation. What America's users spend on illegal drugs: 2000-2010. February 2014.

Table 6

Drug/alcohol abuse or addiction, past year, ages 18+ (2013)

	Illicit drugs		Alcohol		Illicit drugs or alcohol	
	Numbers	Percent	Numbers	Percent	Numbers	Percent
Full-time	2,512,000	2.1	9,813,000	8.2	11,288,000	9.5
Part-time	1,141,000	3.4	2,462,000	7.3	3,135,000	9.3
Unemployed	878,000	7.4	1,231,000	10.4	1,791,000	15.2
Other*	1,446,000	2.0	3,096,000	4.2	4,045,000	5.5

Drug/alcohol abuse or addiction, past year, ages 26+ (2013)

	Illicit drugs		Alcohol		Illicit drugs or alcohol	
	Numbers	Percent	Numbers	Percent	Numbers	Percent
Full-time	1,580,000	1.5	7,824,000	7.4	8,776,000	8.3
Part-time	454,000	1.9	1,140,000	4.7	1,429,000	5.9
Unemployed	390,000	5.1	715,000	9.4	981,000	12.8
Other*	996,000	1.5	2,394,000	3.7	3,059,000	4.7

*Includes students, persons keeping house or caring for children full-time, retired or disabled persons, or other persons not in labor force
 Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Gary M. Reisfield, M.D.

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Telephone: Office: (352) 265-3284
Cell: (352) 226-2154

e-mail: garyr@ufl.edu

Date of Birth: June 23, 1959

Place of Birth: Miami Beach, Florida

Present Positions: Assistant Professor
Divisions of Addiction Medicine, Pain Medicine, and Forensic Psychiatry
Department of Psychiatry
University of Florida College of Medicine
Gainesville, FL

Education:

1985 M.D. George Washington University School of Medicine
Washington, DC

1981 B.S. Trinity College
Hartford, CT

Postdoctoral Training:

2009-2010 Fellowship in Addiction Medicine
Department of Psychiatry
University of Florida College of Medicine
Gainesville, FL

1996-1997 Fellowship in Pain Management
Harvard Medical School / Massachusetts General Hospital
Boston, MA

1986-1989 Residency in Anesthesiology
University of Florida College of Medicine
Gainesville, FL

1985-1986 Internship in Internal Medicine
George Washington University School of Medicine
Washington, DC

Additional Training:

2007	<i>Certified</i> Medical Review Officer, AAMRO
2004	<i>Practitioner</i> , Office-based opioid agonist therapy with buprenorphine

Board Certification:

2010	American Board of Addiction Medicine
2001	American Board of Hospice and Palliative Medicine
1998	American Board of Pain Management
1990	American Board of Anesthesiology
1986	<i>Diplomat</i> , National Board of Medical Examiners

Licensure:

1996	Commonwealth of Massachusetts, #15117
1987	State of Florida Board of Examiners, #ME 54511

Professional Positions and Major Visiting Appointments:

2005 – 2008	Consultant in Palliative Medicine Haven Hospice of Jacksonville Jacksonville, FL
2001 – 2002	Medical Director, inpatient unit Community Hospice of Northeast Florida Jacksonville, FL
1989 – 2001	Staff Anesthesiologist <ul style="list-style-type: none">• Chairman (1994-1995)• Vice-Chairman (1993-1994; 1995-1996) Orange Park Medical Center Orange Park, FL
1996 – 1997	Clinical Fellow in Anesthesia (Pain Management) Associate Editor, MGH Pain Center Internet Journal Harvard Medical School Massachusetts General Hospital Department of Anesthesia and Critical Care

Committees:

2014	American Academy of Pain Medicine, Acute Pain Special Interest Group
2014	Organizing Committee, International Conference on Opioids 2014
2013	Organizing Committee, International Conference on Opioids 2013
2012 –	Committee on Drug Testing – American Society of Addiction Medicine

- 2011 – Drugged Driving Committee – Institute for Behavior and Health (Washington, DC)
- 2011 – Pharmacy and Therapeutics Committee – Shands Hospital and the University of Florida

Awards and Honors:

- 2014 Exemplary Teacher Award, University of Florida College of Medicine
- 2013 Exemplary Teacher Award, University of Florida College of Medicine
- 2013 Visiting Scholar, Hastings Center, Garrison, NY
- 1996 Mass. General Hospital, Alyssa LeBel Fellowship Teaching Award
- 1985 Kane –King Obstetrical Honor Society
- 1985 Alpha Omega Alpha Medical Honor Society
- 1982 American Cancer Society Fellowship, U. Miami School of Medicine
- 1981 Phi Beta Kappa

Editorial Positions:

- 2012 – present Editorial Review Board, *Pain Medicine*
- 2005 – present Editorial Review Board, *Journal of Opioid Management*
- 2007 – 2008 Editorial Advisory Board, *The Open Clinical Cancer Journal*
- 1996 – 1997 Associate Editor, *Cases of the Massachusetts General Hospital Pain Center*
<http://www.mghdacc.com/mghpc/cases.html>

- Reviewer at large:** *American Journal of Epidemiology, BMC Medical Education, BMJ, CA: A Cancer Journal for Clinicians, Current Drug Abuse Reviews, Journal of Addiction and Prevention, Journal of Addiction Medicine & Therapy, Journal of Analytical Toxicology, Journal of Multidisciplinary Healthcare, Journal of Pain & Palliative Care Pharmacotherapy, Journal of Palliative Medicine, Journal of Psychopharmacology, Mayo Clinic Proceedings, Pain Medicine, Journal of Global Drug Policy and Practice, Substance Abuse and Rehabilitation, Substance Abuse Treatment, Prevention, and Policy*

Other Positions:

- 2012 – present Evaluator, Professional Resources Network (PRN)
- 2012 – present Evaluator, Intervention Project for Nurses (IPN)
- 2012 – present Evaluator, Florida CARES & C.A.P., Comprehensive Assessment Services for Health Care Practitioners & Competency Advancement Program
- 2011 – present Advisory Board, Florida Professional Resource Network (PRN)
- Medical School Committee
 - Research Committee
- 2010 – present American Board of Pain Medicine, Examination Council
- Vice-chairman (2014 – present)
- 2010 – present Florida Prescription Drug Monitoring Program, Implementation and Oversight Task Force (gubernatorial appointment)

Publications:

Book chapters:

Ropero JD, Goldberger BA, Reisfield GM. Opioids. in *The Clinical Toxicology Laboratory - Contemporary Practice of Poisoning Evaluation*, 2nd ed. Washington, DC: AACC Press, 2013.

Bertholf RL, Reisfield GM. Drug testing in pain management. In: Dasgupta A, editor: *Therapeutic Drug Monitoring*. Oxford, UK: Elsevier, pp 397-416.

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Peer-reviewed journals:

Webster LR, Reisfield GM, Dasgupta N. Eight principles for safer opioid prescribing and cautions with benzodiazepines. *Postgraduate Medicine* 2014. Accepted for publication September 3, 2014

Bertholf RL, Reisfield GM, Goldberger BA. Choosing the right laboratory: a review of clinical and forensic toxicology services for urine drug testing in pain management. *J Opioid Manage* 2014. Accepted for publication May 7, 2014.

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Bertholf RL, Bertholf AL, Reisfield GM, Goldberger BA. Respiratory exposure to ethanol vapor during use of hand sanitizers: is it significant? *J Anal Toxicol* 2011;35(5):319-320.

Reisfield GM, Wilson GR. Blocks of the sympathetic axis for visceral pain, 2nd edition. *J Palliat Med* 2011;14(4):510-511.

Reisfield GM, Graham NA, Gold MS. RE: Estimates of nondisclosure of cigarette smoking among pregnant and nonpregnant women of reproductive age in the United States. *Am J Epidemiol* 2011;173(9):1095-1096.

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Fishman SM, Wilsey B, Yang J, Reisfield GM, Bandman TB, Borsook D. Adherence monitoring and drug surveillance in chronic opioid therapy. *J Pain Symptom Manage* 2000;20(4):173-174.

White papers:

Robert L. DuPont, M.D. (committee chair), Andrea G. Barthwell, M.D., Louis Baxter, M.D., Al Beaubier, Roger L. Bertholf, Ph.D., Lawrence Brown, Jr., M.D., Kelly Clark, M.D., Edward J. Cone, Ph.D., Anthony Costantino, Ph.D., Jack Croughan, M.D., Anne Z. DePriest, Pharm.D., Philip J. Dubois, Albert Elan, MS, Mahmoud A. ElSohly, Ph.D., J. Ramsay Farah, M.D., John Femino, M.D., James Ferguson, D.O., Neil A. Fortner, MS, David Galbis-Reig, M.D., M.P. George, Stuart Gitlow, M.D., Mark Gold, M.D., Bruce Goldberger, Ph.D., Scott Hambleton, M.D., Howard Heit, M.D., Marilyn A. Huestis, Ph.D., Sharon Levy, M.D., Peter A. Mansky, M.D., David M. Martin, Ph.D., Michael Miller, M.D., Christine Moore, Ph.D., Susan F. Neshin, M.D., Emidio Novembre, D.O., Michael Parr, M.D., Gary Reisfield, M.D., Gregory J. Rokosz, D.O., J.D., David Sack, M.D., Barry Sample, Ph.D., Carl M. Selavka, Ph.D., Laura Shelton, Gregory Skipper, M.D., Michael Tsung, MBA, Bernadine Tsung-Megason, J.D., Norm Wetterau, M.D., Robert E. Willette, Ph.D. Drug testing: a white paper of the American Society of Addiction Medicine (ASAM). Submitted for review by the ASAM Public Policy Committee and the ASAM Chapters Council, September 16, 2013.

Other publications:

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UFJ 2005 0059: Frequency of opioid prescription underfilling among Jacksonville-area retail pharmacies. (Co-PI)

UFJ 2004 0082: Determination of serum fentanyl concentrations in cachectic patients. (Co-PI)

UFJ 2003 0062: Disclosure of the diagnosis of Alzheimer's disease among Florida physicians. (PI)

Gary M. Reisfield, M.D.

Testimony listing as of 11/24/14

Date	Case	Testimony	Type	Retained by
02/04/14	Wilde v Okeechobee FOE	Deposition	Civil	Defense
10/07/13	Martin v United States	Deposition	Civil	Plaintiff
02/21/13	Chilton v Chilton	Deposition	Civil	Plaintiff
04/29/11	State of Florida v Collins	Hearing	Criminal	Prosecution
11/18/10	Menslage v Arnold's Roofing	Deposition	Civil	Plaintiff

NAME	CIVIL	CRIMINAL	DEPOSITION/TESTIMONY	GUARDIANSHIP
PSYCHIATRY				
Werner	600 per hour	300 per hour	600 per hour	600 flat fee
Cooke	500 per hour	300 per hour	500 per hour	600 flat fee
Ginory	500 per hour	300 per hour	500 per hour	600 flat fee
Brown	500 per hour	300 per hour	500 per hour	n/a
Snodgrass	350 per hour	300 per hour	500 per hour	600 flat fee
CHILD PSYCHIATRY				
Nguyen	500 per hour	300 per hour	500 per hour	600 flat fee
ADDICTION/PAIN MANAGEMENT				
Reisfield	500 per hour	300 per hour	500 per hour	N/A
NEUROPSYCHOLOGY				
Delalot	400	300 per hour	500 per hour	N/A

Depositions require receipt of payment in full (i.e. time scheduled) 24 hours prior to the deposition.
24 hours notification of cancellation is required.



No show/late cancellation fee \$500.00

November 26, 2014

Michael G. Tanner, Esq.
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Wells Fargo Center
One Independent Drive, Suite 1700
Jacksonville, FL 32202

RE: Executive Order 11-58

Dear Mr. Tanner,

In response to your request, I have documented my opinions on 1) the nature of addiction; 2) the current landscape of drug and alcohol use, abuse, and addiction in the United States; and 3) drug and alcohol use, abuse, and addiction with regard to the workplace. This letter summarizes my opinions, which I hold with a reasonable degree of medical certainty. The facts and data that I used in forming my opinions are listed in the reference section of this letter. I have included several tables to allow for easier viewing and to provide more granularity.

I am a medical doctor, licensed to practice medicine in the State of Florida. I am board certified in the specialty of anesthesiology and the subspecialties of addiction medicine and pain medicine. I am also a faculty member of the University of Florida College of Medicine, Department of Psychiatry, Divisions of Addiction Medicine, Pain Medicine, and Forensic Psychiatry. In these capacities, I routinely evaluate and provide clinical care to individuals who use, abuse, or are addicted to alcohol, illicit drugs, and prescription controlled substances. I also teach and research on these and related subjects.

My qualifications and publications can be found in the attached curriculum vitae. My testimony history and the University of Florida Forensic Institute fee schedule are also attached.

1. **Alcohol and drug consumption exists on a continuum from use to abuse to addiction. Addiction is a chronic brain disease that is characterized by diminished control over drug use despite negative consequences.**
 - a. **Definitions of addiction**
 - i. The National Institute on Drug Abuse, one of the National Institutes of Health, defines addiction as "a chronic relapsing brain disease that is characterized by compulsive drug-seeking and use, despite harmful consequences."¹

- ii. The American Society of Addiction Medicine defines addiction as “a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

“Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”²

- iii. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)³ defines substance use disorders (which include abuse and addiction) as “a problematic pattern of drug use leading to significant impairment or distress, as manifested by at least two of the following:”
 - 1. The drug is used in larger quantities or over a longer period than was intended.
 - 2. There is a persistent desire or unsuccessful efforts to cut down or control the use of the drug.
 - 3. A great deal of time is spent obtaining, using, or recovering from the effects of the drug.
 - 4. Craving for the drug.
 - 5. Continued use of the drug despite failure to fulfill major role obligations at work, school, or home.
 - 6. Continued use of the drug despite recurrent social or interpersonal problems caused by its use.
 - 7. Important social, recreational, or occupational activities are given up or reduced because of drug use.
 - 8. Recurrent use of the drug in physically hazardous situations
 - 9. Continued drug use despite knowledge that it has caused or worsened a physical or psychological problem.
 - 10. Tolerance (the need for increasing amounts of the drug to achieve the desired intoxicating effect *or* markedly diminished drug effect with the same amount of drug).
 - 11. Drug withdrawal.

- b. Addiction and the brain. The risk for developing an addiction is the product of a complex interplay of “nature” and “nurture.” With regard to nature, genetic factors account, on average, for about 50% of risk, and psychiatric co-morbidities (e.g. anxiety, mood, and thought disorders) also contribute to risk. With regard to nurture, factors such as early drug use (risk is higher in adolescence than in adulthood) and environmental factors (e.g. access to

drugs; type of drugs; drug use by peers and role models; poor parental support) contribute to risk.⁴

i. The effects of drugs on the brain.

1. The rewarding properties of drugs derive, in part, from their ability to increase the neurotransmitter dopamine in the nucleus accumbens and associated mesocorticolimbic pathways (i.e. brain pathways that subserve reward, motivation, and cognitive control). Under normal conditions, physiologic dopamine release in these brain pathways motivates the individual to seek adaptive rewards such as food, sex, and social interaction. Drugs of abuse, however, release dopamine in a more prolonged and unregulated manner, producing intensely pleasurable effects that dwarf those of adaptive rewards, and thereby reinforcing drug use. The potency with which drugs increase dopamine release, and the precise mechanism(s) by which they do so, vary by drug and route of administration.⁵
2. Although the initial decision to use drugs is a voluntary one, with continued use the individual's ability to control their drug use may diminish.⁶
3. In addiction, obtaining and using drugs become the major motivational drives, displacing other, adaptive drives, such as those associated with familial, social, occupational, and recreational activities. The addicted individual is highly motivated by (immediate) drug reward and experiences diminished motivation to pursue (delayed) non-drug rewards.⁵
4. Addiction is accompanied by functional and, sometimes, structural brain changes. Positron emission tomography (PET) and functional magnetic resonance imaging (fMRI) studies have demonstrated that addiction affects not only the "reward" pathways, but also pathways involving interoception (awareness of cognitive, emotional, and physical states), memory and learning, and executive function (assessment of value, inhibitory control, evaluation of outcomes associated with behavioral choices, emotional regulation, insight, motivation, decision-making).^{5,7}

2. Alcohol and drug use, abuse, and addiction are prevalent in the United States.

The data in subsections a., b., and c. below are derived from the 2013 National Survey on Drug Use and Health (NSDUH).⁸

a. Alcohol and drug use

- i. Alcohol is the most used psychoactive drug in the United States. Past-month alcohol use (defined as one or more drinks) was endorsed by about 134 million individuals (56% of individuals age 18 or older); past-

month binge use (defined as five or more drinks per occasion) was endorsed by 58 million individuals (25%); and past-month heavy use (defined as five or more drinks on a single occasion, on five or more days) was endorsed by 16 million individuals (7%) (Table 1).

- ii. Cumulatively, past-month illicit drug use was endorsed by more than 22 million individuals (9.4% of individuals age 18 or older). Specific drug use, in descending order of prevalence, included marijuana (18 million; 7.6%), (nonmedical use of) prescription drugs (6 million; 2.5%), cocaine (1.5 million; 0.6%), hallucinogens (1.2 million; 0.5%), inhalants (0.4 million; 0.2%), and heroin (0.3 million; 0.1%) (Table 2).
- b. Alcohol and drug abuse or addiction (Table 3).
 - i. Alcohol is the most common drug of abuse or addiction. Past-year alcohol abuse or addiction was endorsed by 16.6 million individuals (7.0% of individuals 18 or older).
 - ii. Abuse or addiction to illicit drugs was endorsed by 6.0 million individuals (2.5% of individuals 18 or older). Abuse or addiction to specific drugs, in descending order of prevalence, included marijuana 3.5 million (1.5%), prescription drugs 2.1 million (0.9%), cocaine 0.8 million (0.3%), heroin 0.5 million (0.2%), hallucinogens 0.2 million (0.0%), and inhalants 0.1 million (0.0%).
- c. Alcohol and drug addiction (Table 4).
 - i. Past-year alcohol addiction was endorsed by 7.7 million individuals (3.3% of individuals age 18 or older).
 - ii. Past-year illicit drug addiction was endorsed by 4.4 million individuals (1.9%)
- d. Financial aspects of drug use, abuse, and addiction.
 - i. Illicit drugs. The acquisition costs of illicit drugs vary in accordance with supply, demand, drug type, and quantity and frequency of use. According to a 2014 study by the Rand Corporation, the monthly cost of illicit drugs ranged from a low of \$165 for 4-10 episodes of methamphetamine use to \$1,834 for 21+ episodes of heroin use ⁸ (Table 5).
 - ii. Prescription controlled substances. The acquisition costs of prescription drugs vary by specific drug, strength, dose, brand vs. generic, procurement on the black market vs. by physician prescription. If acquired by physician prescription, costs will be dependent insurance status, specific insurance plan, co-payment, and other factors. A major prescription drug of abuse in Florida is immediate-release oxycodone, 30 mg. Recently, black market cost of this drug has been approximately one dollar per mg. ^{10,11}

3. Alcohol and drug use, abuse, and addiction are legitimate workplace concerns

- a. Alcohol and drug abuse or addiction and employment status.

The statistics in this subsection were obtained or derived from the 2013 NSDUH⁸ (Table 6).

- i. Overall, past-year abuse or addiction to drugs or alcohol in individuals age 18 and older was endorsed by 11.3 million (9.5%) of full-time employed individuals and by 3.1 million (9.3%) of part-time employed individuals.
 - ii. Most individuals who endorsed past-year abuse or addiction to alcohol or illicit drugs were employed.
 - iii. Of employed individuals who endorsed past-year abuse or addiction to alcohol or illicit drugs, most were employed full-time.
 - iv. The prevalence of abuse/addiction to alcohol or illicit drugs was greater in the 18-25 age range than in the 26+ age range.
- b. Alcohol and illicit drug use and impairment in the workplace. The data in this subsection derive from the National Survey of Workplace Health and Safety (2002-2003).^{12,13}
- i. Alcohol. An estimated 2.3 million individuals (1.8% of the workforce) endorsed consumption of alcohol at least once *in the two hours before reporting to work* in the previous year. Twenty-nine percent of these individuals indicated having done so at least monthly.

An estimated 8.9 million individuals (7.1% of the workforce) endorsed consumption of alcohol *during work* in the previous year. Thirty-eight percent of these individuals endorsed having done so at least monthly.

An estimated 2.1 million individuals (1.7% of the workforce) endorsed *working under the influence of alcohol* in the previous year. Forty-two percent of these individuals reported having done so at least monthly.

An estimated 11.6 million individuals (9.2% of the workforce) endorsed *working with a hangover* during the previous year. Twenty-one percent of these employees endorsed having done so at least monthly.

- ii. Illicit drugs. Past-year illicit drug use *in the workplace* was endorsed by 3.9 million employees (3.1% of employed adults). This included, in descending order of prevalence, marijuana (2 million; 1.6%), (illicit use of) prescription drugs (2.3 million; 1.8%), and cocaine (169,000; 0.1%).

Past-year *working under the influence* of illicit drugs comprised, in descending order of prevalence, marijuana (2.2 million; 1.7%), (illicit use of) prescription drugs (1.8 million; 1.4%), cocaine (233,000; 0.2%). Overall, 3.6 million employees (2.9% of the workforce) reported being impaired in the workplace from any illicit drug.

- c. Signs and symptoms of alcohol and drug use, abuse, and addiction in the workplace
- i. Signs of drug and/or alcohol use in the workplace exist on a spectrum from none to witnessed impairment and/or drug use. The presence and recognition of these signs are influenced by several variables, including whether the behavior represents use, abuse, or addiction; the severity of the addiction; the specific drug(s); the presence of acute effects, alcohol or drug withdrawal, or chronic effects; the cognitive and/or psychomotor demands of the job; the experience of the employee; and the number, type, and sophistication of witnesses.
 - ii. Drug use, abuse, and addiction can go unnoticed (and/or unreported) in the workplace for weeks, months, or even years.
 - iii. Alcohol or drug-related impairment may result from the acute effects of drug(s); the chronic effects of drug(s); or from drug withdrawal. Note: drug withdrawal typically manifests with signs and symptoms that are opposite those of acute effects. Thus, for example, acute effects of stimulants, such as confidence, energy, focus, and mood elevation, may be replaced in withdrawal by anxiety, depression, fatigue, and inability to concentrate.
 1. General effects. In general, drug abuse/addiction affects brain pathways that subserve alertness, decision-making and judgment, emotions, learning, memory, mood, and psychomotor function. These brain changes manifest as drug craving, compulsive drug use, diminished control over drug use, and continued use despite adverse consequences.
 2. For clarity, I will divide drugs of potential abuse into two major classes: central nervous system (CNS) stimulants and CNS depressants. Note that these signs and symptoms, in and of themselves, are nonspecific, and may be the result of medical or psychiatric illness. They are of greatest value when occur in characteristic patterns, and when viewed in the context of the specific circumstances.
 - a. Stimulants (e.g. amphetamine, cocaine, methamphetamine). Acute and chronic effects include aggression, anxiety, appetite loss, bloody or runny nose and/or frequent sniffing, dental hygiene deterioration, dilated pupils, erratic behavior, financial difficulties, grinding of teeth, insomnia and/or diminished need for sleep, itching/scratching, interpersonal difficulties, irrational behavior and/or speech, irritability, paranoia, persistent stereotyped behaviors ("punding"), psychosis, sweating, talkativeness, twitching/jerking, weight loss.¹⁴
 - b. Depressants (e.g. alcohol, marijuana, opioids). Acute and chronic effects include balance difficulties, concentration

difficulties, confusion, financial difficulties, gait unsteadiness, impaired distance perception, impaired time perception, increased appetite and/or thirst, interpersonal difficulties, odor of alcohol or marijuana on breath or clothes, pinpoint pupils, psychomotor impairment, redness or glassiness of eyes, sleepiness, slurred or slowed speech.¹⁴

iv. Workplace implications

1. Use of, abuse of, or addiction to alcohol and/or illicit drugs can result in 1) psychomotor impairment, with resulting diminished productivity, inconsistent or lower work quality, accidents and workers' compensation claims; 2) cognitive impairment, with impaired memory, judgment, insight, concentration, and decision-making ability, with resulting diminution in creativity and productivity; 3) financial hardship, with resulting potential for theft and law enforcement encounters; 4) neglect of health needs, with resulting tardiness, absenteeism, sick time, and healthcare use.^{15,16}
2. Data from the National Survey of Workplace Health and Safety indicated that drug use in the workplace is associated with lower perceptions of workplace safety, higher perceptions of work strain, and lower levels of employee morale.¹⁷

Sincerely,



Gary M. Reisfield, M.D.
Assistant Professor

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From: [Parker, Jennifer](#)
To: [Nieset, Stephanie](#)
Cc: [Studley, Todd](#); [Arthmann, David](#); [Robinson, Valerie](#); [Ridgway, Dorothy](#)
Subject: FW: Executive Duty Log
Date: Monday, March 11, 2013 8:11:19 AM
Attachments: [03082013 0600 -03112013 0559-exec.pdf](#)
[image001.png](#)

From: Hemphill, Wayne
Sent: Monday, March 11, 2013 7:39 AM
To: ExecDutyLogs
Subject: Executive Duty Log

Wayne Hemphill
Office of Institutions
Bureau of Security Operations
Office: 850 717 3242



Emergency Action Center Duty Officer Log

Date: 03/08/2013 6:00 Thru 03/11/2013 5:59

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Totals

Other Counts


Not Reviewed By Adminitstrator: 0

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Emergency Action Center Duty Officer Log

Date: 03/08/2013 6:00 Thru 03/11/2013 5:59

Protected Health Information Displayed

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From: [Gibson, Ben](#)
To: [DeVento, Daniella](#)
Cc: [Stearns, Heather](#); [Winokur, Thomas](#); [Thomas, Mary](#)
Subject: FW: Jeremy Schwarz
Date: Monday, March 04, 2013 9:53:49 AM
Attachments: [logo74f605](#)
[Schwarz.pdf](#)
[Jeremiah-W.-Schwarz-hls-unofficial-transcript.pdf](#)

Dani,

Could you please add this to the law clerk file and schedule a phone interview tomorrow or Wednesday with Jeremy Schwarz?

Thanks!

From: Paul Watkins [mailto:pwatkins@alliancedefendingfreedom.org]
Sent: Friday, March 01, 2013 5:39 PM
To: Gibson, Ben
Subject: Jeremy Schwarz

Ben,

Great to speak with you earlier today and thank you for considering one of our students for this upcoming summer. Jeremy provided me a number of references in case you are not able to get a hold of one of the top three. (He doesn't want that to delay your decision making process). Please feel free to contact him directly to schedule an interview. If you can let me know when you have reached a decision about him, that would be helpful on my end.

Thanks again.

Best regards,

Paul Watkins



Paul Watkins
Legal Counsel, Career Development, Blackstone Legal Fellowship
480-444-0020 (Office)
480-388-8017 (Direct Dial)
480-444-0025 (Fax)
pwatkins@alliancedefendingfreedom.org
www.alliancedefendingfreedom.org

From: Schwarz, Jeremiah [mailto:jschwarz@jd15.law.harvard.edu]
Sent: Friday, March 01, 2013 1:53 PM
To: Paul Watkins
Subject: Schwarz References

Dear Paul,

Below is the list of references and their respective contact information.

1. Peter Vallone, Former Speaker, New York City Council 1987-2002

E: pfvsr@aol.com

P: 718.204.2929

2. Rear Admiral David Baucom, Deputy Director, Defense Logistics Agency--Troop Support

E: David.Baucom@dla.mil

P: 215.737.2300

3. Dr. John Kezel, Professor, Fordham University

E: kezel@fordham.edu

P: 718.817.7223

4. Dr. Mark Naison, Professor, Fordham University

E: naison@fordham.edu

P: 718.817.3748/917.836.3014

5. Commander Harold Valentine, SC, USN

Director, Readiness and Logistics (N4 Acting)

Deputy Director, Readiness and Logistics (N4A)

E: harold.valentine@me.com

P: See Below for Italy-based numbers and cell phone numbers.

DSN: 314-626-1241

Comm: +39-081-568-1241

BB: +39 (335) 179-5998

Personal Cell: 349-714-1686

NIPR: harold.valentine@eu.navy.mil

SIPR: harold.valentine@eu.navy.smil.mil

Please let me know if there are any additional requests.

Best regards,

Jeremy

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Attachment logo74f605 (4802 Bytes) cannot be converted to PDF format.

EDUCATION

Harvard University, Harvard Law School, Juris Doctor	2012-2015
- JD Law Degree: Candidate <ul style="list-style-type: none">o Funding – Full Yellow Ribbon-Harvard University Scholarship	
University of Cambridge (Wolfson College), Doctor of Philosophy	2009-2012
- Ph.D. in History of International Relations: Candidate <ul style="list-style-type: none">o Dissertation – <i>American Defense Policy and the Bosnian War 1991-1995</i>.o Supervisor – Professor Brendan Simms, Newton-Sheehy Professor of International Relationso Funding – Gates Cambridge Scholarship	
University of Cambridge (Wolfson College), Master of Philosophy	2007-2008
- M.Phil. in International Development Studies: High Pass <ul style="list-style-type: none">o Supervisor—Dr. Ha-Joon Chang, Reader in Political Economy and International Developmento Funding – Cambridge Overseas Trust Scholarship	
Fordham University, Bachelor of Arts	1999-2003
- B.A. in History, Political Science, & American Studies: GPA 3.88/4.0 <ul style="list-style-type: none">o Distinctions – University and Departmental Honors, Dean's List 1999-2003.o Phi Beta Kappa – Membero American Association of Political and Social Sciences – Junior Fellow 2000o Alpha Sigma Nu – Membero Graduate Record Exam: Verbal (710/98%), Quantitative (720/87%), Writing (4.5/5.0)o Funding – Full Tuition Navy ROTC Scholarship	
Cathedral Preparatory Seminary High School	1995-1999
- GPA 4.0/4.0. Salutatorian: Class of 1999	
- President of the Student Body of Cathedral Preparatory Seminary High School	
Languages: English (Native); Spanish (Conversational); Mandarin (Basic).	

AWARDS AND HONORS

Fellow, Law and Business Program, Harvard Law School	2012-2013
- Recipient of a fellowship in the Law and Business Program of Study at Harvard Law School.	
Junior Research Fellowship, University of Cambridge, Wolfson College	2012-2015
- Recipient of a prestigious junior research fellowship for scholarship in international relations at the University of Cambridge.	
Gates Cambridge Scholar	2009-2012
- Recipient of a prestigious full three-year scholarship covering university and living expenses worth approximately £100,000.	
Henry Luce Scholar	2008
- Highly selective national scholarship for a professional year in Asia (Singapore), sponsored by the Henry Luce Foundation.	
Navy and Marine Corps Commendation Medal	2007
- Awarded for outstanding achievement and innovative leadership resulting in significant and crucial improvements in unit performance and readiness in wartime operations.	
MSNBC Hardball College Tour National Champion	2003
- A nationally competitive televised competition for college students sponsored by MSNBC with a prize of \$10,000.	
Harry S. Truman Scholar	2002
- Highly selective national graduate scholarship of \$30,000 for those interested in future public or government service.	
US Department of the Navy Reserve Officer Training Corps (ROTC) Full Scholarship	1999-2003
- Highly selective and nationally competitive full tuition scholarship for four years of undergraduate education.	
Green Belt Graduate, Department of the Navy Lean Six Sigma Program	2006
Global War on Terrorism Expeditionary Medal (Iraq and Horn of Africa)	2005
Global War on Terrorism Service Medal	2004
Battle "E" Excellence Award Ribbon (USS Hue City, USS Bataan)	2004
National Defense Service Medal	2003

LEADERSHIP AND EMPLOYMENT

Principal & Chief Executive Officer, PLIIX LLC	2011-Present
- Founder and Chief Executive Officer of PLIIX LLC, a global strategic advisory firm specializing in public policy strategy, economic development, international security, and innovative policies in the Asia-Pacific region.	
Visiting Professor, Zagreb School of Economics and Management	Summer 2011
- Instructed and evaluated a class of 20 international undergraduates in a course and seminar entitled International Relations.	
Vice President, Cambridge Union Society	2010-2011

JEREMIAH WILLIAM SCHWARZ

1585 Massachusetts Avenue Cambridge, MA 02138

T: +01 347 345 9293

E: jschwarz@jd15.law.harvard.edu

- Served an annual term while overseeing a team of 30 students and staff with an operating budget of over \$400,000. Second American and longest serving Vice President in the nearly two hundred year history of the world's oldest debating society.

Visiting Fellow, Lee Kuan Yew School of Public Policy, Asia Competitiveness Institute **2008-2009**

- Conducted research and consulted on economic development strategies in Southeast Asia and the ASEAN Competitiveness Report resulting in the chapter "ASEAN's *Merdeka* Moment" in *ASEAN Perspectives on Economic Competitiveness*.

Lieutenant, United States Navy, US Department of Defense **2003-2007**

- **Division Head (GS-14) PPTAS Division, Fleet Industrial and Supply Command Norfolk:** reformed pay and auditing systems for the Department of the Navy, resulting in a 120% increase in productivity and a saving of \$15 million.
- **Disbursing and Ship Services Officer, USS BATAAN (LHD 5):** Oversaw 3,000 military accounts of the Navy Cash banking system; Increased level and quality of customer service while adapting to a personnel downsizing of 60%.
- **Assistant Navigator, USS HUE CITY (CG 66):** Assisted the Navigator in laying over 50,000 nautical miles of track; Supervised five special transit details through the Straits of Gibraltar and Suez Canal during a six month deployment in support of Operation Iraqi Freedom and Operation Enduring Freedom.
- **Main Propulsion Division Officer/Assistant Training Officer, USS HUE CITY (CG 66):** Oversaw and managed a forty person division during a compressed training schedule and an extended overseas deployment.

Resident Advisor, Fordham University, Millennium Hall Residential College **2002-2003**

- Oversaw and advised over forty undergraduates in the areas of academic and community affairs
- Managed and conducted residential college programs for a residence hall of over 2,000 students.

Chief Justice, Fordham University United Student Government **2002-2003**

- Oversaw and adjudicated disputes among student organizations while upholding university statutes and student by-laws.
- Investigated infractions of University Code of Conduct and civil law relating to student organizations.

Executive Officer, New York City Consortium NAVY ROTC Unit **2002-2003**

- Led, managed, and oversaw over 250 Navy ROTC midshipmen throughout an entire semester of multifaceted and competitive training evolutions in preparation for commissioning as US Navy officers.

REFERENCES

Rear Admiral David Baucom, USN, *Assistant Secretary of the Navy, Department of Defense*, Washington, DC

Professor Brendan Simms, *Newton-Sheehy Professor, University of Cambridge*, Cambridge, UK

Rev. Joseph McShane SJ, *President, Fordham University*, Bronx, New York

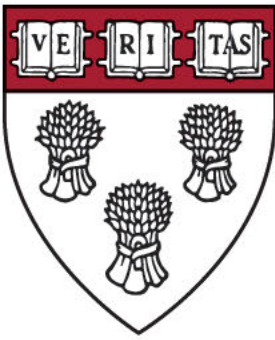
Hon. Peter F. Vallone Sr., *Speaker and Councilman, NYC City Council 1987-2001*, New York

Mr. Louis Blair, *Fmr. Executive Secretary, Harry S. Truman Foundation*, Washington, DC

Dr. Edgar F. Puryear, *Professor, National Defense University*, Fort McNair, Virginia

Dr. Mark Naison, *Director, Urban Studies Department, Fordham University*, Bronx, New York

Sir Richard Dearlove, *OBE, KCMG, Former Director, MI-6, HM Government of the United Kingdom and Chairman, Cambridge Union Society*, Cambridge, UK



HARVARD LAW SCHOOL - STUDENT SELF SERVICE

Unofficial Transcript

Jeremiah W. Schwarz

3/1/2013

1L, Section 2

Fall 2012 Term: Sep 4 - Dec 21

Course Code	Title	Primary Instructor	Grade	Credits
1006	First Year Legal Research and Writing 2B	Avi	P	2.00
1000	Civil Procedure 2	Grei	LP	4.00
1005	Torts 2	Sherman	P	4.00
1003	Legislation and Regulation 2	Stephenson	P	4.00
1001	Contracts 2	Lessig	P	4.00
Subtotal:				18.00

Winter 2013 Term: Jan 7 - Jan 25

Course Code	Title	Primary Instructor	Grade	Credits
1007	Problem Solving Workshop E	Wilkins	CR	2.00
Subtotal:				2.00

Spring 2013 Term: Jan 28 - May 15

Course Code	Title	Primary Instructor	Grade	Credits
2486	Humanities: History and Theory	Moyn	~	3.00
1006	First Year Legal Research and Writing 2B	Davis	~	2.00
1004	Property 2	Rosenbury	~	4.00
1012	Comparative Law: Western Legal Orders	Suk	~	4.00
1002	Criminal Law 2	Steiker	~	4.00
2303	Negotiation Workshop	Bordone	~	0.00
Projected Subtotal:				17.00

Projected Total: 37.00

From: [Governor Rick Scott](#)
To: [Jefferson, Tyler](#)
Cc: [Sunburst](#)
Subject: FW: PMC v. Health First, Inc. et al.
Date: Tuesday, September 29, 2015 2:57:25 PM
Attachments: [2015-9-18 Plaintiff's Emergency Motion for Temporary Injunction.pdf](#)

From: Dr. Craig Deligdish [mailto:deligdishc@omnihealthcare.com]

Sent: Tuesday, September 29, 2015 2:53 PM

To: Pam Bondi

Cc: Governor Rick Scott ; Sellers, Melissa ; Alborn, Dianne ; Jeff Atwater

Subject: PMC v. Health First, Inc. et al.

Public Safety Net Hospital Files for Emergency Temporary Injunction to Halt Expansion of Anticompetitive Conduct

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**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR THE STATE OF FLORIDA, BREVARD COUNTY**

CIVIL DIVISION

**NORTH BREVARD COUNTY
HOSPITAL DISTRICT, d/b/a
PARRISH MEDICAL CENTER,**

CASE NO.: 05-2015-CA-039908

Plaintiff,

v.

**HEALTH FIRST, INC.,
HEALTH FIRST HEALTH PLANS, INC.,
HEALTH FIRST INSURANCE, INC.,
HEALTH FIRST PHYSICIANS, INC., and
HEALTH FIRST MEDICAL GROUP, LLC,**

Defendants.

_____ /

PLAINTIFF'S EMERGENCY MOTION FOR TEMPORARY INJUNCTION

Plaintiff North Brevard County Hospital District d/b/a Parrish Medical Center ("North Brevard County Hospital District" or "PMC"), by and through undersigned counsel and pursuant to Fla. R. Civ. P. 1.610 and Fla. Stat. § 542.23, hereby moves this Court to enter a temporary injunction enjoining the Defendants Health First, Inc., Health First Physicians, Inc. ("HF Physicians"), and Health First Medical Group, LLC ("HF Medical Group"), from purchasing or otherwise acquiring Brevard Hematology and Oncology Consultants – Levine, Zimm and Sprawls, M.D., P.A. d/b/a Space Coast Cancer Center ("SCCC"). All of the Defendants in the above captioned matter, Health First, Inc., HF Physicians, HF Medical Group, Health First Insurance, Inc., and Health First Health Plans, Inc. are collectively referred to herein as "Health First." In support of this Motion for Temporary Injunction, PMC states as follows:

I. INTRODUCTION

PMC is a public, not-for-profit hospital in North Brevard County. Health First publicly claims to be a “fully integrated” healthcare system operating in all aspects of the healthcare system, including hospital services, physician services, ancillary services, and private health insurance products. HF Medical Group, owned by HF Physicians (which is a wholly owned subsidiary of Health First, Inc.), has entered into an agreement to acquire SCCC. The acquisition is scheduled to close this month, September 2015. SCCC is a physician practice that offers medical and radiation oncology services in North Brevard County. HF Medical Group’s purchase of SCCC would result in an impermissible increase in Health First’s market power and an impermissible increase in concentration in the markets for medical and radiation oncology physician services in North Brevard County. This increase in market power and concentration has the potential to irreparably harm PMC’s business and a temporary injunction is necessary.

As a result of HF Medical Group’s conduct, PMC moves this Court for the entry of a temporary injunction that enjoins Health First, Inc., HF Physicians, and HF Medical Group’s from acquiring SCCC or, alternatively, orders the divestiture of SCCC from HF Medical Group.

II. FACTUAL BACKGROUND

1. North Brevard County Hospital District is a political subdivision of the State of Florida created by the Legislature to provide for the health care needs of the public, and to operate a hospital, PMC. Ch. 2003-362, Laws of Florida.

2. PMC is the hospital of last resort insofar as it bears the burden of providing medical services to the uninsured and/or indigent communities of North Brevard County. (Affidavit of Christopher McAlpine ¶ 4, attached hereto as Exhibit A).

3. Defendant, Health First, Inc. owns and directs the affairs of Defendants, HF Health Plans, HF Insurance, HF Physicians, and HF Medical Group. (Health First, Inc. 2013 Tax Return, pgs. 7 and 8, attached hereto as Exhibit B).

4. Defendant, HF Health Plans is licensed as a health maintenance organization (“HMO”) and Third Party Administrator (“TPA”) in the State of Florida. (Florida Office of Insurance, Authorized Lines of Business for HF Health Plans, attached hereto as Composite Exhibit C).

5. Defendant, HF Insurance is licensed as a Life and Accident Health Insurer in the State of Florida. (Florida Office of Insurance, Authorized Lines of Business for HF Insurance, attached hereto as Exhibit D). HF Insurance’s plans are administered by HF Health Plans. (Florida Office of Insurance Regulation, Report on Examination of Health First Insurance, Inc., p. 6, attached hereto as Exhibit E).

6. Defendant, HF Physicians is the Managing Member of Defendant, HF Medical Group (HF Physicians and HF Medical Group are collectively referred to herein as “HF Doctors”). (HF Medical Group’s 2015 Florida Limited Liability Company Annual Report, attached hereto as Exhibit F). HF Medical Group is Brevard County’s largest multi-specialty physician group. (HF Medical Group Description, Exhibit G).

7. HF Health Plans, HF Insurance, HF Physicians, and Medical Group are wholly owned subsidiaries of the parent healthcare corporation, Health First, Inc. (Exhibit B at 7 and 8). In addition to HF Health Plans, HF Insurance, HF Physicians, and HF Medical Group, Health First, Inc. owns and operates various entities, including, without limitation, hospitals, urgent care centers, outpatient centers, rehabilitation facilities, diagnostic and treatment centers, and a network of fitness and wellness services. (*Id.*)

8. Health First, Inc. has acquired, and currently owns and operates, the following hospitals in Brevard County: (i) Holmes Regional Medical Center (“Holmes”); (ii) Cape Canaveral Hospital (“Cape Canaveral”); (iii) Viera Hospital (“Viera”); and (iv) Palm Bay Hospital (“Palm Bay”) (Holmes, Viera, Palm Bay and Cape Canaveral collectively referred to herein as “Health First Hospitals”). (Exhibit B at 7).

9. Health First, Inc. through Health First Hospitals, refuses to permit competitor health insurers to include Holmes in their provider networks unless those competitor health insurers also include Health First, Inc.’s other hospitals (Viera, Palm Bay, and Cape Canaveral) at above competitive reimbursement rates. These rates are obtained by Health First, Inc. and Health First Hospitals’ exploitation of their market power. (Affidavit of McAlpine ¶ 5).

10. Further, Health First, Inc. through Health First Hospitals, contracts with its affiliated health plans, HF Health Plans and HF Insurance, at lower reimbursement rates than those charged to competitor health plans. (Affidavit of McAlpine ¶ 6).

11. By coercing competitor health insurers to contract with all of Health First Hospitals at supra competitive prices, Health First, Inc. and Health First Hospitals are exploiting their market power in South Brevard County to increase profits beyond those they would otherwise earn in a competitive market and to increase the reimbursement expenses of competitor health insurers. (Affidavit of McAlpine ¶ 8). For example, to increase profits, HF Health Plans’ officials have stated to PMC that it need only reimburse physicians that comprise HF Medical Group at 85% of the applicable Medicare rate. (*Id.*) HF Health Plans then uses its rates with such physicians in negotiations with PMC, a competitor of Health First Hospitals, to support HF Health Plans’ position that it will not reimburse PMC above that rate. (*Id.*) These arrangements allow HF Health Plans and HF Insurance to charge lower premiums to their members and reduce member

cost-share amounts, which in turn, grows HF Health Plans' and HF Insurance's market power and Health First's market power as a whole. (*Id.*)

12. Health First requires that the physicians which comprise HF Medical Group, including those physicians that practice in North Brevard County, to admit exclusively or almost exclusively to Health First Hospitals, and refer exclusively or almost exclusively to other physicians employed by HF Medical Group and/or HF Physicians and facilities owned by Health First. (Affidavit of McAlpine ¶9). In addition, HF Medical Group imposes on its employed physicians non-compete agreements that restrict the physicians from practicing within a certain geographic area after end of the employment relationship. (*Id.*)

13. Also, Health First, Inc. through its affiliated health plans, HF Health Plans and HF Insurance, uses its dominant market share in the private health insurance market, to refuse to contract as participating providers with physicians practicing in Brevard County, including North Brevard County, unless they agree to admit exclusively or almost exclusively to Health First Hospitals, and refer exclusively or almost exclusively to the physicians that comprise HF Doctors, physicians contracted with HF Health Plans and HF Insurance, and facilities owned by Health First. (Affidavit of McAlpine ¶ 10).

14. Health First also requires the physicians which comprise HF Doctors and other participating providers, including those physicians that practice in North Brevard County, to refuse to refer to physicians that do not refer all or nearly all of their patients to: (a) Health First Hospitals or other facilities owned by Health First; and (b) the physicians which comprise HF Doctors and/or physicians that are contracted with HF Health Plans and HF Insurance. (Affidavit of McAlpine ¶ 11).

15. Parrish Medical Center has determined that patients exercise the most autonomy in terms of choosing health care providers in their selection of their initial physician to see. Once that initial physician refers a patient to another facility or physician, the patient usually obliges and goes with the physician's recommendation given the physicians increased knowledge of the industry compared to their own. (Affidavit of McAlpine ¶ 12). A patient's utilization of a particular physician's or facilities' services is generally guided by a single purchase decision. This single purchase decision is typically seeking treatment at a hospital's emergency department or with a primary care physician. Most of a patient's subsequent healthcare-related choices will be dictated from that original decision by physician referrals. As such, physician referrals generally control the course and scope of services rendered to patients. Due to the passive nature of healthcare consumers, an entity that is able to influence physicians, will, to a substantial degree, control the patients' treatment options. (Affidavit of McAlpine ¶ 13).

16. Further, when independent physicians acquiesce to Health First's coercion, Health First expands its control over all the markets in which it participates. For instance, when independent physicians join HF Doctors, which competes with independent physicians in the physician services and ancillary services markets, HF Doctors increases its market share and loses competitors. (Affidavit of McAlpine ¶ 14).

17. Health First, Inc. also ensures that Health First Hospitals, HF Medical Group, and HF Physicians render services to members of competitor health insurers' plans as much as possible through the restrictions related to referrals. Therefore, these referrals increase HF Health Plans' and HF Insurance's competitive advantage in the private health insurance market by maximizing competitor health insurers' reimbursement expenses. Further, the higher revenue

generated by Health First Hospitals from Health First's competitor health insurers allows Health First to shift those profits to its affiliated health plans. (Affidavit of McAlpine ¶ 15).

18. As a result and by Health First's design, it has become apparent to physicians practicing in Brevard County that, in order to provide services at Health First, Inc.'s affiliated facilities, gain access to patients enrolled in HF Health Plans' and HF Insurance's health plans, or obtain referrals from HF Doctors, Health First's affiliated entities, and/or participating providers in HF Health Plans' and HF Insurance's networks, they are forced into Health First's restrictive arrangements. (Affidavit of McAlpine ¶ 16).

19. PMC designates the physicians that have privileges at PMC, as active staff or associate staff, according to PMC's bylaws. Active staff members are required to have their principal place of residence and their principal office location within North Brevard County. Active staff members are the face of the department to the community. Associate staff members are required to have an association with the practice of an active staff member at PMC in the same specialty. Associate staff members perform the same duties as active staff, but in a reduced capacity. Associate staff members often serve as coverage physicians when active staff members are not available. (Affidavit of McAlpine ¶ 17).

20. SCCC is a medical and radiation oncology physician practice and a free standing medical and radiation oncology center. (SCCC Medical Oncology Description, attached hereto as Exhibit H); (SCCC Radiation Oncology Description, attached hereto as Exhibit I). SCCC currently employs and/or contracts with seven (7) medical oncologists and two (2) radiation oncologists, all of which practice in North Brevard County. (SCCC Physician List, attached hereto as Exhibit J); (Dr. Prendergast Article, attached hereto as Exhibit K). Upon the closing of HF Medical Group's acquisition of SCCC, the physicians that comprise SCCC will become employees of HF

Medical Group and/or HF Physicians. (Affidavit of McAlpine ¶ 18). Also, upon the closing of the acquisition of SCCC, one (1) of the seven (7) medical oncologists is potentially retiring. (*Id.*). As such, the potentially retiring medical oncologist is not included in the calculation set forth below. Therefore, for the purposes of this motion, after the acquisition closes there will be six (6) medical oncologists considered as employed by HF Medical Group practicing in North Brevard County. (*Id.*) All such six (6) medical oncologists will also be in-network providers for HF Health Plans and HF Insurance. (Excerpt of HF Health Plans and HF Insurance's Provider Directory, attached hereto as Exhibit L). Further, all such six (6) of the medical oncologists that will be employed by HF Medical Group after the acquisition of SCCC and that are currently employed and/or contracted with SCCC currently have privileges at PMC. (*Id.*)

21. There are also three (3) medical oncologists practicing in North Brevard County that are independent of SCCC and HF Doctors. (Cancer Care Centers of Brevard Physician List, attached hereto as Exhibit M). There is an additional medical oncologist that has not been included in this calculation. That not included physician is currently on administrative leave and is not expected to return to practice in North Brevard County. (Affidavit of McAlpine ¶ 19). All three (3) of the medical oncologists at Cancer Care Centers of Brevard that practice in North Brevard County are participating physicians in HF Health Plans' and HF Insurance's networks. (Exhibit L). Also, all such three (3) medical oncologists currently have privileges at PMC. (Affidavit of McAlpine ¶ 19).

22. Currently, in the market for radiation oncology physician services in North Brevard County there are four (4) radiation oncologists. (Affidavit of McAlpine ¶ 20). However, one (1) of the radiation oncologists is not included in the calculation set forth below because of his potential retirement. (*Id.*) Therefore, for the purposes of this motion, there are three (3) radiation

oncologists practicing in North Brevard County. (*Id.*) All three (3) radiation oncologists practicing in North Brevard County are currently in-network providers for HF Health Plans and HF Insurance. (Exhibit L). The two (2) radiation oncologists currently employed by and/or contracted with SCCC currently have privileges at PMC. (Affidavit of McAlpine ¶ 20). The one (1) radiation oncologist that is independent of SCCC and HF Doctors consults at PMC. (*Id.*)

23. After the acquisition, HF Doctors will employ six (6) of the nine (9) (i.e. 67%) medical oncologists practicing in North Brevard County and two (2) of the three (3) (i.e. 67%) radiation oncologists practicing in North Brevard County. (Affidavit of McAlpine ¶ 21).

24. Subsequent to that acquisition, HF Medical Group will almost certainly impose on all or most of those physicians the restrictions regarding referrals that are imposed on other physicians associated with Health First practicing in North Brevard County. (Affidavit of McAlpine ¶ 22). Although the medical and radiation oncologists that are currently practicing at SCCC may or may not retain privileges at PMC after the acquisition, such privileges will, in practice, likely only be used for emergency services due to the restrictive referral arrangements that such oncologists will have entered into with HF Medical Group. (*Id.*) Further, HF Medical Group will almost certainly impose on all or most of those physicians non-compete agreements that will deprive North Brevard County of the continued service of such physicians after their employment relationship with HF Medical Group ends. The contractual inability for such physicians to provide continued service exacerbates difficulties in access to care in North Brevard County. (*Id.*)

25. After the closing of the acquisition, there will only be three (3) medical oncologists in North Brevard County that are outside of HF Doctors' employment and there will only be one (1) radiation oncologist in North Brevard County outside of HF Doctors' employment. Since all

of the medical oncologists and radiation oncologists practicing in North Brevard County are in-network providers of HF Health Plans and HF Insurance, they will be subject to the restrictions regarding referrals detailed above. (Affidavit of McAlpine ¶ 23).

26. Given the imposition of HF Medical Group's restrictive referral arrangements referenced above, PMC will then experience a reduction or cessation of referrals from HF Doctors' newly acquired medical oncologists and radiation oncologists and/or a reduction or cessation of acute care inpatient hospital services and outpatient services for medical and radiation oncology. Patients residing in North Brevard County, including members enrolled in health plans other than those plans affiliated with Health First, who would otherwise have received inpatient and/or outpatient oncology services at PMC through the medical and/or radiation oncologists acquired by HF Medical Group, will instead receive such services at a hospital owned by Health First, Inc. significantly further south in Brevard County. (Affidavit of McAlpine ¶ 24).

27. PMC will lose referrals and admissions due to the pending acquisition of SCCC. Medical oncologists and radiation oncologists practicing in North Brevard County will be deprived of a referral choice as to where their patients receive oncology services and the hospitals they are admitted to, to their and their patients' detriment including quality of care. Moreover, patients will be subject to punishing travel times, while coping with cancer, potential displacement from work, and burdens upon their family or caregivers for the extended transport. (Affidavit of McAlpine ¶ 25).

28. Beyond losing patients for medical and radiation oncology physician services, other independent service lines offered by PMC could also be negatively affected. (Affidavit of McAlpine ¶ 26).

III. MEMORANDUM OF LAW

a. Legal Standard for Temporary Injunction

The purpose of a temporary injunction is to preserve the status quo in order to prevent irreparable harm from occurring before a dispute is resolved. *Bailey v. Christo*, 453 So. 2d 1134 (Fla. 1st DCA 1984). To obtain a temporary injunction, the moving party must establish: (1) irreparable injury will result if the injunction is not granted; (2) there is no adequate remedy at law; (3) the party has a clear legal right to the requested relief; and (4) the public interest will be served by the temporary injunction. *Provident Mgmt. Corp. v. City of Treasure Island*, 796 So. 2d 481, 485 (Fla. 2001); *see also DiChristopher v. Board of County Commissioners*, 908 So. 2d 492, 495 (Fla. 5th DCA 2005). A clear legal right to relief essentially means substantial likelihood of success on the merits. *See e.g. Fla. High Sch. Ath. Ass'n v. Rosenberg*, 117 So. 3d 825, 826 (Fla. 4th DCA 2013); *Citizens for Sunshine, Inc. v. Sch. Bd. of Martin Cnty.*, 125 So. 3d 184, 187 (Fla. 4th DCA 2013); *Millennium Communs. & Fulfillment, Inc. v. Office of the AG, Dep't of Legal Affairs*, 761 So. 2d 1256, 1260 (Fla. 3d DCA 2000).

Each of the required elements is established by the facts set forth in the declaration filed herewith.

b. PMC will Suffer an Irreparable Injury if the Injunction is not Granted and PMC Lacks an Adequate Remedy at Law

There is no adequate remedy at law when damages are unavailable or are inadequate in view of the defendant's ongoing failure. *So. Colonization Co. v. Derfler*, 75 So. 790, 794 (Fla. 1917); *see also Thompson v. Planning Comm'n*, 464 So. 2d 1231, 1237 (Fla. 1st DCA 1985); *Florida Power Corp. v. City of Winter Park*, 827 So. 2d 322, 327 (Fla. 5th DCA, 2002)); *Amelio v. Marilyn Pines Unit II Condo. Ass'n*, 2015 Fla. App. LEXIS 10694 (Fla. 2d DCA July 15, 2015). An "[i]rreparable injury is an injury of such nature that it cannot be redressed in a court

of law; an injury for which monetary compensation will not suffice.” *Gonzalez v. Benoit*, 424 So. 2d 957, 959 (Fla. 3d DCA 1983); *see also Jewett Orthopaedic Clinic, P.A. v. White*, 629 So. 2d 922, 927 (Fla. 5th DCA 1993) (irreparable injury means, in essence, that injunction is the only practical mode of enforcement). The impossibility of ascertaining the amount of plaintiff’s legal damages can also support the granting of injunctive relief. *Derfler, supra*, cited in *Liza Danielle, Inc. v. Jamko, Inc.*, 408 So. 2d 735, 739 (Fla. 3d DCA 1982). In addition, impeding day to day operations of a business is enough to bring about irreparable harm. *Zuckerman v. Profl Writers of Fla.*, 398 So. 2d 870, 872 (Fla. 4th DCA 1981).

Health First has acquired and/or is in the process of acquiring a dominant market share of healthcare related markets in South Brevard County and certain healthcare related markets in North Brevard County which Health First has achieved by improperly augmenting the market power it possesses in one product/service market to gain control of other related product/service markets. Health First improperly augments the market through illegal tying arrangements, group boycotts, and concerted refusals to deal. (Affidavit of McAlpine ¶¶ 6-10). Health First is now attempting to replicate this behavior in North Brevard County including through HF Medical Group’s acquisition of SCCC. The acquisition of SCCC will therefore pose a dangerously high probability that HF Doctors will have a monopoly in the markets for medical and radiation oncology physicians services in North Brevard County.

The acquisition of SCCC by HF Medical Group will disrupt the day to day operations of PMC. The exclusive dealing arrangements, in particular threaten to disrupt PMC’s daily operations. These arrangements ensure that physicians employed by HF Medical Group refer exclusively or almost exclusively to other physicians which comprise HF Doctors and to facilities that are owned by Health First. Through an exclusive dealing arrangement, the medical

and radiation oncologists that will be employed by HF Medical Group after the acquisition, will likely refer to PMC solely for emergency services and otherwise refer the patients away from PMC. (Affidavit of McAlpine ¶ 22). Every medical and radiation oncologist currently at SCCC is either considered an active staff member or an associate staff member at PMC. (Affidavit of McAlpine ¶¶ 18, 20). That means these physicians are an integral part of the day to day operations at PMC. Therefore, the day to day operations at PMC will be disrupted. Also, cancer patients will endure an unnecessary hardship in the form of extended travel while undergoing chemotherapy, radiation therapy, and/or treatments.

The damages that PMC will suffer as a result of the acquisition are impossible to discern in an amount at present and therefore PMC has no adequate remedy at law. PMC will suffer an irreparable injury for which there is no adequate remedy at law if the acquisition of SCCC is not enjoined.

c. PMC has a Substantial Likelihood of Success based on the Merits

A substantial likelihood of success on the merits is shown if good reasons for anticipating that result are demonstrated. *Naegele Outdoor Advertising co., Inc. v. City of Jacksonville*, 659 So. 2d 1046 (Fla. 1995).

Under the Florida Antitrust Act, Fla. Stat. § 542.19 makes it unlawful to monopolize or attempt to monopolize or combine or conspire with another person to monopolize any part of trade or commerce in Florida. Fla. Stat. § 542.18 makes unlawful every contract, combination or conspiracy in restraint of trade or commerce in Florida. Pursuant to Fla. Stat. § 542.23, a party may sue for injunction relief against threatened loss or damage by a violation of Florida Antitrust Act.

Sections 542.18 and 542.19, Florida Statutes, are the legislative counterparts to the federal Sherman Act Sections 1 and 2 of the Sherman Act, 15 U.S.C. §§ 1, 2. Fla. Stat. § 542.32 provides that in construing that chapter, due consideration and great weight are to be given to the interpretations of the federal courts relating to the comparable federal antitrust statutes, and the Florida Legislature accordingly has adopted as the law of Florida the body of antitrust law developed by the federal courts under the Sherman Act. *See St. Petersburg Yacht Charters, Inc. v. Morgan Yacht, Inc.*, 457 So. 2d 1028 (Fla. 2d DCA 1984), cited in *McLeod v. Barber*, 764 So. 2d 790, 794 (Fla. 5th DCA 2000). The Florida courts look to federal antitrust precedent in construing the Florida Antitrust Act. *See Petition of Ezell*, 446 So. 2d 253, 255 (Fla. 5th DCA 1984).

Sherman Act precedent holds that a monopolist should not be rewarded for eliminating competition in its incipiency; nothing in Section 2 of the Sherman Act limits its prohibitions to actions taken against threats that are already well-developed. *Sunbeam Television Corp. v. Nielsen Media Research* 763 F.Supp. 2d 1341, 1356 (S.D. Fla. 2011), *aff'd*, 711 F. 3d 1264 (11th Cir. 2013). Under the antitrust laws, arrangements held to restrain trade or commerce include group boycotts and concerted refusals to deal, tying arrangements, and exclusive dealing arrangements. Group boycotts and concerted refusals to deal are practices that have such a pernicious effect and lack any redeeming value that they are conclusively presumed to be unreasonable and therefore are deemed illegal without elaborate inquiry as to the precise harm they have caused or the business excuse for their use. They are thus considered “per se” violations of the antitrust laws. *See, e.g., Continental, Inc. v. GTE Sylvania*, 433 U.S. 36, 50 (1977); *Jacobs*, 626 F. 3d at 1334; *Seagood Trading Corp. v. Jerrico, Inc.*, 924 F. 2d 1555, 1568 (11th Cir. 1991). Tying arrangements, i.e., agreements by a party to sell one product but only on

the condition that the buyer also purchases a different (or tied) product, or at least agrees that he will not purchase that product from any other supplier, are also considered to be per se antitrust violations. *Palmyra Park Hosp. Inc. v. Phoebe Putney Memo'l Hosp.*, 604 F. 3d 1291, 1296 n.4, 1303 (11th Cir. 2010); *see also Tic-X-Press, Inc. v. Omni Promotions Co. of Georgia*, 815 F. 2d 1407, 1414 (11th Cir. 1987).

In certain circumstances exclusive dealing arrangements can also harm competition, by allowing one supplier of goods or services unreasonably to deprive other suppliers of a market for its goods or services. The concern is that creating or increasing market power through exclusive dealing is the means by which the defendant is likely to increase prices, restrict output, reduce quality, slow innovation or otherwise harm consumers. In the absence of competition a dominant firm can impose exclusive dealing on downstream dealers to strengthen or prolong its market position. Such arrangements can also run afoul of the antitrust laws as an improper means of maintaining a monopoly. *McWane, Inc. v. F.T.C.*, 783 F. 3d 814 (11th Cir. 2015).

Exclusive dealing arrangements are assessed under the antitrust “Rule of Reason,” i.e., a thorough factual inquiry into the anticompetitive and precompetitive effects of the practice, under which a plaintiff must show either actual or potential harm to competition. *Jacobs*, 626 F. 3d at 1334; *see also Midwestern Waffles, Inc. v. Waffle House, Inc.*, 734 F. 2d 705, 711 (11th Cir. 1984). Under a standard Rule of Reason analysis, a plaintiff must define both a geographic market and a product/services market in which the adverse anticompetitive effects have occurred or threaten to occur. *Jacobs*, 626 F.3d at 1336.

However, when a defendant’s conduct is blatantly anticompetitive, a “quick look” analysis is applied and precise markets definitions are not required. *See, e.g., California Dental Ass’n v. F.T.C.*, 526 U.S. 756, 770 (1999); *Food Lion, LLC v. Dean Foods Co.*, No. 12-5457 (6th

Cir. Jan. 3, 2014) (*In re Southeastern Milk Antitrust Litig.*); *In re Terazosin Hydrochloride Antitrust Litigation*, 352 F.Supp. 2d 1279 (S.D. Fla. 2005). Here, application of the “quick look” analysis is proper because of Health First’s blatantly anticompetitive conduct. Nonetheless, to the extent market definitions may be required in this case, the geographic market is North Brevard County, and the service market is medical and radiation oncology physician services.¹

Corporate mergers or acquisitions are illegal when, in any line of commerce or activity affecting commerce, the effect may be substantially to lessen competition or to tend to create a monopoly. A merger which yields a firm controlling an undue percentage of the relevant market and results in the concentration of firms in that market is so inherently likely to lessen competition substantially that it must be enjoined in the absence of evidence clearly showing that it is not likely to have such anticompetitive effects. *Polypore, Inc. v. F.T.C.*, 686 F. 3d 1208, 1214 (11th Cir. 2012).

Through this acquisition, and further through its anticipated and standard imposition of referral restrictions on the acquired SCCC oncologists, Health First is both effectuating an illegal acquisition² and attempting to monopolize the medical and radiation oncology markets in North Brevard County. An attempted monopolization claim requires a showing that the defendant: 1) has engaged in predatory or anticompetitive conduct; 2) specifically intends to monopolize; and

¹ Note that market definitions may plainly rely on qualitative economic evidence with the need for further technical or expert witness analysis. *McWane*, at 829 (“... there appears to be no support in the case law for McWane’s claim that such a technical analysis is always required. Indeed, as the Commission correctly noted, ‘[c]ourts routinely rely on qualitative economic evidence to define relevant markets.’”).

² Section 7 of the federal Clayton Act, 15 U.S.C. § 18 prohibits mergers and acquisitions when the effect “may be substantially to lessen competition, or to tend to create a monopoly.” However, Section 1 of the Sherman Act also applies to acquisitions and mergers. *See U.S. v. First National Bank & Trust Co. of Lexington*, 376 U.S. 665, 669 (1964). The standards for assessing a proposed acquisition or merger under Section 7 of the Clayton Act and Section 1 of the Sherman Act are the same. *See, e.g., U.S. v. Rockford Memorial Corp.*, 898 F. 2d 1278, 1281-83 (7th Cir. 1990), cert. denied, 111 S.Ct. 295; *McCaw Personal Communications v. Pacific Telesis Group*, 645 F.Supp. 1166, 1173 (N.D. Cal. 1986); *Community Publishers, Inc. v. Donrey Corp.*, 892 F.Supp. 1146, 1173 (W.D. Ark. 1995). As the purpose of the Florida Antitrust Act is to complement federal antitrust litigation. (*Sabates v. Int’l Medical Centers, Inc.*, 450 So. 2d 514, 517 (Fla. 3d DCA 1984)), it also prohibits such mergers and acquisitions, at least under Fla. Stat. § 542.18, the counterpart of Section 1 of the Sherman Act.

3) that there is a dangerous probability of the defendant achieving monopoly power. *Lockheed Martin Corp. v. Boeing Co.*, 390 F.Supp. 2d 1073, 1077 (M.D. Fla. 2005); *see also Omni Healthcare, Inc. v. Health First, Inc.*, 2015 U.S. Dist. LEXIS 7284, at n. 21 (M.D. Fla. Jan. 21, 2015).

HF Medical Group will own approximately two thirds (67%) of each of the markets for medical and radiation oncology physician services in North Brevard County after the purchase of SCCC. HF Medical Group will have six medical oncologists (all obtained from SCCC) and Cancer Care Centers of Brevard will retain the remaining three (3) in North Brevard County. HF Medical Group will also have two radiation oncologists (all obtained from SCCC) and Cancer Care Centers of Brevard will retain the remaining one (1) radiation oncologist in North Brevard. That percentage exceeds what the federal district court in this jurisdiction has indicated is sufficient to make an attempted monopolization claim viable. *See Lockheed Martin Corp. v. Boeing Co.*, 314 F.Supp. 2d 1198, 1229 (M.D. Fla. 2004) (“Generally, a showing that a defendant has between sixty and sixty-five percent market share is sufficient to present the issue of market power to a jury.”).³ If the acquisition is consummated before the Court can rule on the

³ Additionally, in evaluating the effects of the merger, a resulting market share of the merged entities of over 30% indicates the lack of competition. *Federal Trade Com'n v. Cardinal Health, Inc.*, 12 F.Supp. 2d 34, 52 (D.D.C. 1998). Another element of the evaluation is increase in market concentration. *See Polypore, supra*, 686 F.3d at 1215 (“the acquisition ensured a continuation of the high concentration and eliminated the decrease in concentration that would result from the acquired company's entry into the market... the pre-acquisition market activity by the acquired company ... had a substantial, actual pro-competitive effect on the market.”). Initial consideration of employment status shows how anticompetitive the proposed acquisition will be. Here, there are ten (10) medical oncologists currently practicing in North Brevard County. Seven (7) are employed by SCCC, three (3) are employed by Cancer Care Centers of Brevard (“CCCB”), and all ten (10) are on staff at Parrish. After the acquisition of SCCC by HF Medical Group, one (1) of those medical oncologists will potentially retire. SCCC will presumably disappear, CCCB will continue to have three (3) employed medical oncologists, HF Medical Group will employ six (6) medical oncologists. Health First’s market share of employed medical oncologists will increase from 0% to 67% (6 out of 9 medical oncologists as employees). With respect to radiation oncologists, there are currently four (4) practicing in North Brevard County, two (2) are employed by SCCC, one (1) is employed by CCCB, and one (1) is employed by Radiation Therapy Centers of Brevard. After the acquisition, one (1) radiation oncologist will potentially retire, two (2) radiation oncologists will be employed by HF Medical Group, and one (1) radiation oncologist will be employed by CCCB. Health First will have a 67% market share of employed medical oncologists. Although the medical and radiation oncologists that will become employees of HF Medical Group may or may not retain privileges at PMC, such privileges will, in practice, likely only be used for emergency services.

motion for temporary injunction, divestiture is also permissible relief. *California v. American Stores Company*, 495 U.S. 271 (1990); *see also Omni Healthcare, supra*, at n. 19 (considering divestiture).

Antitrust plaintiffs must also show antitrust injury; i.e., the type of injury the antitrust laws were intended to prevent, and that they are efficient enforcers of the antitrust laws. *Palmyra Park Hosp., Inc.*, 604 F. 3d at 1299 (11th Cir. 2010). Antitrust injury should reflect the anticompetitive effect either of the violation or of anticompetitive acts made possible by the violation. The efficient enforcer analysis includes consideration of the directness and remoteness of the injury, whether other potential plaintiffs are better suited to vindicate the harm, whether the damages were highly speculative, and whether the plaintiff is able to efficiently and effectively enforce the judgment. *Id.* In *Palmyra Park*, antitrust injury was found when defendant's exclusivity arrangements forced insurers who would otherwise prefer to deal with both plaintiff and defendant hospitals to deal only with defendant hospital, preventing the plaintiff from competing, as it had before, in the market for the tied products. *Id.* That resulted in less competition for the tied products, which would mean higher prices and fewer choices for consumers. When only injunctive relief is sought (the case in this motion for temporary injunction), the danger of mismanaging the antitrust laws is less pervasive and there is less concern with whether the plaintiff would be an efficient enforcer. *Duty Free Americas, Inc. v. Estee Lauder Cos.*, 2015 U.S. App. LEXIS 13837 (11th Cir. 2015)

Once this acquisition takes place, HF Medical Group will steer patients that received services at SCCC to Health First Hospitals, other Health First facilities, HF Doctors, and/or other

The fact that physicians employed by HF Medical or in the network of HF Health Plans and/or HF Insurance are prohibited from making referrals outside the Health First collection of companies further cements in Health First's increase, and PMC's decrease, in market shares, and overall market concentrations.

physicians contracted with HF Health Plans and HF Insurance. Therefore, HF Medical Group's pending acquisition of SCCC constitutes an acquisition which has the tendency to reduce competition in the relevant markets for medical oncology physician services and radiation oncology physician services to the detriment of consumers.

Upon the acquisition of SCCC, the prices for medical services in North Brevard County in the relevant service markets will likely increase, while incentives to improve the quality of medical services provided will have been removed. HF Medical Groups' pending acquisition of SCCC thus has a high probability of reducing competition and increasing market power in North Brevard County to the detriment of PMC, as well as consumers.

These injuries reflect the type of injuries that antitrust laws were designed to prevent and are directly derived from the anticompetitive behavior of Health First described above. PMC is an efficient enforcer of the antitrust laws as it will be directly impacted by the acquisition, as discussed above. PMC knows of no other private entities that have indicated an intent to take action to prevent the acquisition. (Affidavit of McAlpine ¶ 27). Also, there are no pro-competitive justifications for the acquisition and exclusionary practices described herein that would be sufficient to overcome their anticompetitive effects. Therefore, PMC is likely to succeed based on the merits of this case.

d. PMC's Threatened Injury Outweighs Possible Harm to the Defendants

The threatened injury to PMC is severe and outweighs any potential harm to Health First, Inc., HF Medical Group, and HF Physicians. The injury to PMC is significant because the oncology services and other services offered by PMC are interconnected and rely on each other. Beyond losing an unascertainable amount of business and clientele for medical and radiation

oncology physician services, other independent service lines offered by PMC could also be negatively affected.

The temporary injunction sought herein is merited. The injunction will not adversely affect Health First, Inc.'s, HF Medical Groups', or HF Physicians' legitimate business operations. When calculating possible harm, the amount derived from an increase in referrals due to the improper exclusive dealing arrangements cannot be considered because such revenue will be a direct result of illegal actions. There can be no recognizable harm to Health First, Inc., HF Medical Group, or HF Physicians by preventing them from enforcing an illegal arrangement. The relief requested herein, therefore, would only restore the status quo.

e. The Public Interest will be Served by the Temporary Injunction

The public interest favors granting an injunction. PMC is a governmental entity that was created by the Florida legislature for the public good in an effort to address the medical needs of the communities in North Brevard County. Consequently, allowing the acquisition of SCCC by HF Medical Group and the imposition of exclusive dealing arrangements and group boycotts thwarts the legislative purpose behind the creation of PMC and allows a private entity to obstruct PMC in its pursuit of that public good.

If SCCC is acquired by HF Medical Group, the public will face higher prices for medical and radiation oncology services. Health First through the acquisition of SCCC augments its monopolistic power to increase prices, which inevitably will be passed on to the patients.

Patients will not only have to endure economic hardship in the form of increased prices, but also unnecessary physical hardships. Patients will be steered from North Brevard County unnecessarily to Central Brevard County and/or South Brevard County to receive medical and radiation oncology treatments. While additional travel may not seem an undue physical

hardship, the added burden and physical discomfort of traveling for patients enduring the pain chemotherapy or other forms of cancer treatment is indeed a hardship.

Further, the non-competition agreements that HF Medical Group will impose on the medical and radiation oncologists pursuant to the acquisition will deprive North Brevard County of the continued service of such physicians after their employment relationship with HF Medical Group ends. The contractual inability for such physicians to provide continued service exacerbates difficulties regarding access to care in North Brevard County.

Therefore, an injunction preventing the purchase of SCCC is in the public's best interest.

WHEREFORE, Plaintiff, PMC, respectfully requests that the Court:

- (1) Issue a temporary injunction prohibiting the acquisition of SCCC by HF Medical Group, HF Physicians, Health First, Inc., or any other Health First entity or, alternatively, order the divestiture of SCCC from HF Medical Group; and
- (2) Grant such other and further relief as would be just and equitable under the circumstances.

BOND

Pursuant to Fla. R. Civ. P. 1.610(b), as Plaintiff is a statutory political subdivision of the State, the Court in its discretion and with due regard for the public interest, may dispense with the requirement of a bond. PMC respectfully requests that, accordingly, a bond not be required in this case. However, should the Court deem that a bond, with or without surety and conditioned for the payment of the cost of damages sustained by Health First, Inc., HF Medical Group, and HF Physicians if they are wrongfully enjoined, should be required in this case, Plaintiff will supply such a bond.

REQUEST FOR AN EMERGENCY HEARING

Plaintiff respectfully requests that the Court hold an emergency hearing on its Emergency Motion for Temporary Injunction.

Dated: September 18, 2015

Respectfully submitted,

ZUMPARO PATRICIOS & WINKER, P.A.
312 Minorca Avenue
Coral Gables, FL 33134
Tel: 305-444-5565
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By: Joseph I. Zumpano
Joseph I. Zumpano
Fla. Bar No. 0056091
Leon N. Patricios
Fla. Bar No. 0012777
Sarah Warden
Fla. Bar No. 0016029

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was provided to a process server to serve on all parties of record on the Service List below.

Dated: September 18, 2015

SERVICE LIST

Health First, Inc.
Registered Agent
David E Mathias
6450 US Highway 1
Rockledge, FL 32955

Health First Physicians, Inc.
Registered Agent
David E Mathias
6450 US Highway 1
Rockledge, FL 32955

Health First Medical Group, LLC
Registered Agent
David E Mathias
6450 US Highway 1
Rockledge, FL 32955

Health First Health Plans, Inc.
Registered Agent
David E Mathias
6450 US Highway 1
Rockledge, FL 32955

Health First Insurance, Inc.
Registered Agent
David E Mathias
6450 US Highway 1
Rockledge, FL 32955

By: Joseph I. Zumpano
Joseph I. Zumpano

Exhibit A

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR THE STATE OF FLORIDA, BREVARD COUNTY**

CIVIL DIVISION

**NORTH BREVARD COUNTY
HOSPITAL DISTRICT, d/b/a
PARRISH MEDICAL CENTER,**

CASE NO.: 05-2015-CA-039908

Plaintiff,

v.

**HEALTH FIRST, INC.,
HEALTH FIRST HEALTH PLANS, INC.,
HEALTH FIRST INSURANCE, INC.,
HEALTH FIRST PHYSICIANS, INC., and
HEALTH FIRST MEDICAL GROUP, LLC,**

Defendants.

/

AFFIDAVIT OF CHRISTOPHER MCALPINE

Christopher McAlpine, being first duly sworn, states as follows:

1. I am a resident of Brevard County, Florida. I am over 18 years of age.
2. I have personal knowledge of the facts stated herein.
3. I am currently employed with North Brevard County Hospital District d/b/a Parrish Medical Center ("PMC") as Senior Vice President, Administration Transformation/CTO. I have been employed with Parrish Medical Center since July 2000. My duties at Parrish Medical Center include management of outpatient clinical departments, operational oversight for Corporate Compliance and the Exclusive Provider Organization known as Florida Health. Additionally, I am licensed in Risk Management and serve as in-house legal liaison through the Department of Quality/Risk Management. I also have responsibility for Parrish Medical

Center's Community Health Partnership, a network of approximately 300 psycho-social support agencies, city government and employers.

4. Parrish Medical Center is a hospital of last resort in that provides care for the uninsured and/or indigent communities of North Brevard County.

5. Health First, Inc. owns Holmes Regional Medical Center ("Holmes"), Cape Canaveral Hospital ("Cape Canaveral"), Viera Hospital ("Viera"), and Palm Bay Hospital ("Palm Bay") (Holmes, Viera, Palm Bay, and Cape Canaveral are collectively referred to herein as "Health First Hospitals").

6. Health First, Inc. through Health First Hospitals, refuses to permit competitor health insurers to include Holmes in their provider networks unless those competitor health insurers also include Health First, Inc.'s other hospitals (Viera, Palm Bay, and Cape Canaveral) at above competitive reimbursement rates. These rates are obtained by Health First, Inc. and Health First Hospitals' exploitation of their market power.

7. Further, Health First, Inc. through Health First Hospitals, contracts with its affiliated health plans, Health First Health Plans, Inc ("HF Health Plans") and Health First Insurance, Inc. ("HF Insurance"), at lower reimbursement rates than those charged to competitor health plans.

8. By coercing competitor health insurers to contract with all of Health First Hospitals at supra competitive prices, Health First, Inc. and Health First Hospitals are exploiting their market power in South Brevard County to increase profits beyond those they would otherwise earn in a competitive market and to increase the reimbursement expenses of competitor health insurers. For example, to increase profits, HF Health Plans' officials have stated to PMC that it need only reimburse physicians that comprise Health First Medical Group, LLC ("HF Medical Group") at 85% of the applicable Medicare rate. HF Health Plans then uses its rates with such physicians in

negotiations with PMC, a competitor of Health First Hospitals, to support HF Health Plans' position that it will not reimburse PMC above that rate. These arrangements allow HF Health Plans and HF Insurance to charge lower premiums to their members and reduce member cost-share amounts, which in turn, grows HF Health Plans' and HF Insurance's market power and Health First's market power as a whole.

9. I am aware that Health First requires that the physicians which comprise HF Medical Group, including those physicians that practice in North Brevard County, to admit exclusively or almost exclusively to Health First Hospitals, and refer exclusively or almost exclusively to other physicians employed by HF Medical Group and/or Health First Physicians, Inc. ("HF Physicians") and facilities owned by Health First. HF Medical Group and HF Physicians are collectively referred to herein as "HF Doctors." In addition, HF Medical Group imposes on its employed physicians non-compete agreements that restrict the physicians from practicing within a certain geographic area after end of the employment relationship.

10. Health First, Inc. through HF Health Plans and HF Insurance, uses its dominant market share in the private health insurance market to refuse to contract as participating providers with physicians practicing in Brevard County, including North Brevard County, unless they agree to admit exclusively or almost exclusively to Health First Hospitals, and refer exclusively or almost exclusively to the physicians that comprise HF Doctors, physicians contracted with HF Health Plans and HF Insurance, and facilities owned by Health First.

11. Also, the physicians which comprise HF Doctors and other participating providers in HF Insurance and HF Health Plans, including those physicians that practice in North Brevard County, are required to refuse to refer to physicians that do not refer all or nearly all of their patients to: (a) Health First Hospitals or other facilities owned by Health First; and (b) the

physicians which comprise HF Doctors and/or physicians that are contracted with HF Health Plans and HF Insurance.

12. Parrish Medical Center has determined that patients exercise the most autonomy in terms of choosing health care providers in their selection of their initial physician to see. Once that initial physician refers a patient to another facility or physician, the patient usually obliges and goes with the physician's recommendation given the physicians increased knowledge of the industry compared to their own.

13. Put another way, a patient's utilization of healthcare is generally determined by a single purchase decision, the decision with whom to seek care from initially. A patient's utilization of a particular physician's or facilities' services is generally guided by a single purchase decision. This single purchase decision is typically seeking treatment at a hospital's emergency department or with a primary care physician. Most of a patient's subsequent healthcare-related choices will be dictated from that original decision by physician referrals. As such, physician referrals generally control the course and scope of services rendered to patients. Due to the passive nature of healthcare consumers, an entity that is able to influence physicians, will, to a substantial degree, control the patients' treatment options.

14. Further, when independent physicians acquiesce to Health First's coercion, Health First expands its control over all the markets in which it participates. For instance, when independent physicians join HF Doctors, which competes with independent physicians in the physician services and ancillary services markets, HF Doctors increases its market share and loses competitors.

15. Health First, Inc. also ensures that Health First Hospitals, HF Medical Group, and HF Physicians render services to members of competitor health insurers' plans as much as possible

through the restrictions related to referrals. Therefore, these referrals increase HF Health Plans' and HF Insurance's competitive advantage in the private health insurance market by maximizing competitor health insurers' reimbursement expenses. Further, the higher revenue generated by Health First Hospitals from Health First's competitor health insurers allows Health First to shift those profits to its affiliated health plans.

16. As a result and by Health First's design, it has become apparent to physicians practicing in Brevard County that, in order to provide services at Health First, Inc.'s affiliated facilities, gain access to patients enrolled in HF Health Plans' and HF Insurance's health plans, or obtain referrals from HF Doctors, Health First's affiliated entities, and/or participating providers in HF Health Plans' and HF Insurance's networks, they are forced into Health First's restrictive arrangements.

17. PMC designates the physicians that have privileges at PMC, as active staff or associate staff, according to PMC's bylaws. Active staff members are required to have their principal place of residence and their principal office location within North Brevard County. Active staff members are the face of the department to the community. Associate staff members are required to have an association with the practice of an active staff member at PMC in the same specialty. Associate staff members perform the same duties as active staff, but in a reduced capacity. Associate staff members often serve as coverage physicians when active staff members are not available.

18. Upon the closing of HF Medical Group's acquisition of Space Coast Cancer Center ("SCCC"), the physicians that comprise SCCC will become employees of HF Medical Group and/or HF Physicians. Also, upon the closing of the acquisition of SCCC, one (1) of the seven (7) medical oncologists, Dr. Richard Levine, is potentially retiring. As such, Dr. Levine is not

included in the calculation set forth below. After the acquisition closes there will be six (6) medical oncologists considered as employed by HF Medical Group practicing in North Brevard County. PMC anticipates that all such six (6) medical oncologists will also be in-network providers for HF Health Plans and HF Insurance. Further, all such six (6) of the medical oncologists that will be employed by HF Medical Group after the acquisition of SCCC and that are currently employed and/or contracted with SCCC currently have privileges at PMC.

19. There are also three (3) medical oncologists practicing in North Brevard County that are independent of SCCC and HF Doctors. There is an additional medical oncologist, Dr. Carl Raisonne Tahn, who has not been included in this calculation. Dr. Tahn is currently on administrative leave and is not expected to return to practice in North Brevard County. All three (3) of the medical oncologists at Cancer Care Centers of Brevard that practice in North Brevard County are participating physicians in HF Health Plans' and HF Insurance's networks. Also, all such three (3) medical oncologists currently have privileges at PMC.

20. Currently, in the market for radiation oncology physician services in North Brevard County there are four (4) radiation oncologists. However, one (1) of the radiation oncologists, Dr. James Giebink, is not included in the calculation set forth below because of his potential retirement. There are three (3) radiation oncologists practicing in North Brevard County. All three (3) radiation oncologists practicing in North Brevard County are currently in-network providers for HF Health Plans and HF Insurance. The two (2) radiation oncologists currently employed by and/or contracted with SCCC currently have privileges at PMC. The one (1) radiation oncologist that is independent of SCCC and HF Doctors consults at PMC.

21. After the acquisition, HF Doctors will employ six (6) of the nine (9) (i.e. 67%) medical oncologists practicing in North Brevard County and two (2) of the three (3) (i.e. 67%) radiation oncologists practicing in North Brevard County.

22. Subsequent to that acquisition, HF Medical Group will almost certainly impose on all or most of those physicians the restrictions regarding referrals that are imposed on other physicians associated with Health First practicing in North Brevard County. Although the medical and radiation oncologists that are currently practicing at SCCC may or may not retain privileges at PMC after the acquisition, such privileges will, in practice, likely only be used for emergency services due to the restrictive referral arrangements that such oncologists will have entered into with HF Medical Group. Further, HF Medical Group will almost certainly impose on all or most of those physicians non-compete agreements that will deprive North Brevard County of the continued service of such physicians after their employment relationship with HF Medical Group ends. The contractual inability for such physicians to provide continued service exacerbates difficulties in access to care in North Brevard County.

23. After the closing of the acquisition, there will only be three (3) medical oncologists in North Brevard County that are outside of HF Doctors' employment and there will only be one (1) radiation oncologist in North Brevard County outside of HF Doctors' employment. Since all of the medical oncologists and radiation oncologists practicing in North Brevard County are in-network providers of HF Health Plans and HF Insurance, they will be subject to the restrictions regarding referrals detailed above.

24. Parrish Medical Center anticipates these referral restrictions will cause Parrish Medical Center to experience a reduction or cessation of referrals from HF Medical Group's newly acquired medical oncologists and radiation oncologists and/or a reduction or cessation of acute

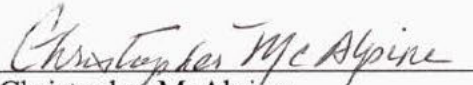
care inpatient hospital services and outpatient services for medical and radiation oncology. Patients residing in North Brevard County, including members enrolled in health plans other than those plans affiliated with Health First, who would otherwise have received inpatient and/or outpatient oncology services at Parrish Medical Center through the medical and/or radiation oncologists acquired by HF Medical Group, will instead receive such services at a hospital owned by Health First, Inc. significantly further south in Brevard County.

25. Parrish Medical Center anticipates that the acquisition of SCCC by HF Medical Group and imposed restrictions regarding referrals may cause a decrease in oncology patients seen at Parrish Medical Center that Parrish Medical Center. Medical and radiation oncologists practicing in North Brevard County will be deprived of referral choice as to where their patients receive oncology services and the hospitals they are admitted to, to their patient's detriment including quality of care. Moreover, patients will be subject to punishing travel times, while coping with cancer, potential displacement from work, and burdens upon their family or caregivers for the extended transport.

26. Beyond losing patients for medical and radiation oncology physician services, other independent service lines offered by PMC could also be negatively affected.

27. Parrish Medical Center knows of no other private entities that have indicated an intent to take legal action to prevent the acquisition of SCCC.

FURTHER SAYETH AFFIANT NOT.


Christopher McAlpine


STATE OF FLORIDA)

COUNTY OF BROWARD)

BEFORE ME the undersigned authority, personally appeared, Christopher McAlpine who after first being duly sworn, that he has read the foregoing paragraphs, and that each of the allegations contained therein are true and correct to the best of his knowledge.

The foregoing instrument was acknowledged before me this 18 day of Sept., 2015, by Christopher McAlpine who has produced a Florida Driver's License as identification or is personally known by me and who did take an oath.

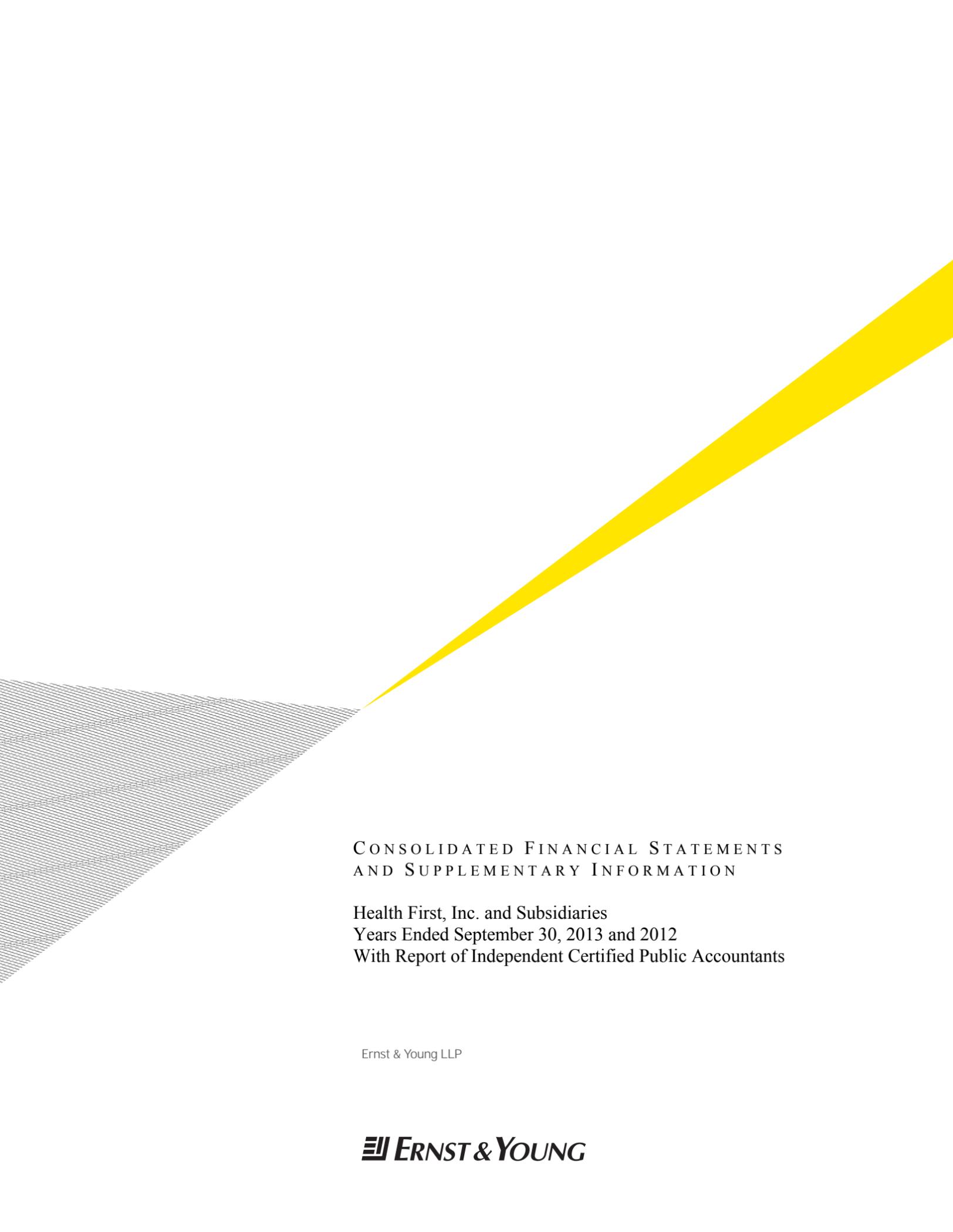




Notary Public,
State of Florida At-Large

My Commission Expires:

Exhibit B



CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Health First, Inc. and Subsidiaries
Years Ended September 30, 2013 and 2012
With Report of Independent Certified Public Accountants

Ernst & Young LLP



Health First, Inc. and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2013 and 2012

Contents

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Consolidating Statement of Revenues and Expenses	41

Report of Independent Certified Public Accountants

The Board of Trustees
Health First, Inc.

We have audited the accompanying consolidated financial statements of Health First, Inc. and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Health First, Inc. and Subsidiaries at September 30, 2013 and 2012, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The consolidating details on pages 39 through 42 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ernst & Young LLP

December 17, 2013

Health First, Inc. and Subsidiaries

Consolidated Balance Sheets

	September 30	
	2013	2012
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 139,876	\$ 243,270
Investments	315,323	159,685
Current portion of assets limited as to use	13,993	13,819
Accounts receivable, less allowances for uncollectible accounts of \$57,313 in 2013 and \$46,867 in 2012	98,798	84,351
Inventories	22,576	16,028
Prepaid expenses and other current assets	35,041	30,335
Total current assets	625,607	547,488
Assets limited as to use, less current portion	38,597	37,149
Property and equipment, net	735,524	615,252
Goodwill	17,162	—
Other assets	27,805	21,528
Total assets	<u>\$ 1,444,695</u>	<u>\$ 1,221,417</u>
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 128,499	\$ 127,046
Current portion of long-term debt and capital lease obligation	14,298	9,041
Total current liabilities	142,797	136,087
Long-term debt and capital lease obligation, less current portion	622,786	454,007
Other noncurrent liabilities	43,089	46,437
Total liabilities	808,672	636,531
Net assets:		
Unrestricted:		
Controlling interest	627,836	578,131
Noncontrolling interests in subsidiary	1,141	—
	628,977	578,131
Temporarily restricted – controlling interest	7,046	6,755
Total net assets	636,023	584,886
Total liabilities and net assets	<u>\$ 1,444,695</u>	<u>\$ 1,221,417</u>

See accompanying notes.

Health First, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Unrestricted revenues and other support:		
Patient service revenue	\$ 694,577	\$ 608,581
Provision for bad debts	(32,307)	(26,188)
Net patient service revenue	662,270	582,393
Premium revenue	357,409	379,493
Income from joint ventures	2,029	847
Other revenue	36,652	33,853
Net assets released from restrictions for operations	1,005	947
Total unrestricted revenues and other support	1,059,365	997,533
Expenses:		
Salaries and benefits	453,024	392,650
Supplies and other expenses	317,179	302,801
Medical service expenses	172,375	186,077
Depreciation and amortization	62,591	60,404
Interest	24,805	22,255
Total operating expenses before impairment and restructuring charges	1,029,974	964,187
Income from operations before impairment and restructuring charges	29,391	33,346
Impairment and restructuring charges	(5,282)	(8,990)
Income from operations	24,109	24,356
Nonoperating gains (losses):		
Investment income	5,806	263
Change in value of interest rate swaps	1,518	(3,634)
Change in value of equity-linked notes	(562)	7,290
Loss on extinguishment of debt	(2,468)	(1,124)
Other	(100)	(33)
Total nonoperating gains	4,194	2,762
Excess of revenues, other support, and gains over expenses and losses	28,303	27,118
Less: Excess of revenues, other support, and gains over expenses and losses attributable to noncontrolling interests	93	—
Excess of revenues, other support, and gains over expenses and losses attributable to controlling interests	28,210	27,118

Health First, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Unrestricted net assets:		
Excess of revenues, other support, and gains over expenses□ and losses attributable to controlling interest	\$ 28,210	\$ 27,118
Excess of revenues, other support, and gains over expenses□ and losses attributable to noncontrolling interests	93	—
Net unrealized gains on other-than-trading securities	21,684	19,427
Other changes in unrestricted net assets	859	(231)
Increase in unrestricted net assets	50,846	46,314
Temporarily restricted net assets:		
Contributions	1,295	1,517
Investment income	1	1
Net assets released from restrictions for operations	(1,005)	(947)
Other changes in temporarily restricted net assets	—	3
Increase in temporarily restricted net assets	291	574
Increase in net assets	51,137	46,888
Net assets, beginning of year	584,886	537,998
Net assets, end of year	<u>\$ 636,023</u>	<u>\$ 584,886</u>

See accompanying notes.

Health First, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Operating activities		
Increase in net assets	\$ 51,137	\$ 46,888
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Net unrealized gains on trading and other-than-trading securities	(20,182)	(19,740)
Realized (gains) losses on sales of securities	(1,179)	2,953
Loss on disposal of property and equipment	149	262
Change in value of equity-linked notes	562	(7,290)
Change in value of interest rate swaps	(1,518)	3,634
Restricted contributions and investment income	(1,296)	(1,518)
Loss on extinguishment of debt	2,468	1,124
Gain on remeasurement of previously held equity interest	(1,775)	—
Income from joint ventures	(2,029)	(847)
Distributions from joint ventures	2,177	1,927
Depreciation and amortization	62,591	60,404
Provision for bad debts	32,307	26,188
Impairment charges	927	2,840
Other	(1,157)	231
Changes in operating assets and liabilities:		
Accounts receivable	(46,149)	(26,967)
Inventories	(3,383)	(189)
Other operating assets	(4,461)	(13,406)
Accounts payable and accrued liabilities	802	(2,726)
Other noncurrent liabilities	(1,830)	(16,342)
Net cash provided by operating activities	<u>68,161</u>	<u>57,426</u>
Investing activities		
Proceeds from the sale or maturity of investments	148,044	69,156
Purchases of investments	(282,509)	(70,322)
Increase in assets limited as to use	(1,996)	(6,352)
Purchases of property and equipment	(166,808)	(19,665)
Payment for acquisition of MIMA, net of cash acquired	(37,133)	—
Net cash used in investing activities	<u>(340,402)</u>	<u>(27,183)</u>
Financing activities		
Payment of deferring financing costs	(3,163)	—
Proceeds from issuance of long-term debt	265,287	85,647
Repayments of long-term debt and capital lease obligation	(94,573)	(97,855)
Restricted contributions and investment income	1,296	1,518
Net cash provided by (used in) financing activities	<u>168,847</u>	<u>(10,690)</u>
(Decrease) increase in cash and cash equivalents	(103,394)	19,553
Cash and cash equivalents, beginning of year	243,270	223,717
Cash and cash equivalents, end of year	<u>\$ 139,876</u>	<u>\$ 243,270</u>
Supplemental schedule of noncash investing and financing activities		
Equipment/software acquired through the incurrence of capital lease obligation	<u>\$ 2,277</u>	<u>\$ 1,780</u>

See accompanying notes.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2013
(Dollars in Thousands)

1. Reporting Entity

Health First, Inc. (the Parent) is a not-for-profit parent holding company located in Brevard County, Florida, whose primary purpose is to direct the affairs of a multi-entity health care system, which includes the following affiliates:

- Holmes Regional Medical Center, Inc. (HRMC) – a tax-exempt, 514-bed acute care hospital.
- Palm Bay Hospital (PBH) – a tax-exempt, 152-bed acute care hospital that is a division of HRMC.
- Pro Health Fitness Center (PH) – a tax-exempt division of HRMC with four state-of-the-art health and fitness centers.
- Cape Canaveral Hospital, Inc. (CCH) – a tax-exempt, 150-bed acute care hospital and home health agency.
- Viera Hospital (VH) – a tax-exempt, 84-bed acute care hospital.
- Health First Health Plans, Inc. (HFHP) – a taxable entity providing various health care insurance services to employees of the Parent, other employers, and Medicare Advantage Plans.
- Health First Medical Group, LLC (HFMG), Health First Physicians, Inc. (HFPI), and Health First Medical Management, Inc. (HFMM) – taxable entities providing a system of primary care centers, specialty and ancillary services, as well as physician practice management services.
- Hospice of Health First, Inc. (HHF) – a tax-exempt entity that provides care for terminally ill individuals.
- Health First Foundation, Inc. (HFF) – a tax-exempt entity that performs philanthropic activities.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Reporting Entity (continued)

- Other affiliated organizations include Cape Health Properties, Inc. (CHP), a subsidiary of CCH; Health First Holding Corp. (HFHC); Holmes Regional Enterprises, Inc. (HRE); Viera Medical Plaza at Viera Health Park (VMOB); Health First Insurance, Inc. (HFII); Health First Family Pharmacy (HFFP), a division of HRMC; Doctor's GI Partnership, LTD. (DGP), a majority-owned partnership of HRMC; and taxable entities that manage health care-related and/or other businesses and professional services.

The Parent is the sole member or owner of each of the above entities except CHP and DGP, and controls the multi-entity structure through appointment by the Board of Trustees (Board) and approval of all major transactions.

2. Significant Accounting Policies

The accompanying consolidated financial statements include the accounts of the Parent and its controlled affiliates (referred to herein collectively as the Corporation). All significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of these consolidated financial statements in conformity with generally accepted accounting principles (GAAP) in the United States requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

Financial Statement Presentation

The Corporation conforms to the requirements of the *Presentation of the Financial Statements – Not-for-Profit Entities* Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), which establishes standards for external financial reporting by not-for-profit organizations and requires that resources be classified for accounting and reporting purposes into three net asset categories (unrestricted, temporarily restricted, and permanently restricted) according to externally (donor) imposed restrictions.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Cash and Cash Equivalents

The Corporation classifies all highly liquid investments with an original maturity of 90 days or less when purchased as cash and cash equivalents, excluding amounts limited as to use by Board designation or other arrangements under trust agreements. Cash deposits are federally insured in limited amounts.

Investments and Investment Income

The Corporation conforms to the requirements of the *Investments – Not-for-Profit Entities* Topic of the FASB ASC. In accordance with those requirements, investments in equity securities with readily determinable fair values and all investments in debt securities are stated at fair value in the consolidated balance sheets. Investment income or loss, including realized gains and losses on investments and interest and dividends, is included in the excess of revenues, other support, and gains over expenses and losses unless the income or loss is restricted by donor or law.

Unrealized gains and losses on investments are excluded from the excess of revenues, other support, and gains over expenses and losses unless the investments are trading securities. Other-than-temporary impairment of investments represents losses on debt and equity securities for which the decline in the fair value below the cost basis was determined to be other than temporary.

Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under bond indenture agreements and designated assets set aside by the Board for malpractice and other obligations, over which the Board retains control and may, at its discretion, subsequently use for other purposes. Amounts required to meet current liabilities of the Corporation are reported as current assets (see Note 4).

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost (first-in, first-out) or market value.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair value at the date of the gift. Expenditures that materially increase values, change capacities, or extend useful lives are capitalized, as are interest costs during the period of construction for such expenditures. Depreciation is computed utilizing the straight-line method at rates estimated by management to amortize the cost of the various assets within the periods of expected use. Amortization of assets recorded under capital leases is included in depreciation and amortization expense and accumulated depreciation and amortization.

Impairment of Long-Lived Assets

The Corporation reviews long-lived assets to be held and used, including intangible assets, for impairment annually or whenever events or changes in circumstances indicate that the carrying amount of the asset may not be recoverable. Such evaluation relies on a number of factors, including operating results, future anticipated cash flows, business plans, and certain economic projections. In addition, the Corporation's evaluation considers nonfinancial data, such as changes in operating environment and business relationships. If the sum of the undiscounted expected future cash flows is less than the carrying amount of the asset, the Corporation recognizes an impairment loss. Impairment losses are measured as the amount by which the carrying amount of the asset exceeds the fair value of the asset. When fair values are not available, the Corporation estimates fair value using the expected future cash flows discounted at a rate commensurate with the risks associated with the recovery of the asset.

Goodwill

Goodwill represents the excess of the purchase price and related costs over the value assigned to the net tangible and identifiable intangible assets of the businesses acquired. These amounts are evaluated annually for impairment or when there is an indicator of impairment. In accordance with ASC Topic 350, in performing the annual assessment, the Corporation chose to complete a qualitative assessment to determine whether it is more likely than not that the fair value of its reporting unit is less than the carrying amount. Management has determined that it is not more likely than not that the fair value of the Corporation's reporting unit is less than the carrying amount. Therefore, the two-step impairment test under ASC Topic 350 was not required.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Contributions

The Corporation records contributions in accordance with the *Revenue Recognition – Not-for-Profit Entities* Topic of the FASB ASC, which establishes accounting standards for contributions for donees (and donors) and generally requires unconditional promises to give cash and other assets (including multiyear promises) to be recognized at fair value as revenue and expenses in the period made.

Noncash contributions are valued at fair value on the date of the gift. Contributions are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets are released from restrictions.

Donor-restricted contributions whose restrictions are met within the same year as the contributions received are reflected as unrestricted contributions in the accompanying consolidated financial statements. Temporarily restricted net assets are primarily available for property and equipment purchases and support of specific programs administered by HRMC, CCH, PBH, VH, and HHF.

Excess of Revenues, Other Support, and Gains Over Expenses and Losses

The consolidated statements of operations and changes in net assets include excess of revenues, other support, and gains over expenses and losses. Changes in unrestricted net assets that are excluded from excess of revenues, other support, and gains over expenses and losses include changes in unrealized gains and losses on other-than-trading investments, distributions to noncontrolling interests, and contributions of long-lived assets, including assets acquired using contributions that, by donor restriction, were to be used for the purpose of acquiring such assets.

Net Patient Service Revenue, Accounts Receivable, and Allowance for Uncollectible Accounts

Patient service revenue and accounts receivable are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. The Corporation recognizes patient service revenue associated with patients who have third-party payor coverage

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, revenue is recognized on the basis of discounted rates in accordance with the Corporation's policy.

Patient service revenue is reduced by the provision for bad debts, and accounts receivable are reduced by an allowance for uncollectible accounts. The provision for bad debts and allowance for uncollectible accounts are based upon management's assessment of historical and expected net collections and historical write-off experience by payor and aging category, trends in health care coverage, and other collection indicators. Management regularly reviews collections data by major payor sources in evaluating the sufficiency of the allowance for uncollectible accounts. On the basis of historical experience, a significant portion of the amounts owed by the Corporation's self-pay patients for services rendered will not be paid. As such, the Corporation records a significant provision for bad debts in the period services are rendered related to self-pay patients. The Corporation's allowance for uncollectible accounts for self-pay patients was 91% and 89% of self-pay accounts receivable as of September 30, 2013 and 2012, respectively. For receivables associated with patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if deemed necessary. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. Accounts written off as uncollectible are deducted from the allowance, and subsequent recoveries are added.

The Corporation has determined, based on an assessment at the reporting entity level, that patient service revenue is primarily recorded prior to assessing the patient's ability to pay and as such, the entire provision for bad debts is recorded as a deduction from patient service revenue in the accompanying consolidated statements of operations and changes in net assets. The Corporation has not experienced significant changes in write-off trends and has not materially changed its charity care policy for the fiscal year ended September 30, 2013.

Patient service revenue is not recognized for those patients who qualify for charity under the Corporation's policies. For all other patients, patient service revenue, net of contractual allowances and self-pay discounts and before the provision for bad debts, recognized from major payor sources is as follows:

	Year Ended September 30	
	2013	2012
Third-party payors, net of contractual allowances	\$ 620,934	\$ 514,879
Self-pay patients, net of discounts	73,643	93,702
	<u>\$ 694,577</u>	<u>\$ 608,581</u>

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. Significant concentrations of patient accounts receivable due from third-party payors at September 30, 2013 and 2012, include 15% and 17% from the Medicare program and 59% and 55% from contracts with other third parties, respectively.

Revenue from the Medicare program represented approximately 32% and 39% of net patient service revenue for the years ended September 30, 2013 and 2012, respectively. The Corporation is subject to retroactive revenue adjustments due to audits, reviews, and investigations. Included in prepaid expenses and other current assets is \$15,354 and \$11,808, in estimated third-party settlements at September 30, 2013 and 2012, respectively. Included in other assets is \$996 and \$0 in estimated third-party settlements at September 30, 2013 and 2012, respectively. Included in accounts payable and accrued liabilities is \$15,926 and \$10,318 in estimated third-party settlements as of September 30, 2013 and 2012, respectively. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Adjustments to revenue related to prior periods as a result of settled cost reports and changes in estimates increased patient service revenue by \$3,570 and \$37,223, for the years ended September 30, 2013 and 2012, respectively.

Included in the adjustments to revenue related to prior periods that increased patient service revenue for the year ended September 30, 2012, is \$23,600 relating to the impact of the federal government's finalization of a key input to the calculation of disproportionate share payments to the Corporation for several prior years, \$6,216 relating to the settlement by the Corporation, along with other providers, with the federal government of a challenge to the implementation of the rural floor budget neutrality provision of the Balance Budget Act of 1997, and \$8,575 in settlements relating to reimbursement issues with certain third-party payors.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. However, management is not aware of any matters that could have a material effect on recorded estimates.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Charity Care

The Corporation provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, these amounts are not included in patient service revenue. The Corporation estimates the direct and indirect costs of providing charity care by applying a cost to gross charges ratio to the gross uncompensated charges associated with providing charity care to patients. Funding received to offset or subsidize charity services provided was de minimis for the years ending September 30, 2013 and 2012. The cost of providing charity care was \$40,423 and \$36,623 for the years ended September 30, 2013 and 2012, respectively.

EHR Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medicaid incentive payments are available to providers that adopt, implement, or upgrade certified EHR technology. Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments.

The Corporation accounts for HITECH incentive payments as a gain contingency. Income from Medicare incentive payments is recognized as revenue after the Corporation has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period, and the cost report period beginning during the payment year has been completed. The Corporation recognized revenue from Medicaid incentive payments after it adopted certified EHR technology. Incentive payments in the amount of \$8,506 and \$9,750 for the years ended September 30, 2013 and 2012, respectively, are included in other revenue in the accompanying consolidated statements of operations and changes in net assets. Included in prepaid expenses and other current assets in the accompanying consolidated balance sheets is \$7,190 and \$3,295 in incentive payments earned but not received at September 30, 2013 and 2012, respectively.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Income from incentive payments is subject to retrospective adjustments as the incentive payments are calculated using Medicare's cost report that is subject to audit. Additionally, the Corporation's compliance with the meaningful use criteria is subject to audit by the federal government.

Premium Revenue

Commercial membership contracts are written to groups on a yearly basis subject to cancellation by the employer group or HFHP according to the termination provision of the contract. Medicare membership contracts are written to individuals and may be terminated by the member at any time. Premiums are due monthly and are recognized as revenue during the period in which the Corporation is obligated to provide services to members. Approximately 73% and 72% of total premium revenue was received under the Medicare program for the years ended September 30, 2013 and 2012, respectively, and 27% and 28% was received from contracts with other employer groups during the years ended September 30, 2013 and 2012, respectively.

Functional Expenses

The Corporation does not present expense information by functional classification because its resources and activities are primarily related to providing health care services. Further, since the Corporation receives substantially all of its resources from providing health care services in a manner similar to a business enterprise, other indicators contained in the consolidated financial statements are considered important in evaluating how well management has discharged its stewardship responsibilities.

Claims Payable

Claims payable are recorded in accounts payable and accrued liabilities in the consolidated balance sheets and represent the amount of payments to be made on individual claims that have been reported to HFHP, as well as estimates of claims incurred that have not yet been reported as of the consolidated balance sheet date. Claims payable are estimated using various statistical methods that use both historical financial and operating data. Although considerable variability is inherent in such estimates, management believes that the reserves for unpaid claims are reasonable. Adjustments to claims payable to reflect actual experience, if any, are reflected in the consolidated statements of operations and changes in net assets in the period in which such

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

adjustments become known to management. Due to uncertainties inherent in the claims estimation process, it is at least reasonably possible that the claims paid in the near term could differ materially from the accrued amounts. Management believes that the recorded reserves are adequate

The following table provides a reconciliation of the beginning and ending balances of unpaid claims liabilities included in accounts payable and accrued liabilities, net of reinsurance recoverables:

	Year Ended September 30	
	2013	2012
Unpaid claim liabilities, at beginning of year	\$ 20,418	\$ 17,576
Incurred losses:		
Current period	142,267	160,646
Prior periods	(3,000)	(1,724)
Payments for claims, net of reinsurance:		
Current period	(121,511)	(140,346)
Prior periods	(15,112)	(15,734)
Unpaid claim liabilities, at end of year	<u>\$ 23,062</u>	<u>\$ 20,418</u>

Medical Services Expense

HFHP contracts with various health care providers for the provision of certain medical care services to its members. Medical services consist partially of inpatient and outpatient hospital services and pharmacy. Hospital services are paid on a fee-for-service, capitation, and fixed-rate basis. The provision for medical services includes estimates of payments to be made on health care services reported as of the consolidated balance sheet dates and estimates of health care services rendered but not reported to HFHP as of the consolidated balance sheet dates. Medical services reserves are reviewed and adjusted periodically. As adjustments are made, differences are included in current operations.

Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Income Taxes

The Parent and its tax-exempt affiliates are generally exempt from federal and state income taxes applicable under Section 501(a), as organizations described in Section 501(c)(3), of the Internal Revenue Code and Section 220.13 of the Florida Statutes, respectively. The taxable affiliates, except CHP, file a consolidated income tax return for both federal and state income tax purposes. The provision for income taxes and income taxes paid included in these consolidated financial statements is not significant. The consolidated income tax returns for the tax years ended September 30, 2010 through 2012, are still subject to federal and state income tax examination.

ASC Topic 740, *Income Taxes*, prescribes the accounting for uncertainty in income tax positions recognized in financial statements. ASC Topic 740 provides guidance for recognition threshold and measurement attributes for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return.

Reclassifications

Certain reclassifications were made to the 2012 consolidated financial statements to conform to the 2013 presentation. These reclassifications had no effect on the consolidated change in net assets previously reported.

Recent Accounting Pronouncements

In July 2011, the FASB issued Accounting Standards Update (ASU) 2011-06, *Fees Paid to the Federal Government by Health Insurers*. ASU 2011-06 requires health insurers to estimate the liability for the annual fee mandated by the Patient Protection and Affordable Care Act and record in full once the entity provides qualifying health insurance in the applicable calendar year in which the fee is payable with a corresponding deferred cost that is amortized to expense using a straight-line method of allocation unless another method better allocates the fee over the calendar year that is payable. ASU 2011-06 is effective for calendar years beginning after December 31, 2013. Management is currently evaluating the effects of ASU 2011-06 on the Corporation's consolidated financial statements.

In July 2012, the FASB issued ASU 2012-02, *Testing Indefinite-Lived Intangible Assets for Impairment*. The objective of ASU 2012-02 is to reduce the cost and complexity of performing an impairment test for indefinite-lived intangible assets by simplifying how an entity tests those

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

assets for impairment and to improve consistency in impairment testing guidance among long-lived asset categories. ASU 2012-02 permits an entity to first assess qualitative factors to determine whether the existence of events and circumstances indicates that it is more likely than not that the indefinite-lived intangible asset is impaired. If, after assessing the totality of events and circumstances, an entity concludes that it is not more likely than not that the indefinite-lived intangible asset is impaired, then the entity is not required to take further action. However, if an entity concludes otherwise, then it is required to determine the fair value of the indefinite-lived intangible asset and perform the quantitative impairment test by comparing the fair value with the carrying amount. ASU 2012-02 was effective for fiscal years beginning after September 15, 2012, with early adoption permitted. The Corporation adopted the provisions of ASU 2012-02 effective October 1, 2012. The adoption of this guidance did not have an impact on the Corporation's consolidated financial statements.

In October 2012, the FASB issued ASU 2012-05, *Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows*. ASU 2012-05 requires not-for-profit entities to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without any imposed limitations for sale and were converted nearly immediately into cash. Accordingly, the cash receipts from the sale of those financial assets should be classified as cash inflows from operating activities, unless the donor restricted use of the contributed resources to long-term purposes, in which case those cash receipts should be classified as cash flows from financing activities. ASU 2012-05 is effective for fiscal years beginning after June 15, 2013. Management is currently evaluating the effects of ASU 2012-05 on the Corporation's consolidated financial statements.

In December 2011, the FASB issued ASU 2011-11, *Disclosures about Offsetting Assets and Liabilities*. Offsetting (netting) assets and liabilities is an important aspect of presentation in financial statements. The differences in offsetting requirements of GAAP compared to International Financial Reporting Standards (IFRS) account for significant differences in the amounts presented in statements of financial position as reported under each set of accounting requirements. These differences reduce the comparability of statements of financial position. ASU 2011-11 requires disclosure about offsetting and related arrangements to enable financial statement users to understand the effect of those arrangements on financial position. In January 2013, the FASB issued ASU 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities*. The amendments in ASU 2013-01 and 2011-11 are effective for

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

fiscal years beginning on or after January 1, 2013, and interim periods within those annual periods. The Corporation will adopt ASU 2013-01 and 2011-11 effective October 1, 2013. Management is currently evaluating the effects of the new guidance on the Corporation's consolidated financial statements.

3. Investments

The Corporation used medium-term, equity-linked notes with embedded derivatives as a protection against the risk of adverse movements in the equity indices. The equity-linked notes did not pay interest or dividends and did not guarantee a full return of principal at maturity. The Corporation had a protection clause against the first 15% decline in the S&P 500 Index. The notes paid an amount based on the closing value of the S&P 500 Index at maturity. The Corporation's participation rate in any appreciation of the S&P 500 Index was 132.10% at maturity, which occurred during April 2013. The notes had a maturity date of six years from the issue date and were considered senior notes. The notes were classified as trading securities and were recorded at fair value. All changes in fair value (both realized and unrealized gains and losses) were reflected within excess of revenue, other support, and gains over expenses and losses in the accompanying consolidated statements of operations and changes in net assets.

The Corporation follows the provisions of the *Derivatives and Hedging* Topic of the FASB ASC, which requires not-for-profit health care entities to apply those provisions in the same manner as for-profit entities. Since the entire hybrid instrument was carried at fair value with changes in value included in earnings, the standards do not require separate accounting for any embedded derivatives. During the year ended September 30, 2013 and 2012, unrealized (losses) gains of (\$562) and \$7,290, respectively, are included in change in value of equity-linked notes in the accompanying consolidated statements of operations and changes in net assets. Upon maturity of the equity-linked notes, the Corporation realized a gain of \$3,306, which is included in investment income in the accompanying consolidated statements of operations and changes in net assets.

The investment in equity-linked notes represented a significant concentration of market risk within the Corporation's investment portfolio. At September 30, 2012, equity-linked notes represented approximately 12% of total investments and assets limited as to use.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Investments (continued)

The composition of investments and assets limited as to use is presented below:

	September 30	
	2013	2012
Cash and cash equivalents	\$ 17,197	\$ 15,216
Equity-linked notes	—	25,563
Equity securities	241,358	83,892
U.S. Treasury and agency obligations	59,703	48,355
U.S. corporate bonds	49,164	36,472
Municipal bonds	491	752
Certificate of deposit	—	403
	<u>\$ 367,913</u>	<u>\$ 210,653</u>

Unrestricted investment income comprises the following:

	Year Ended September 30	
	2013	2012
Interest income	\$ 6,130	\$ 2,903
Realized gain (loss) on sales of securities	1,178	(2,953)
Unrealized (loss) gain on trading securities	(1,502)	313
	<u>\$ 5,806</u>	<u>\$ 263</u>

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Assets Limited as to Use

Assets limited as to use are composed of the following:

	September 30	
	2013	2012
Board designated for malpractice and other obligations	\$ 26,923	\$ 26,973
Cash and investments held by trustee under bond indenture agreements – debt service and project funds	17,488	17,240
Board designated for the Foundation	7,179	6,755
Other	1,000	–
	52,590	50,968
Less amounts required to meet current obligations	13,993	13,819
	\$ 38,597	\$ 37,149

5. Other Assets

The composition of other assets is as follows:

	September 30	
	2013	2012
Investment in joint ventures	\$ 15,700	\$ 11,996
Deferred financing cost	4,654	3,261
Other	7,451	6,271
	\$ 27,805	\$ 21,528

The Corporation accounts for its investments in joint ventures in accordance with the *Investments – Equity Method and Joint Ventures* Topic of the FASB ASC. Accordingly, the Corporation records an investment in the net assets of the joint venture at cost and adjusts the carrying amount of the investment to recognize the Corporation's share of the income or losses of the joint venture after the date of acquisition. The Corporation's share of income from joint ventures for the years ended September 30, 2013 and 2012, was \$2,029 and \$847, respectively.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Other Assets (continued)

HealthSouth of Sea Pines Limited Partnership (HSSP), in which the Corporation has a 25% interest, is the Corporation's significant unconsolidated subsidiary that is accounted for using the equity method of accounting. Summarized financial information for the Corporation's investment in HSSP as of and for the years ended September 30, 2013 and 2012, assuming 100% ownership interest, is as follows:

	September 30	
	2013	2012
Balance sheets		
Current assets	\$ 6,390	\$ 6,019
Noncurrent assets	10,591	10,272
Total assets	<u>\$ 16,981</u>	<u>\$ 16,291</u>
Current liabilities	\$ 3,239	\$ 3,088
Partners' capital	13,742	13,203
Total liabilities and partners' capital	<u>\$ 16,981</u>	<u>\$ 16,291</u>
Statements of operations		
Net operating revenues	\$ 18,775	\$ 18,874
Operating expenses	16,518	15,597
Income from continuing operations	2,257	3,277
Other	3	(2)
Net income	<u>\$ 2,260</u>	<u>\$ 3,275</u>

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Property and Equipment

A summary of property and equipment is as follows:

	September 30	
	2013	2012
Land and improvements	\$ 87,138	\$ 70,074
Buildings and improvements	778,760	648,142
Fixed equipment and major movable equipment	618,627	586,471
	1,484,525	1,304,687
Less allowances for depreciation and amortization	750,812	690,962
	733,713	613,725
Construction-in-progress	1,811	1,527
	\$ 735,524	\$ 615,252

Construction-in-progress at September 30, 2013, represents costs incurred to date related to construction and renovation projects expected to be completed over the next five years. At September 30, 2013, the estimated cost to complete construction and renovation projects in progress is approximately \$10,504, which will be funded principally from operations.

The Cape Canaveral Hospital District (District) was created under the laws of the state of Florida on August 18, 1959, and includes a special tax district in Brevard County, Florida. The District was re-created by Chapter 2003-337, Laws of Florida, which codified all special acts related to the District. The District leases the hospital facility and operating assets to CCH. CCH makes payments to the District sufficient to pay the principal and interest on the District's outstanding obligations. The assets and liabilities of CCH revert to the District upon completion of the lease term in 2039. The District may levy taxes upon all real and personal taxable property in the District, not to exceed 2.25 mills annually. The District did not levy taxes for either of the years ended September 30, 2013 or 2012.

The future minimum lease payments at September 30, 2013, under the capital lease obligation with the District are de minimis.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Property and Equipment (continued)

A summary of assets under the capital lease with the District included in property and equipment is as follows:

	September 30	
	2013	2012
Land and improvements	\$ 2,591	\$ 2,591
Buildings and improvements	91,501	91,103
Fixed equipment and major movable equipment	77,891	76,667
	171,983	170,361
Less allowance for amortization	119,862	113,909
	52,121	56,452
Construction-in-progress	72	132
	\$ 52,193	\$ 56,584

During 2013, the Corporation determined a support services and rental building was in an excessive state of disrepair. The Corporation recognized an impairment charge relating to the vacated building of \$927, which is included in impairment and restructuring charges in the accompanying consolidated statements of operations and changes in net assets.

During 2012, the Corporation vacated a support services building that was in disrepair. The Corporation recognized an impairment charge related to the vacated building of \$2,840, which is included in impairment and restructuring charges in the accompanying consolidated statements of operations and changes in net assets.

7. Goodwill

The changes in the carrying amount of goodwill for the year ended September 30, 2013, were as follows:

Goodwill at September 30, 2012	\$ —
Acquisitions	17,162
Impairments	—
Goodwill at September 30, 2013	\$ 17,162

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt and Capital Lease Obligation

Long-term debt and capital lease obligation are as follows:

	September 30	
	2013	2012
Term loan with two lenders, secured by certain assets of the Corporation, interest payable monthly at a fixed rate of 4.49%, due March 2038	\$ 143,141	\$ —
Term loan with a financial institution, collateralized by revenues of the borrowers, interest payable monthly at a variable rate (1.43% at September 30, 2013), due February 2023	36,000	—
Term loan with a financial institution, collateralized by revenues of the borrowers, interest payable monthly at a variable rate (1.78% at September 30, 2013), due September 2017	10,880	11,282
Term loan with a financial institution, collateralized by the revenues of the borrowers, interest payable monthly at a variable rate (1.43% at September 30, 2013), due November 2020	9,238	10,525
Term loan with a financial institution, collateralized by revenues of the borrowers, interest payable monthly at a variable rate (1.43% at September 30, 2013), due November 2020	13,116	15,108
Health Facilities Revenue Bonds, Series 2013A, including a premium of \$8,047	72,977	—
Health Facilities Revenue Bonds, Series 2012A	20,131	20,555
Health Facilities Revenue Bonds, Series 2009A	60,375	63,875
Health Facilities Revenue Bonds, Series 2010, extinguished in 2013	—	21,835
Health Facilities Revenue Bonds, Series 2009B, recorded net of a discount of \$875 and \$909, respectively	84,975	84,941
Health Facilities Revenue Bonds, Series 2005, recorded net of a discount of \$1,536 and \$1,606, respectively	173,464	173,394
Health Facilities Revenue Bonds, Series 2001, extinguished in 2013	—	49,290
Other	12,787	12,243
Total long-term debt and capital lease obligation	637,084	463,048
Less current maturities	(14,298)	(9,041)
	<u>\$ 622,786</u>	<u>\$ 454,007</u>

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt and Capital Lease Obligation (continued)

Maturities of long-term debt, excluding capital leases, consist of the following:

Year ending September 30:	
2014	\$ 13,286
2015	16,749
2016	18,451
2017	28,696
2018	19,739
Thereafter	531,181

Future minimum lease payments under the capital leases, together with the present value of net minimum lease payments, consist of the following:

Year ending September 30:	
2014	\$ 1,130
2015	1,138
2016	964
2017	428
2018	21
	<hr/> 3,681
Less amount representing interest	(335)
Present value of net minimum lease payments	<hr/> 3,346
Current portion	1,012
Long-term capital lease obligation	<hr/> <hr/> \$ 2,334

A Master Trust Indenture, dated May 15, 2001, and modified in February 2013, covers all bonds issued and outstanding by the Parent, HRMC, CCH, and VH (collectively, the Obligated Group) at September 30, 2013 and 2012. Under the Master Trust Indenture, all members of the Obligated Group are jointly and severally liable for the obligation covered by the Master Trust Indenture. HRMC has executed a mortgage on a portion of HRMC's property in favor of the Master Trustee to secure the Obligated Group's repayment obligation under the Master Trust Indenture. The mortgaged property has a carrying value of \$226,339 at September 30, 2013. In addition, all revenues of HRMC, PBH, CCH, and VH are pledged as security for the payment of the obligations outstanding under the Master Trust Indenture. At September 30, 2013, total debt outstanding related to the Master Trust Indenture is approximately \$464,641.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Long-Term Debt and Capital Lease Obligation (continued)

The Master Trust Indenture provides for specific restrictive covenants, including a debt service coverage requirement. The Corporation was in compliance with all such restrictive covenants at September 30, 2013.

In February 2013, the Corporation issued \$65,910 of Health Facilities Revenue Bonds, Series 2013A. The proceeds were used to refinance the Health Facilities Revenue Bonds, Series 2001, and Health Facilities Revenue Bonds, Series 2010. The loss on extinguishment of debt related to the refinancing of \$2,468 is included in nonoperating gains (losses) in the accompanying consolidated statements of operations and changes in net assets.

In February 2013, the Corporation executed a \$36,000 term loan with a bank. The loan proceeds were used by the Corporation to purchase certain assets of Melbourne Internal Medicine Associates, PA (MIMA) (see Note 9).

In February 2013, the Corporation entered into a credit and security agreement with two lenders. The credit and security agreement provided a term loan in the amount of \$145,000. The loan proceeds were used by the Corporation to acquire certain assets of MIMA.

In May 2012, the Corporation issued \$20,550 of Health Facilities Revenue Bonds, Series 2012A, the proceeds of which were used to refinance a portion of the Health Facilities Revenue Bonds, Series 2001. Also in May 2012, the Corporation modified the interest rate on the Health Facilities Revenue Bonds, Series 2009A, and accounted for the modification as an extinguishment. The loss on extinguishment of debt of \$1,124 is included in nonoperating gains (losses) in the accompanying consolidated statements of operations and changes in net assets.

Interest expense approximates interest paid.

9. Business Combinations

On February 15, 2013, HFPI acquired certain assets and assumed certain liabilities of MIMA. The acquisition will enable the Corporation to combine MIMA physicians with its expanding multi-specialty physician group in order to improve the health and well-being in Brevard County. Additionally, the acquisition will allow the Corporation to enhance its Integrated Value Based Delivery Network, reducing costs to those served. MIMA is a multi-specialty physician group

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Business Combinations (continued)

providing services in Brevard County, Florida. The acquisition of MIMA resulted in goodwill of \$12,819, which was derived primarily from intangible assets that do not qualify for separate recognition.

The following summarizes the estimated fair values of the assets acquired and the liabilities assumed at the date of acquisition:

Current assets, net of cash received	\$ 5,715
Property and equipment	16,341
Goodwill	12,819
Other assets	6,227
Total assets acquired, net of acquired cash received	<u>41,102</u>
Current portion of capital lease obligation	1,711
Long-term portion of capital lease obligation, less current portion	<u>1,432</u>
Total liabilities assumed	<u>3,143</u>
Net assets acquired	<u>\$ 37,959</u>

The following pro forma combined results of operations give effect to the acquisition as if it had occurred on October 1, 2011. The pro forma combined results of operations do not necessarily represent the Corporation's consolidated results of operations had the acquisition occurred on the date assumed, nor are these results necessarily indicative of the Corporation's future consolidated results of operations. The Corporation expects to realize certain benefits from integrating MIMA into the Corporation and to incur certain one-time costs. The pro forma combined results of operations do not reflect these benefits or costs. These combined results reflect the impact of amortizing certain acquisition accounting adjustments, such as fair value adjustments to property and equipment as of October 1, 2011.

	Year Ended September 30	
	2013	2012
Pro forma total operating revenue	<u>\$ 1,112,696</u>	<u>\$ 1,145,781</u>
Pro forma excess of revenue, other support, and gains over expenses and losses	<u>\$ 28,989</u>	<u>\$ 29,972</u>

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Business Combinations (continued)

The Corporation has determined that it is impracticable to disclose the amounts of revenues and earnings of MIMA since its acquisition. Upon its acquisition, the operations of MIMA were integrated into HFPI; therefore, separate revenues and earnings amounts for MIMA since its acquisition are not available.

In connection with the acquisition, the Corporation acquired a controlling interest in DGP. Prior to the acquisition date, the Corporation accounted for its 39.67% interest as an equity-method investment. The acquisition-date fair value of the previous equity interest, held by HRMC, was \$2,220. The Corporation recognized a gain of \$1,775 as a result of remeasuring its prior equity interest held before the business combination. The gain is included in other revenue in the accompanying consolidated statements of operations and changes in net assets. This transaction resulted in goodwill in the amount of \$4,343, which was derived primarily from intangible assets that do not qualify for separate recognition.

On February 15, 2013, the fair value of the 20.6% noncontrolling interest was estimated to be \$1,157. The fair value of the noncontrolling interest was estimated using a combination of the income and market approaches. As DGP is a private entity, the fair value measurement is based on significant inputs that are not observable in the market and thus represents a Level 3 measurement as defined in ASC Topic 820 (see Note 13). The fair value estimates are based on (a) a discount rate range of 11% to 15%, (b) a terminal value based on a range of terminal EBITDA multiples between 5 and 7 times, and (c) adjustments because of the lack of control or lack of marketability that market participants would consider when estimating fair value of the noncontrolling interest.

The following summarizes the estimated fair values of the assets and liabilities assumed on February 15, 2013:

Current assets	\$ 1,251
Property and equipment	190
Goodwill	4,343
Total assets	<u>5,784</u>
Current liabilities	187
Noncontrolling interest	1,157
Net assets acquired	<u><u>\$ 4,440</u></u>

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Business Combinations (continued)

Goodwill recognized as part of the transaction described above is expected to be deductible for tax purposes.

10. Employee Benefit Plans

Retirement Plan

The Corporation, excluding HFMG, has a defined contribution plan covering substantially all employees. Under the plan, the Corporation contributes 1% of the eligible employees' gross wages. Eligible employees are allowed to contribute up to 100% of the eligible employees' gross wages not to exceed the maximum permissible standard deferral amount. This is in addition to any catch-up deferral amount for qualifying individuals. In addition to the Corporation's contribution previously noted, the Corporation will match up to 8% of the employees' contribution at a 30% rate. As a result, a maximum 3.4% contribution may be made by the Corporation for the years ended September 30, 2013 and 2012. Retirement plan expense was \$5,383 and \$5,579 for the years ended September 30, 2013 and 2012, respectively.

Employee Health Plan

The Corporation is self-funded for health benefits for substantially all employees. The self-funded benefits are administered by HFHP. Employee health benefits expense was \$15,816 and \$15,815, for the years ended September 30, 2013 and 2012, respectively.

11. Malpractice Insurance Plan

The Corporation maintained insurance for malpractice coverage under claims-made policies at September 30, 2013 and 2012. A claims-made policy covers only malpractice claims reported to the insurance carrier during the policy term. Management has recorded a liability for estimated losses from reported and unreported claims of \$21,242 and \$26,649 at September 30, 2013 and 2012, respectively, of which \$4,047 and \$9,461 and \$17,195 and \$17,188 is included in accounts payable and accrued liabilities and other noncurrent liabilities as of September 30, 2013 and 2012, respectively, in the accompanying consolidated balance sheets. Management, with the assistance of consulting actuaries, estimates claims liabilities at the present value of future claims payments using a discount rate of 3.5% at September 30, 2013 and 2012. Medical malpractice expense of \$6,641 and \$13,585 for the years ended September 30, 2013 and 2012, respectively, is included in supplies and other expenses in the accompanying consolidated statements of operations and changes in net assets.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Commitments and Contingencies

Litigation

The Corporation is involved in litigation arising in the ordinary course of business. After consultation with legal counsel, management believes that these matters will be resolved without material adverse effect on the Corporation's future consolidated financial position or results of operations.

On May 23, 2007, Wuesthoff Health System, Inc. (Wuesthoff) filed a lawsuit (the Wuesthoff Complaint) in the Circuit Court for the Eighteenth Judicial Circuit in and for Brevard County, Florida (the Court), alleging seven counts of various antitrust violations by the Parent, HRMC, CCH, HFPI, and HFHP, hereinafter collectively referred to as the Health First Group. Wuesthoff alleges, among other things, that the Health First Group has "impermissibly obtained market power in the general acute care in-patient hospital market, and managed care markets" in the central and south portion of Brevard County as a result of the merger between HRMC and CCH in 1995 in violation of Section 7 of the Clayton Antitrust Act.

In November 2012, the Wuesthoff Complaint was settled. The settlement had several components, certain of which will be paid in future years. The cost of the settlement, on a discounted basis, is included in supplies and other expenses in the accompanying consolidated statements of operations and changes in net assets for the year ended September 30, 2012. Amounts relating to the settlement to be paid in future years are included in accounts payable and accrued liabilities and other noncurrent liabilities in the accompanying consolidated balance sheets as of September 30, 2013 and 2012. The specific terms of the settlement may not be disclosed due to a confidentiality provision in the settlement agreement.

On May 15, 2007, a local physician and Brevard Orthopaedic, Spine & Pain Clinic, Inc. filed a lawsuit (the Brevard Complaint) in the Court, alleging 12 counts of various antitrust and other violations by Health First Group. The Brevard Complaint alleges almost identical acts as the Wuesthoff Complaint.

On February 21, 2008, the Health First Group filed its Answer and Affirmative Defenses with the Court and will continue to vigorously contest the allegations contained in the Brevard Complaint. While the case has been set for trial twice in the last year, the Court has continued the case on the motion of Plaintiffs and has recently re-opened and expanded the time period for discovery. Although it is premature to assess the likely course or outcome of the Brevard Complaint, if the outcome of the litigation is adverse to the Health First Group, the Health First Group could incur material liabilities for damages or other adverse financial consequences.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Commitments and Contingencies (continued)

On September 27, 2013, a physician group, OMNI Healthcare (OMNI), and ten other physician and physician assistant plaintiffs filed an antitrust lawsuit (the OMNI Complaint) in the United States District Court, Middle District against the Health First Group, alleging certain violations of the federal antitrust laws based primarily upon the merger of HRMC and CCH in 1995 and subsequent alleged exclusionary conduct in the market for inpatient acute care hospital services in South Brevard County and through the 2013 acquisition by HFPI of MIMA. On December 6, 2013, an Amended Complaint was filed in this action adding three additional entity plaintiffs, and making essentially the same allegations as the OMNI Complaint. As of the date of this disclosure, the Health First Group has not been served with either the OMNI Complaint or the Amended Complaint, so no action has been taken. Should the Health First Group be served, the Health First Group intends to vigorously defend against the allegations. Although it is premature to assess the likely course or outcome of the OMNI Complaint, assuming the OMNI or Amended Complaint is served and litigation ensues, if the outcome of the litigation is adverse to the Health First Group, then the Health First Group could incur material liabilities for damages or other adverse financial consequences.

Guarantees

The Corporation has guaranteed the promissory note payments of a certain limited partnership in which the Corporation is a partner. The guaranteed promissory note had a balance as of September 30, 2013 and 2012, of \$2,403 and \$2,537, respectively.

Operating Leases

The Corporation leases certain property and equipment under operating leases. Lease and rental expense was approximately \$10,215 and \$7,147 for the years ended September 30, 2013 and 2012, respectively.

Net future minimum lease payments under non-cancelable operating leases as of September 30, 2013, are as follows:

2014	\$	7,103
2015		4,298
2016		2,188
2017		1,745
2018		1,411

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Fair Value of Financial Instruments

As defined in ASC Topic 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

The three levels of the fair value hierarchy defined by ASC Topic 820 and a description of the valuation methodologies used for instruments measured at fair value are as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date.

Level 2 – Pricing inputs other than quoted prices included in Level 1 that are either directly observable or that can be derived or supported from observable data as of the reporting date.

Level 3 – Pricing inputs include those that are significant to the fair value of the financial asset or financial liability and are generally less observable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value. The Corporation has no financial assets or financial liabilities with significant Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Fair Value of Financial Instruments (continued)

The following tables present the fair value of financial assets and financial liabilities that are measured at fair value on a recurring basis at September 30, 2013 and 2012:

	September 30, 2013			
	Total	Level 1	Level 2	Level 3
Financial assets				
Cash and cash equivalents	\$ 139,876	\$ 139,876	\$ —	\$ —
Investments:				
Domestic equity securities	195,861	195,861	—	—
International equity securities	40,957	40,957	—	—
U.S. Treasury and agency obligations	38,722	18,316	20,406	—
U.S. corporate bonds	39,292	—	39,292	—
Municipal bonds	491	—	491	—
Total investments	315,323	255,134	60,189	—
Assets limited as to use:				
Cash and cash equivalents	17,197	17,197	—	—
Domestic equity securities	4,540	4,540	—	—
U.S. Treasury and agency obligations	20,981	3,513	17,468	—
U.S. corporate bonds	9,872	—	9,872	—
Total assets limited as to use	52,590	25,250	27,340	—
	\$ 507,789	\$ 420,260	\$ 87,529	\$ —
Financial liabilities				
Interest rate swap agreements	\$ 4,716	\$ —	\$ 4,716	\$ —

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Fair Value of Financial Instruments (continued)

	September 30, 2012			
	Total	Level 1	Level 2	Level 3
Financial assets				
Cash and cash equivalents	\$ 243,270	\$ 243,270	\$ —	\$ —
Investments:				
Domestic equity securities	64,004	64,004	—	—
International equity securities	15,229	15,229	—	—
U.S. Treasury and agency obligations	28,050	14,775	13,275	—
U.S. corporate bonds	26,087	—	26,087	—
Municipal bonds	752	—	752	—
Equity-linked notes	25,563	—	25,563	—
Total investments	159,685	94,008	65,677	—
Assets limited as to use:				
Cash and cash equivalents	15,216	15,216	—	—
Certificate of deposit	403	403	—	—
Domestic equity securities	4,659	4,659	—	—
U.S. Treasury and agency obligations	20,305	3,527	16,778	—
U.S. corporate bonds	10,385	—	10,385	—
Total assets limited as to use	50,968	23,805	27,163	—
	\$ 453,923	\$ 361,083	\$ 92,840	\$ —
Financial liabilities				
Interest rate swap agreements	\$ 8,362	\$ —	\$ 8,362	\$ —

Interest rate swap liabilities are included in other noncurrent liabilities in the accompanying consolidated balance sheets.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Fair Value of Financial Instruments (continued)

The fair values of the securities included in Level 1 were determined through quoted market prices. The fair values of Level 2 financial assets and financial liabilities were determined as follows:

Equity-linked notes – These securities were valued by discounting the estimated cash flows from each note using a discount rate that reflects the credit quality of the issuer. The discount rate is determined based on mid-market inputs obtained from third-party sources.

Interest rate swaps – The fair value of the interest rate swap agreements was determined through the use of widely accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each derivative. The analysis reflects the contractual terms of the interest rate swaps, including the period to maturity, and uses observable market-based inputs, such as interest rate curves. In addition, credit valuation adjustments are included to reflect both the Corporation's nonperformance risk and the respective counterparty's nonperformance risk. The Corporation pays a fixed rate ranging from 2.29% to 4.89% and receives cash flows based on 65% to 100% of one-month LIBOR, plus a fixed spread.

U.S. corporate bonds – These securities were valued through the use of third-party pricing services and use evaluated bid prices adjusted for specific bond characteristics and market sentiment.

The carrying values of accounts receivable and accounts payable and accrued liabilities are reasonable estimates of their fair value due to the short-term nature of these financial instruments. The carrying value of the Corporation's variable rate obligations, consisting of term loans and certain other long-term debt, approximates fair value. The fair value of the Corporation's fixed-rate obligations is estimated using Level 2 inputs based on quoted market prices for the same or similar issues. The carrying value and fair value of long-term debt at September 30, 2013, are \$637,084 and \$658,466, respectively. The carrying value and fair value of long-term debt at September 30, 2012, are \$463,048 and \$491,624, respectively.

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

14. Restructuring Charges

During 2012, the Corporation implemented a significant organizational restructuring. The restructuring was designed to:

- Improve the value created and delivered to patients, members, and others that the Corporation serves
- Establish and convey a single unified identity for the Corporation
- Transition from a service model built on restoration (sick care) to prevention (wellness) by bringing together and integrating the combined resources across the system
- Grow the number of members and patients served by the Corporation
- Allow more efficient decision-making to respond to rapid changes in the market

Significant restructuring actions undertaken during 2012 included a reduction associated with management transitions and consolidation of redundant support function activities. During 2013, continued efforts were undertaken for residual transitions. Restructuring charges of \$4,355 and \$6,150 relating to those actions are included in impairment and restructuring charges in the accompanying consolidated statements of operations and changes in net assets for the years ended September 30, 2013 and 2012, respectively. The Corporation does not expect to incur any additional material charges related to the restructuring.

A reconciliation of the beginning and ending restructuring liability, which is included in accounts payable and accrued liabilities in the accompanying consolidated balance sheets, relating to the restructuring charge is as follows:

	September 30	
	2013	2012
Restructuring liability, at beginning of year	\$ 2,375	\$ —
Restructuring charges	4,355	6,150
Payments	(5,095)	(3,775)
Restructuring liability, at end of year	<u>\$ 1,635</u>	<u>\$ 2,375</u>

Health First, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

15. Statutory Compliance

Health First Health Plans, Inc. (HFHP)

HFHP is required by Section 641.225(1) of the Florida Statutes to maintain at all times a minimum surplus in an amount that is the greatest of \$1,500, 10% of total liabilities, or 2% of total annualized premium revenue. In addition, Section 641.35(9) of the Florida Statutes stipulates that HFHP must maintain an amount equal to its required minimum surplus in coin or currency of the United States on hand or on deposit in any solvent national or state bank, savings and loan association, trust company, or in eligible securities or obligations. HFHP was in compliance with such requirements at September 30, 2013.

The Florida Department of Financial Services Office of Insurance Regulation (the Department) limits distributions of earnings or equity transfers to no more than 10% of statutory surplus from accumulated earnings in any one year unless prior approval is received from the Department. In addition to this payment, and to the extent accumulated statutory surplus exceeds the required amount, HFHP may make distributions out of its entire preceding fiscal year's net operating profits. During the fiscal years ended September 30, 2013 and 2012, HFHP paid dividends of \$607 and \$11,543, respectively. At September 30, 2013 and 2012, HFHP had \$0 available for the payment of dividends without regulatory approval.

The state of Florida requires HFHP to maintain a deposit with the Department for uncovered claims relating to nonparticipating providers. HFHP complies with this requirement by maintaining the required deposit of \$3,226 and \$3,281 as of September 30, 2013 and 2012, respectively, with the Department, which is included in other assets in the accompanying consolidated balance sheets.

HFHP is required by Title 69O-191.076 of the Florida Administrative Code to ensure that income from operations before federal income taxes is no less than 2% of total revenues on an annual basis. As of December 31, 2012, HFHP was not in compliance with this requirement. Because HFHP had positive pretax income, its surplus exceeded 200% of required minimum surplus, and it is not operating under a corrective action plan, it received a waiver under the provisions of the Florida Administrative Code.

16. Subsequent Events

The Corporation evaluated events and transactions occurring subsequent to September 30, 2013, through December 17, 2013, the date the accompanying consolidated financial statements were issued.

Supplementary Information

Health First, Inc. and Subsidiaries

Consolidating Balance Sheet

September 30, 2013

	Holmes Regional Medical Center, Inc.							
	Holmes Regional Medical Center	Palm Bay Hospital	Cape Canaveral Hospital, Inc.	Viera Hospital, Inc.	Other	Eliminations	Consolidated Total	
	<i>(In Thousands)</i>							
Assets								
Current assets:								
Cash and cash equivalents	\$ 140,118	\$ 20,331	\$ 65,925	\$ 10,942	\$ (97,440)	\$ —	\$ 139,876	
Investments	99,838	—	20,763	—	326,362	(131,640)	315,323	
Current portion of assets limited as to use	—	—	—	40	13,953	—	13,993	
Accounts receivable, net	49,636	7,959	10,968	7,083	33,463	(10,311)	98,798	
Inventories	11,053	1,622	2,990	3,324	3,587	—	22,576	
Prepaid expenses and other current assets	9,966	2,129	1,697	4,509	16,916	(176)	35,041	
Total current assets	310,611	32,041	102,343	25,898	296,841	(142,127)	625,607	
Assets limited as to use, less current portion	2,784	163	1,932	8,543	26,243	(1,068)	38,597	
Property and equipment, net	198,664	74,444	52,193	140,002	270,221	—	735,524	
Goodwill	4,343	—	—	—	12,819	—	17,162	
Other assets	8,534	224	3,104	1,071	219,397	(204,525)	27,805	
Total assets	\$ 524,936	\$ 106,872	\$ 159,572	\$ 175,514	\$ 825,521	\$ (347,720)	\$ 1,444,695	

Health First, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

	Holmes Regional Medical Center, Inc.			Cape Canaveral		Viera			Consolidated
	Holmes Regional	Palm Bay		Hospital, Inc.		Hospital, Inc.	Other	Eliminations	Total
	Medical Center	Hospital							
	<i>(In Thousands)</i>								
Liabilities and net assets									
Current liabilities:									
Accounts payable and accrued liabilities	\$ 78,944	\$ 11,248	\$ 19,541	\$ 10,340	\$ 18,914	\$ (10,488)	\$		128,499
Current portion of long-term debt and capital lease obligation	4,021	2,243	1,479	—	6,555	—			14,298
Total current liabilities	82,965	13,491	21,020	10,340	25,469	(10,488)			142,797
Long-term debt and capital lease obligation, less current portion	167,360	63,356	59,694	84,975	380,108	(132,707)			622,786
Other noncurrent liabilities	1,524	147	1,958	111	39,856	(507)			43,089
Total liabilities	251,849	76,994	82,672	95,426	445,433	(143,702)			808,672
Net assets:									
Unrestricted:									
Controlling interest	269,510	29,715	75,688	80,088	376,853	(204,018)			627,836
Noncontrolling interests in subsidiary	1,141	—	—	—	—	—			1,141
	270,651	29,715	75,688	80,088	376,853	(204,018)			628,977
Temporarily restricted	2,436	163	1,212	—	3,235	—			7,046
Total net assets	273,087	29,878	76,900	80,088	380,088	(204,018)			636,023
Total liabilities and net assets	\$ 524,936	\$ 106,872	\$ 159,572	\$ 175,514	\$ 825,521	\$ (347,720)	\$		1,444,695

Health First, Inc. and Subsidiaries

Consolidating Statement of Revenues and Expenses

Year Ended September 30, 2013

	Holmes Regional Medical Center, Inc.							
	Holmes Regional	Palm Bay	Cape Canaveral	Viera				Consolidated
	Medical Center	Hospital	Hospital, Inc.	Hospital, Inc.	Other	Eliminations		Total
	<i>(In Thousands)</i>							
Unrestricted revenues and other support:								
Patient service revenue	\$ 408,099	\$ 74,912	\$ 102,103	\$ 73,396	\$ 172,742	\$ (136,675)	\$	694,577
Provision for bad debts	(10,248)	(3,271)	(4,050)	(1,751)	(12,987)	—		(32,307)
Net patient service revenue	397,851	71,641	98,053	71,645	159,755	(136,675)		662,270
Premium revenue	8,807	1,023	6,464	1,637	357,323	(17,845)		357,409
Income from joint ventures	1,179	—	49	—	801	—		2,029
Other revenue	24,115	2,912	3,458	1,843	163,160	(158,836)		36,652
Net assets released from restrictions for operations	450	1	86	—	468	—		1,005
Total unrestricted revenues and other support	432,402	75,577	108,110	75,125	681,507	(313,356)		1,059,365
Expenses:								
Salaries and benefits	188,791	38,465	54,687	30,484	233,709	(93,112)		453,024
Supplies and other expenses	161,956	22,303	32,056	24,771	143,992	(67,899)		317,179
Medical service expenses	—	—	—	—	307,627	(135,252)		172,375
Depreciation and amortization	25,203	6,785	7,807	13,093	23,886	(14,183)		62,591
Interest	8,221	2,477	2,613	6,840	7,564	(2,910)		24,805
Total operating expenses before impairment and restructuring charges	384,171	70,030	97,163	75,188	716,778	(313,356)		1,029,974
Income (loss) from operations before impairment and restructuring charges	48,231	5,547	10,947	(63)	(35,271)	—		29,391
Impairment and restructuring charges	(1,625)	4	(19)	(99)	(3,543)	—		(5,282)
Income (loss) from operations	46,606	5,551	10,928	(162)	(38,814)	—		24,109

Health First, Inc. and Subsidiaries

Consolidating Statement of Revenues and Expenses (continued)

	Holmes Regional Medical Center, Inc.		Cape Canaveral		Viera		Consolidated	
	Holmes Regional	Palm Bay	Hospital, Inc.	Hospital, Inc.	Other	Eliminations	Total	
	Medical Center	Hospital						
	<i>(In Thousands)</i>							
Nonoperating gains (losses):								
Investment income	\$ 193	\$ —	\$ 40	\$ 30	\$ 5,543	\$ —	\$ 5,806	
Change in value of interest rate swaps	(385)	(810)	(198)	—	2,911	—	1,518	
Change in value of equity-linked notes	—	—	—	—	(562)	—	(562)	
Loss on extinguishment of debt	(1,086)	—	(787)	—	(595)	—	(2,468)	
Other	(18)	—	(82)	—	—	—	(100)	
Total nonoperating gains (losses)	(1,296)	(810)	(1,027)	30	7,297	—	4,194	
Excess (deficiency) of revenues, other support, and gains over expenses and losses	45,310	4,741	9,901	(132)	(31,517)	—	28,303	
Less: Excess of revenues, other support, and gains over expenses and losses attributable to noncontrolling interests	93	—	—	—	—	—	93	
Excess (deficiency) of revenues, other support, and gains over expenses and losses attributable to controlling interest	\$ 45,217	\$ 4,741	\$ 9,901	\$ (132)	\$ (31,517)	\$ —	\$ 28,210	

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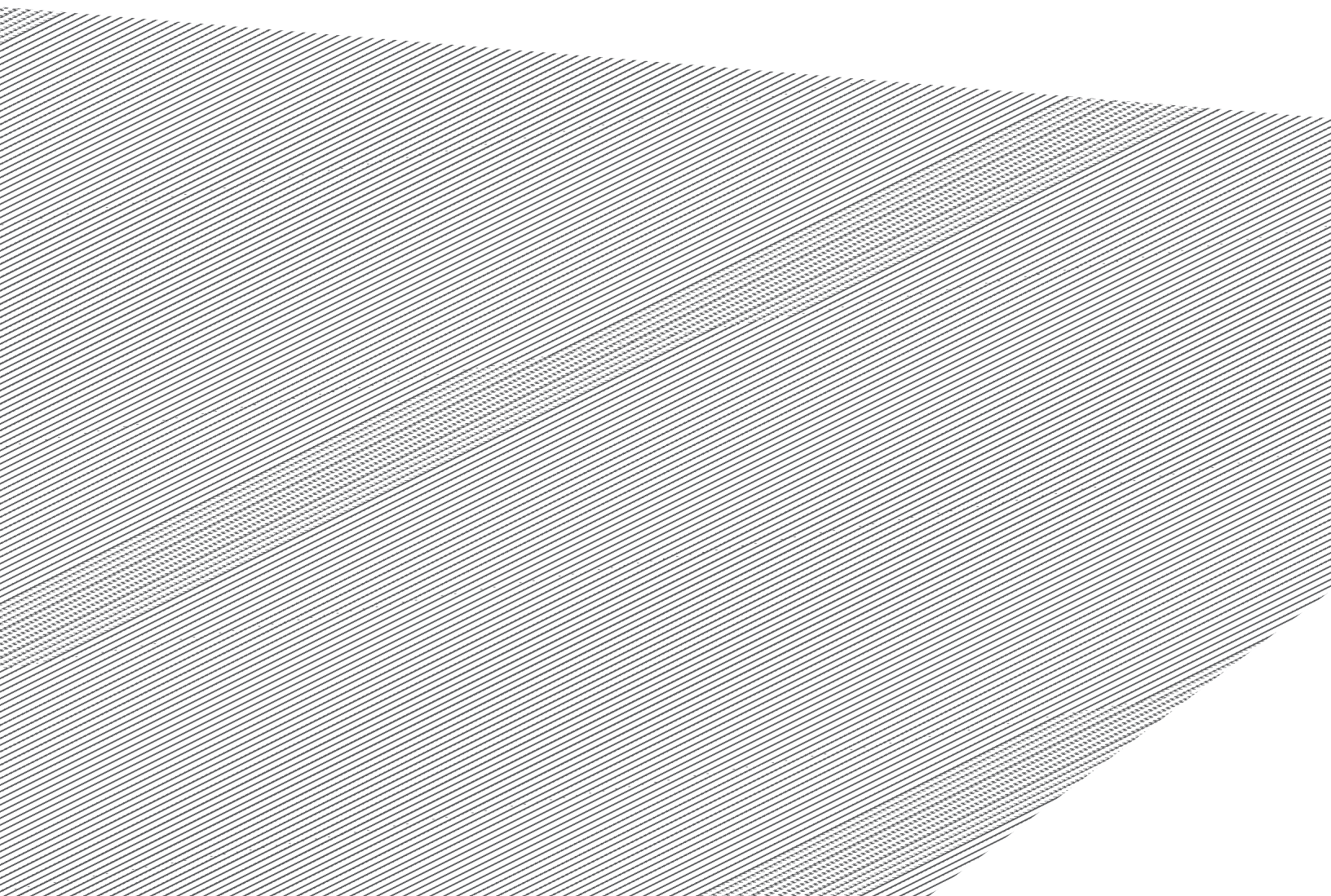


Exhibit C

Company Directory: Search Results

This information is current as of 9/11/2015

HEALTH FIRST HEALTH PLANS, INC. DBA HEALTH FIRST HEALTH PLANS, INC.

FEIN	59-3315064
Florida Company Code	87070
NAIC Company Code	95019
Company Type	HEALTH MAINTENANCE ORGANIZATION (HMO)
Home State	FL
Web Site	http://WWW.HEALTH-FIRST.ORG
Authorization Type	CERTIFICATE OF AUTHORITY
Authorization Status	ACTIVE
First Licensed in Florida Date	12/29/1995

Addresses

Type	Address	Phone
LOCATION OF RECORDS	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5600
POLICY HOLDER RELATIONS	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5660
ADMINISTRATIVE	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5600
MAILING	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5660

HOME

6450 US HIGHWAY 1,
ROCKLEDGE FL 32955
United States

Authorized Lines of Business

Line of Business	Type
HEALTH MAINTENANCE ORGANIZATIONS	D

New Search

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EXAMPLES

The Office of Insurance Regulation company search does not require you to know exactly how Office of Insurance Regulation has the company's name recorded. It will take your input and return every name that contains your input as it appears in any part of all records. In other words, if your search is:

Floricorp

then the search will return all the names that have "Floricorp" in any part of the record. For example:

FLORICORP, INC.
FLORICORP PROPERTY AND CASUALTY COMPANY
SOUTHERN FLORICORP UNLIMITED

If you entered

Floricorp P

you would get only

FLORICORP PROPERTY AND CASUALTY COMPANY

Note that even though the whole name is searched, the service still looks for an exact match. So if you entered

FLORICORP,

(i.e., with a comma) you would only get

FLORICORP, INC.

Search

Company Directory: Search Results

This information is current as of 9/11/2015

HEALTH FIRST HEALTH PLANS, INC. DBA HEALTH FIRST HEALTH PLANS, INC.

FEIN	59-3315064
Florida Company Code	45081
NAIC Company Code	95019
Company Type	THIRD PARTY ADMINISTRATOR
Home State	FL
Web Site	http://WWW.HEALTH-FIRST.ORG
Authorization Type	CERTIFICATE OF AUTHORITY
Authorization Status	ACTIVE
First Licensed in Florida Date	10/13/1997

Addresses

Type	Address	Phone
LOCATION OF RECORDS	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5600
POLICY HOLDER RELATIONS	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5660
ADMINISTRATIVE	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5600
MAILING	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5660

HOME

6450 US HIGHWAY 1,
ROCKLEDGE FL 32955
United States

Authorized Lines of Business

Line of Business	Type
THIRD PARTY ADMINISTRATORS	D

New Search

DISCLAIMER

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EXAMPLES

The Office of Insurance Regulation company search does not require you to know exactly how Office of Insurance Regulation has the company's name recorded. It will take your input and return every name that contains your input as it appears in any part of all records. In other words, if your search is:

Florincorp

then the search will return all the names that have "Florincorp" in any part of the record. For example:

FLORICORP, INC.
FLORICORP PROPERTY AND CASUALTY COMPANY
SOUTHERN FLORICORP UNLIMITED

If you entered

Floricorp P

you would get only

FLORICORP PROPERTY AND CASUALTY COMPANY

Note that even though the whole name is searched, the service still looks for an exact match. So if you entered

FLORICORP,

(i.e., with a comma) you would only get

FLORICORP, INC.

Exhibit D

Search

Company Directory: Search Results

This information is current as of 9/11/2015

HEALTH FIRST INSURANCE, INC.

FEIN	45-3131932
Florida Company Code	08211
NAIC Company Code	14140
Company Type	LIFE AND HEALTH INSURER
Home State	FL
Web Site	http://WWW.HEALTH-FIRST.ORG
Authorization Type	CERTIFICATE OF AUTHORITY
Authorization Status	ACTIVE
First Licensed in Florida Date	10/27/2011

Addresses

Type	Address	Phone
MAILING	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5600
ADMINISTRATIVE	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5600
LOCATION OF RECORDS	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	(321) 434-5600
HOME	6450 US HIGHWAY 1, ROCKLEDGE FL 32955 United States	

POLICY HOLDER RELATIONS	6450 US HIGHWAY 1,	(321) 434-5600
	ROCKLEDGE FL 32955	
	United States	

Authorized Lines of Business

Line of Business	Type
ACCIDENT AND HEALTH	D

New Search

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EXAMPLES

The Office of Insurance Regulation company search does not require you to know exactly how Office of Insurance Regulation has the company's name recorded. It will take your input and return every name that contains your input as it appears in any part of all records. In other words, if your search is:

Floricorp

then the search will return all the names that have "Floricorp" in any part of the record. For example:

FLORICORP, INC.
FLORICORP PROPERTY AND CASUALTY COMPANY
SOUTHERN FLORICORP UNLIMITED

If you entered

Floricorp P

you would get only

FLORICORP PROPERTY AND CASUALTY COMPANY

Note that even though the whole name is searched, the service still looks for an exact match. So if you entered

FLORICORP,

(i.e., with a comma) you would only get

FLORICORP, INC.

Exhibit E

Report on Examination
of
Health First Insurance, Inc.

Rockledge, Florida

as of

December 31, 2013



**FLORIDA OFFICE OF
INSURANCE REGULATION**

Kevin M. McCarty, Commissioner
Florida Office of Insurance Regulation
Tallahassee, Florida

Dear Sir:

In accordance with Section 624.316, Florida Statutes, and the *Financial Condition Examiners Handbook* of the National Association of Insurance Commissioners, we have completed a financial condition examination of Health First Insurance, Inc. as of December 31, 2013. Our report on the examination follows.

Florida Office of Insurance Regulation
August 13, 2014

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SCOPE OF EXAMINATION

We have completed a financial condition examination of Health First Insurance, Inc. (the “Company”), a single-state insurer domiciled in Florida. Our examination covered the period of January 1, 2013 through December 31, 2013 and took place primarily in the Company’s Rockledge, Florida office. The last financial condition examination of the Company by the Florida Office of Insurance Regulation (the “Office”) was as of December 31, 2012.

We conducted our examination in accordance with the National Association of Insurance Commissioners (NAIC) *Financial Condition Examiners Handbook*. The Handbook required that we plan and perform our examination to evaluate the financial condition and identify prospective risks of the Company. It required that we do so by obtaining information about the Company including corporate governance, identifying and assessing inherent risks within the Company, and evaluating system controls and procedures used to mitigate those risks. Our examination included assessing the principles used and significant estimates made by management. It also included evaluating overall financial statement presentation and management’s compliance with statutory accounting principles and NAIC annual statement instructions when applicable to domestic state regulations. All accounts and activities of the Company were considered in accordance with the risk-focused examination process.

SUMMARY OF SIGNIFICANT FINDINGS

The examination resulted in findings that the minutes of the Company's board of directors meetings did not indicate whether the Company's appointed actuary had reported to the Board or Audit Committee on items within the scope of the actuarial opinion; the Office was not notified that the audit committee of Health First, Inc. served as the Company's audit committee; and the Company overstated the amounts of certain assets and understated the amount of a liability in its 2013 annual statement.

COMPANY HISTORY

The Company was incorporated in Florida on September 7, 2011 and licensed by the Office as an insurer on October 27, 2011. It was authorized by the State of Florida to operate as a life and health insurer in accordance with Section 624.401, Florida Statutes (F.S.).

Dividends and Capital Contributions

The Company received \$3 million of contributed capital and surplus in 2013. No dividends were distributed during the period examined.

CORPORATE RECORDS

We reviewed the minutes of the Company's shareholder and board of directors meetings held during the period examined. The Board's approval of Company transactions, including the authorization of its investments as required by Section 625.304, F.S., was recorded in the minutes of its meetings.

The minutes of the Company's board of directors meetings did not indicate whether the Company's appointed actuary had reported to the Board or Audit Committee on items within the scope of the actuarial opinion, as required by the NAIC annual statement instructions.

MANAGEMENT AND CONTROL

The Company was wholly owned by Health First Holding Corp. (HFHC), a for-profit corporation. HFHC was a wholly owned subsidiary of Health First, Inc., a not-for-profit corporation the primary purpose of which was to direct the affairs of a multi-entity health care system. The Company was affiliated with various other entities through common ownership including Health First Health Plans, Inc. (HFHP), a Florida health maintenance organization and third party administrator. The Company's senior officers and directors were:

Senior Officers

Name	Title
Steven P. Johnson, Ph.D.	Interim President, CEO & Interim Secretary
Joseph G. Felkner	Treasurer
David E. Mathias	Assistant Secretary

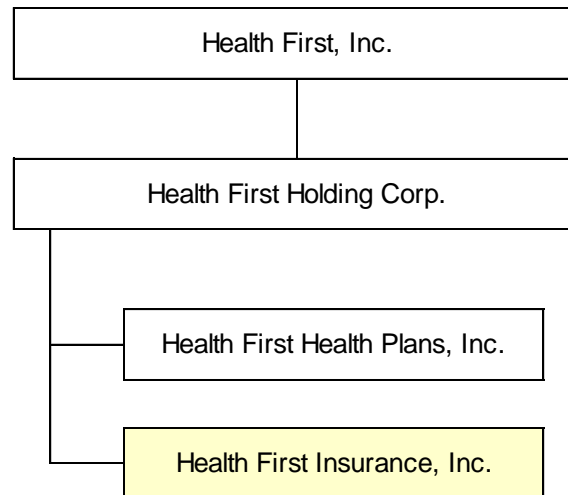
Board of Directors

Name	Location
Joseph G. Felkner	Viera, Florida
Steven P. Johnson, Ph.D.	Satellite Beach, Florida
Kevin S. Pruett	Cocoa Beach, Florida
James C. Shaw	Melbourne, Florida

The Company was a member of an insurance holding company system. Its latest holding company registration statement was filed with the State of Florida as required by Section 628.801, F.S., and Rule 69O-143.046, Florida Administrative Code (F.A.C.), on February 27, 2014.

An abbreviated organizational chart reflecting a holding company system is shown below.

**Health First Insurance, Inc.
Abbreviated Organizational Chart
December 31, 2013**



Tax Allocation Agreement

The results of the Company's operations were included in the consolidated federal income tax returns of HFHC pursuant to a September 7, 2011 tax sharing agreement. The income tax liability of the consolidated group was allocated to members on a pro rata basis according to each member's separate tax return liability in an amount not to exceed the company's separate tax return liability.

Administrative and Financial Management Agreements

Health First, Inc. provided administrative, management and financial services to the Company pursuant to an agreement effective September 7, 2011, to include management, legal, human resources, information system support and financial services in return for \$75,165 in 2013.

HFHP provided administrative, customer service, medical and pharmaceutical management, underwriting, actuarial, claims and other services to the Company pursuant to a May 28, 2013 agreement in return for \$146,115 in 2013.

FIDELITY BONDS AND OTHER INSURANCE

The Company maintained fidelity bond coverage of \$1,250,000 with a deductible of \$50,000 which adequately provided for the suggested minimum amount of coverage for the Company as recommended by the NAIC.

PENSION, STOCK OWNERSHIP AND INSURANCE PLANS

The Company had no employees and did not directly provide employee benefits or sponsor retirement plans. Employees of HFHP performed functions on behalf of the Company. HFHP provided various benefits to eligible employees including health and dental insurance, educational assistance, paid leave and participation in a 401(k) retirement plan sponsored by Health First, Inc.

TERRITORY AND PLAN OF OPERATION

The Company operated solely in the State of Florida. It offered Medicare Supplement coverage and individual, small and large group preferred provider organization (PPO) plans within its service area of Indian River and Brevard Counties. The Medicare Supplement and PPO plans were underwritten by the Company and administered by its affiliate HFHP. The Company marketed its products primarily through licensed brokers and sales agents.

REINSURANCE

The Company maintained specific excess of loss reinsurance coverage with Zurich American Insurance Company for its commercial individual PPO line of business. The policy covered 90% of the Company's eligible expenses in excess of \$225,000 per person per year up to \$2,000,000.

ACCOUNTS AND RECORDS

The Office was not notified, as required by Rule 69O-137.002(14)(e), F.A.C., that the audit committee of Health First, Inc. served as the Company's audit committee.

STATUTORY DEPOSITS

The Company maintained a cash deposit of \$100,000 with the Office, as required by Section 624.411, F.S.

Health First Insurance, Inc.
Admitted Assets, Liabilities, and Capital and Surplus
December 31, 2013

Admitted Assets	As Reported	Examination Adjustments	Per Examination
Cash, cash equivalents and short-term investments	\$ 5,307,853	\$ (147,980)	\$ 5,159,873
Uncollected premiums and agents' balances	104,479	(4,088)	100,391
Receivables from parent, subsidiaries and affiliates	2,100	-	2,100
Total admitted assets	\$ 5,414,432	\$ (152,068)	\$ 5,262,364

Liabilities			
Claims unpaid	\$ 356,912	\$ -	\$ 356,912
Unpaid claims adjustment expenses	10,642	-	10,642
Aggregate health policy reserves	261,980	-	261,980
Premiums received in advance	213,560	-	213,560
General expenses due or accrued	85,136	16,944	102,080
Amounts due to parent, subsidiaries and affiliates	201,978	-	201,978
Total liabilities	1,130,208	16,944	1,147,152

Capital and Surplus			
Common capital stock	10,000	-	10,000
Gross paid in and contributed surplus	5,990,000	-	5,990,000
Unassigned funds (deficit)	(1,715,776)	(169,012)	(1,884,788)
Total capital and surplus	4,284,224	(169,012)	4,115,212
Total liabilities, capital and surplus	\$ 5,414,432	\$ (152,068)	\$ 5,262,364

Health First Insurance, Inc.
Statement of Revenue and Expenses
(As Reported By The Company)
Year Ended December 31, 2013

Net premium income	\$ 1,020,786
Aggregate write-ins for other non-health revenues	97
Total revenues	1,020,883
Hospital and medical benefits	710,196
Other professional services	2,327
Emergency room and out-of-area	37,320
Prescription drugs	12,633
Total hospital and medical	762,476
Claims adjustment expenses	28,057
General administrative expenses	1,183,764
Increase in reserves	261,980
Total underwriting deductions	2,236,277
Net underwriting gain (loss)	(1,215,394)
Net investment gains (losses)	(14,866)
Net income (loss)	\$ (1,230,260)

Health First Insurance, Inc.
Statement of Changes in Capital and Surplus
Year Ended December 31, 2013

Capital and surplus - December 31, 2012	\$ 2,519,767
Net income (loss)	(1,230,260)
Change in nonadmitted assets	(5,283)
Paid in surplus	3,000,000
	<hr/>
	4,284,224
Examination adjustments	(169,012)
	<hr/>
Capital and surplus - December 31, 2013	<hr/> <u>\$ 4,115,212</u>

Health First Insurance, Inc.
Comparative Analysis of Changes in Capital and Surplus
December 31, 2013

The following is a reconciliation of capital and surplus between that reported by the Company and as determined by the examination.

Capital and surplus, December 31, 2013 - per annual statement				\$ 4,284,224
	As Reported	Per Examination	Increase (Decrease) In Capital & Surplus	
Cash, cash equivalents and short-term investments	\$ 5,307,853	\$ 5,159,873	\$ (147,980)	
Uncollected premiums and agents' balances	\$ 104,479	\$ 100,391	\$ (4,088)	
General expenses due or accrued	\$ 85,136	\$ 102,080	\$ (16,944)	
Net change in capital and surplus				(169,012)
Capital and surplus, December 31, 2013 - per examination				<u><u>\$ 4,115,212</u></u>

COMMENTS ON FINANCIAL STATEMENTS

Cash, Cash Equivalents and Short-Term Investments

The \$5,307,853 reported by the Company in its 2013 annual statement as 'cash, cash equivalents and short-term investments' has been reduced by \$147,980 to \$5,159,873. The Company reported \$136,428 which was held in the name of an affiliate and, therefore, not owned by the Company, and \$11,552 which was pledged as collateral. As a result, the claimed assets have been nonadmitted in accordance with Section 625.012, F.S., and Statement of Statutory Accounting Principles (SSAP) No. 4.

Uncollected Premiums and Agents' Balances

The \$104,479 reported by the Company in its 2013 annual statement as 'uncollected premiums and agents' balances' has been reduced by \$4,088 to \$100,391. Because \$4,088 in uncollected premiums were over 90 days due, they have been nonadmitted in accordance with Section 625.012(5), F.S., and SSAP No. 6.

General Expenses Due or Accrued

The \$85,136 reported by the Company in its 2013 annual statement as 'general expenses due or accrued' has been increased by \$16,944 to \$102,080. During the examination, examiners determined that the Company had understated an accrued expense by \$16,944 as of December 31, 2013.

RECOMMENDATIONS

Corporate Records

As reported on page 3, the minutes of the Company's board of directors meetings did not indicate whether the Company's appointed actuary had reported to the Board or Audit Committee on items within the scope of the actuarial opinion. **We recommend that the Company's appointed actuary report to the Board or Audit Committee on items within the scope of the actuarial opinion, as required by the NAIC annual statement instructions, and that the Board or Audit Committee acknowledge the reported items in the minutes of its meetings.**

Audit Committee

As reported on page 7, the Office was not notified that the audit committee of Health First, Inc. served as the Company's audit committee, as required. **We recommend that the Company comply with Rule 69O-137.002(14)(e), F.A.C.**

Accounting and Reporting Errors

As reported on page 12, the Company overstated the amounts of certain assets and understated the amount of a liability in its 2013 annual statement. **We recommend that, in future statements filed with the Office, the Company accurately report its assets and liabilities in accordance with Part I of Chapter 625, F.S., and the NAIC annual statement instructions.**

CONCLUSION

The customary insurance examination practices and procedures as promulgated by the NAIC have been followed in ascertaining the financial condition of Health First Insurance, Inc. consistent with the insurance laws of the State of Florida.

At December 31, 2013, the Company's capital and surplus was \$4,115,212 and the Company was in compliance with the minimum capital and surplus requirement of Section 624.408, F.S.

In addition to the undersigned, the following individuals participated in the examination: Walter F. Banas, CIE, Financial Specialist; Kerry Krantz, Actuary; and Darlene L. Lenhart-Schaeffer, CFE, CISA, Financial Examiner/Analyst Supervisor.

Respectfully submitted,

Scott R. Slaughter, CPA
Financial/Examiner/Analyst
Florida Office of Insurance Regulation

Exhibit F

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000159382

Entity Name: HEALTH FIRST MEDICAL GROUP, LLC**Current Principal Place of Business:**6450 US HIGHWAY 1
ROCKLEDGE, FL 32955**Current Mailing Address:**6450 US HIGHWAY 1
ROCKLEDGE, FL 32955**FEI Number:** 46-1243081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR, SECRETARY, TREASURER
Name	HEALTH FIRST PHYSICIANS, INC.	Name	FELKNER, JOSEPH G
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	VP	Title	ASSISTANT SECRETARY
Name	RECTOR, DREW A.	Name	MATHIAS, DAVID D.
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	PRESIDENT	Title	CEO
Name	DOUGLASS, TRAVIS	Name	STALNAKER, JEFFREY S. DR.
Address	1223 GATEWAY DRIVE	Address	6450 US HIGHWAY 1
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	ROCKLEDGE FL 32955

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH G. FELKNER

MGR

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Exhibit G



Health First Family Pharmacy NOW OPEN at Viera Hospital Medical Plaza

Health First
Family Pharmacy

- » Find a Physician
- » Events / News
- » About Us
- » Contact Us
- » Physician Careers
- » Insurances Accepted
- » Find us on Facebook
- » Home

Health First Medical Group

The Health First Medical Group - Brevard's largest multi-specialty physician group.

Doctors with Health First Medical Group have proudly served the Space Coast Community for more than 25 years. We make selecting a doctor easy by offering highly qualified physicians and healthcare professionals for your primary care needs as well as a comprehensive network of specialists.



Health First Medical Group Like Page 3.9k likes

Health First Medical Group
September 8 at 6:39am

Health First Medical Group - Same Day Family Practice Appointments Available

Having a primary care physician will keep you healthier as you age. Studies have revealed that states with more primary care physicians per capita have better health outcomes, including fewer deaths from cancer, heart disease or stroke. Other studies suggest that having a primary care physician is associated with a longer life span.

After Hours Care

- [Health First Now](#)

Make An Appointment

- [Call Physician Office Directly](#)
- [Call Physician Referral](#)

Hospital Affiliations

- [Cape Canaveral Hospital](#)
- [Holmes Regional Medical Center](#)
- [Palm Bay Hospital](#)
- [Viera Hospital](#)

Exhibit H

MEDICAL ONCOLOGY & CHEMOTHERAPY



At the Space Coast Cancer Center , you can count on the expertise of an entire team of caring, compassionate health care professionals to help you or your loved one battle cancer. One of these specialists is your medical oncologist.

The Role of the Medical Oncologist

A medical oncologist is a doctor who specializes in detecting cancer, and then treating it using medication such as chemotherapy, hormones and pain medicine. He or she is often the person who definitively discovers cancer when you or your regular physician suspect you may have it.

Our medical oncologists are board-certified and expertly trained to understand the patho- physiology of cancers at different places in the body. Medical oncology specialists at Space Coast Cancer Center, specialize in treating all types of cancer and have a detailed knowledge of the use of medications for the management of invasive cancer. Some Of Space Coast Cancer's oncologists participate in clinical trials, working to improve outcomes and quality of life for their patients.

What You Can Expect From the Medical Oncologist

At the Space Coast Cancer Center, you can rest assured our medical oncologists will take advantage of the most up-to-date knowledge, technologies and therapies to accurately assess your medical condition, address your symptoms and thoroughly educate you on your treatment options. They work in

conjunction with radiation oncologists, surgical oncologists, and other physicians specializing in particular types of cancer when necessary to provide the most comprehensive care available in executing your treatment regimen.



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Exhibit I

RADIATION THERAPY- TRUEBEAM & TRILOGY

Please watch this video of Dr. Cynthis Bryant, radiation oncologist at SCCC and her staff in the Titusville Cancer Center.

The TrueBeam and Trilogy Stereotactic Systems from [Varian Medical Systems](#) are the most advanced, sophisticated machines of its type in the world. As the leading image-guided radiotherapy (IGRT) system, the TrueBeam and Trilogy mark the beginning of a new generation of cancer care. Space Coast Cancer Center is the first to offer [RapidArc](#) technology in Central Florida. This provides patients the most safe and effective, state-of-the-art cancer therapy. These versatile systems can be used to deliver the widest range of external beam radiotherapy: 3D conformal radiotherapy, IMRT, stereotactic radiosurgery, fractionated stereotactic radiation therapy and intensitymodulated radiosurgery for cancer and neurosurgical treatments.



The Benefits for You the Patient:

- More effective at treating the cancer tumor
- Most precise delivery of radiation therapy
- Reduces side effects from the treatment
- Drastically reduced treatment times
- Accuracy and effectiveness reduces surrounding tissue damage
- State-of-the-art motion management techniques reduces stress
- Treatment can be used on various types cancer without invasive techniques

Description and Overview

Advanced imaging capabilities built into the system allow therapists to position patients for treatment with sub-millimeter accuracy, making sure the tumor is lined up precisely with the radiation beam before the treatment is started. A respiratory gating system takes into account the tumor movement that can occur as a patient breathes, turning the beam off and on, so that treatment is delivered only when the tumor is stationary.



How it Works

At the core of the TrueBeam and Trilogy systems is [Varian's Linac](#), the linear accelerator that has been enhanced for stereotactic applications that involve delivering higher doses of radiation to smaller areas over a shorter period of time. These system's feature an ultra-precise multi-leaf collimator (MLC), and the tightest isocenter, or beam focal point, currently available.

Prior to treatment, images of a patient's tumor and the surrounding anatomy are generated (using MRI, CT or PET scanning), and clinicians use this information, along with sophisticated analytical software programs, to prepare a detailed treatment plan. The treatment plan specifies the exact dose to be delivered to the tumor, as well as how the technology can best deliver that dose, given the three-dimensional geometry of the target and surrounding tissues. When the patient arrives for treatment, clinicians use the TrueBeam and Trilogy's advanced imaging system to confirm the exact tumor position relative the radiation beam, and make any needed adjustments before treatment begins. Some treatments, primarily for small lesions and metastases, can be accomplished

in a single session, while other treatments require multiple sessions.

Patient Benefits

Through more precise targeting of the beam, radiotherapy may become more effective at treating disease while simultaneously reducing side effects of the treatment.

Due to the increased accuracy and power, smaller lesions can be treated more easily and effectively.

State-of-the-art motion management techniques allow doctors to coordinate treatment with a patient's breathing patterns. During these treatments, patients can continue to breathe naturally, reducing stress and increasing comfort.

Radiotherapy can be used to treat more different types of cancer, which means that more patients can be spared surgery and/or chemotherapy.

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Exhibit J

PHYSICIANS AND STAFF

PHYSICIANS AND STAFF



>[Richard M. Levine, MD](#) (video Link to Dr. Levine)

Dr. Levine is a [Phi Beta Kappa](#) graduate from [Indiana University](#) and graduated with a combined degree from [Indiana University School of Medicine](#) (MS Pharmacology, MD). He completed his internship and residency in internal medicine at the [University of Cincinnati Medical Center](#), and completed his medical oncology training at the National Cancer Institute ([NIH](#)), where he was Chief Fellow. Dr. Levine is Board Certified in Internal Medicine and Medical Oncology. Dr. Levine is a member of the [American Society of Clinical Oncology](#), [Brevard County Medical Society](#), [Florida Medical Association](#), and the [Florida Society of Clinical Oncology](#) (Past-President). He is the Medical Director of the Cancer Program at [Viera Hospital](#) and [Cape Canaveral Hospital](#), as well as being on the American Society of Clinical Oncology ([ASCO](#)) National Quality of Care Committee.

Office Locations: [Titusville Cancer Center](#), [Merritt Island Cancer Center](#), [Viera Cancer Center](#)

Primary Specialty: [Hematology/Oncology](#)



[Solomon Zimm, MD, FACP](#) (video Link to Dr. Zimm)

Dr. Zimm graduated from the Medical College of Virginia. He completed a residency in internal medicine at the Medical College of Virginia, followed by a two-year fellowship in medical oncology and then a three-year research fellowship at the National Cancer Institute. Dr. Zimm then served as an Assistant Professor of Medicine in the Division of Hematology/Oncology, School of Medicine at the University of California, San Diego from 1985-1987. Since then Dr. Zimm has been in practice in Brevard County as a member of Space Coast Medical Associates. Dr. Zimm is a Fellow of the American College of Physicians and a member of the following societies: the American Society of Clinical Oncology, the Florida Society of Clinical Oncology and the Brevard County Medical Society. Dr. Zimm is Board Certified in Medical Oncology and Internal Medicine.

Office Locations: [Merritt Island Cancer Center](#), [Titusville Cancer Center](#), [Viera Cancer Center](#)

Primary Specialty: [Hematology/Oncology](#)



[R. Duff Sprawls, MD](#) (Video Link to Dr. Sprawls)

Dr. Sprawls graduated from the University of Louisville School of Medicine. He completed his internship and residency in Internal Medicine at the University of South Florida, and he completed his Medical Oncology Fellowship at the University of South Florida, H. Lee Moffitt Cancer Center. Dr. Sprawls is board certified in Medical Oncology. He is a member of the American College of Physicians, the Brevard County Medical Society, the Florida Medical Association, the American Society of Clinical Oncology and the American Society of Internal Medicine.

Office Locations: Viera Cancer Center, Titusville Cancer Center

Primary Specialty: Hematology/Oncology



Juan L. Castro, MD (Video Link to Dr. Castro)

Dr. Castro graduated from the University of Puerto Rico with a Bachelor of Science in Biology, magna cum laude, in 1985. He completed his medical doctorate at the Universidad Central del Caribe in Puerto Rico in 1990, and then he completed his three-year residency in Internal Medicine at the University District Hospital Center in Puerto Rico in 1993. Dr. Castro furthered his training in Hematology and Oncology as a fellow at the Milton S. Hershey Medical Center, completing his three-year program in June of 1997. Dr. Castro is board certified in Hematology, Medical Oncology and Internal Medicine. He is a member of the American Society of Clinical Oncology, Brevard County Medical Society and the Florida Medical Association.

Office Locations: Merritt Island Cancer Center, Titusville Cancer Center, Viera Cancer Center

Primary Specialty: Hematology/Oncology



Ashish V. Dalal, MD (Video Link to Dr. Dalal)

Dr. Dalal graduated from the M.S. University Medical College of Baroda, Gujarat, India. He completed a rotating internship in Medicine, Surgery, Pediatrics and Obstetrics and Gynecology at the M.S. University. He furthered his training as a Clinical Research Associate in the Department of Oncology at the Montefiore Medical Center in Bronx, New York. Dr. Dalal also completed a residency in Internal Medicine and a fellowship in Hematology and Oncology at the Beth Israel Medical Center in New York. Dr. Dalal is Board Certified in Hematology and Medical Oncology. He is a member of the American Society of Clinical Oncology, the Florida Society of Clinical Oncology, the Brevard County Medical Society and the Florida Medical Association.

Office Locations: Merritt Island Cancer Center, Titusville Cancer Center, Viera Cancer Center

Primary Specialty: Hematology/Oncology



Firas R. Muwalla, MD (Video Link to Dr. Muwalla)

Dr. Muwalla graduated from the University of Jordan Medical School in Amman, Jordan. He completed his residency in Internal Medicine at the University of Arkansas for Medical Sciences in Little Rock, Arkansas. He was an Assistant Professor of Medicine, Director of Inpatient Bone Marrow Transplant Unit at the Myeloma Institute for Research and Therapy, University of Arkansas for Medical Sciences,

where he participated in clinical research trials and co-authored multiple publications in reputable medical journals. He completed his Hematology/Oncology fellowship at the University of Florida Shands Medical Center in Gainesville, Florida. Dr. Muwalla is Board Certified in Hematology, Medical Oncology and Internal Medicine. He is a member of the American Society of Hematology, the American Society of Clinical Oncology, the Brevard County Medical Society and the Florida Medical Association.

Office Locations: Merritt Island Cancer Center, Titusville Cancer Center, Viera Cancer Center

Primary Specialty: Hematology/Oncology



Cynthia J. Bryant, MD ([Video Link to Dr. Bryant](#))

Dr. Bryant received her MD degree from the Medical College of Wisconsin and completed her five-year residency in Radiation Oncology at Emory University School of Medicine in Atlanta, Georgia. She is Board Certified in Radiation Oncology and accepted a faculty position at Emory following completion of her residency. She is trained and knowledgeable in the use of the state-of-the-art radiation therapy Linac, utilizing the Varian Trilogy and TrueBeam. The Trilogy and True Beam deliver precise radiation therapy treatment, maximally avoiding normal tissues, to improve the opportunity for patients to receive the most effective and safest therapy. Dr. Bryant is also proficient in radioactive prostate seed implantation. She is a member of the American Medical Association, the Florida Medical Association, the American Society of Therapeutic Radiology and Oncology, the American College of Radiology and the American Brachytherapy Society.

Office Locations: Titusville Cancer Center, Viera Cancer Center

Primary Specialty: Hematology/Oncology



Jorge Perez De Armas, MD ([Video link to Dr. Perez De Armas](#))

Dr. Perez graduated from the University Central del Caribe, a United States accredited school in Bayamon, Puerto Rico. The U.S. Army National Guard veteran completed his residency in internal medicine at Lehigh Valley Hospital. Dr. Perez completed his advanced training in Hematology and Oncology at Penn State Hershey Medical Center in Hershey, Pennsylvania. He is board certified in Hematology, Medical Oncology and Internal Medicine.

Office Locations: Titusville Cancer Center, Merritt Island Cancer Center, Viera Cancer Center

Primary Specialty: Hematology/Oncology



Katie Wilkerson, MSN, ARNP ([Video Link to Katie Wilkerson](#))

Katie Wilkerson, ARNP, graduated from the University of South Florida with a Master of Science in Nursing degree in August 2003. The University is an affiliate of the H. Lee Moffitt Cancer Center where she did her clinical training. Ms. Wilkerson is certified as an advance oncology nurse practitioner. Prior to becoming a nurse practitioner, Ms. Wilkerson worked a number of years as a certified oncology nurse. Ms. Wilkerson is a member of The Oncology Nursing Society, American Academy of Nurse Practitioners, Florida Nurses Association and American Nurses Association.

Office Location: Titusville Cancer Center

Primary Specialty: Hematology/Oncology

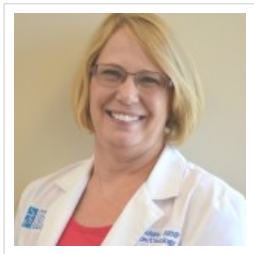


Jackie Luker, ARNP ([Video Link to Jackie Luker](#))

Jackie Luker, ARNP graduated from Fort Hays State University in Hays, Kansas with a Master of Science in Nursing Degree in December of 2009. Prior to becoming a nurse practitioner, Ms. Luker worked for 11 years as an RN on an acute care oncology unit. She was involved in Chemotherapy administration and education of both patients and staff and clinical coordinator of the unit for four years. Ms. Luker is a member of The Oncology Nursing Society, and American Academy of Nurse Practitioners.

Office Location: Merritt Island Cancer Center

Primary Specialty: Hematology/Oncology



Delori M. Dulany, ARNP, BC

With over 20 years of experience in many medical disciplines, Delori brings to Space Coast Cancer Center a broad range of expertise and experience. Included in her vast knowledge base is a strong concentration in oncology and now radiation oncology.

Certifications/Licensure Florida Advanced Registered Nurse Practitioner, Board Certified Acute Care Nurse Practitioner, ACLS, BLS

Education Wichita State University – 2004 Masters of Science in Nursing, Acute Care Nurse Practitioner, Southwestern College – 2001 Bachelor of Science in Nursing, Registered Nurse, Butler County Community College – 1995 Associate of Science Degree, Registered Nurse

Office Location: Titusville Cancer Center and Viera Cancer Center

Primary Specialty: Radiation Oncology

Exhibit K



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Dr. Prendergast Certified As Radiation Oncologist

By [Space Coast Medicine & Active Living](#) // June 29, 2014

*Space Coast Cancer's Dr. Brendan Prendergast Board Certified
Diplomate of American Board of Radiology*



Space Coast Cancer Center has announced that Dr. Brendan Prendergast is now a board certified diplomate of The American Board of Radiology. (Image for SpaceCoastDaily.com)

BREVARD COUNTY, FLORIDA – Space Coast Cancer Center has announced that Dr. Brendan Prendergast is now a board certified diplomate of The American Board of Radiology.

Dr. Prendergast joined Space Coast Cancer Center in July 2013 and treats patients at both the Viera Cancer Center and the Titusville Cancer Center.



Dr. Prendergast joined Space Coast Cancer Center in July 2013 and treats patients at both the Viera Cancer Center and the Titusville Cancer Center.

Dr. Prendergast was a Phi Beta Kappa graduate from the University of Notre Dame in 2004, He then graduated from the University of Florida College of Medicine in 2008, where he was selected to the Alpha Omega Alpha Medical Honor Society.

He completed his internship at Presbyterian- St. Luke's Medical Center in Denver Colorado in 2009, followed by a Clinical and Translational Science Program at the University of Alabama, Birmingham (UAB) in 2011.

Dr. Prendergast completed his residency in Radiation Oncology at UAB in July 2013.

Currently, Dr. Prendergast is a member of the Radiologic Society in North America (RSNA), American Society of Therapeutic Radiation Oncology (ASTRO) and the American College of Radiation Oncology (ACRO), where he has been appointed to the Resident Committee from 2011- 2013.

To find out more about Dr. Prendergast or Space Coast Cancer Center log on to SpaceCoastCancer.com or call 855-894-HOPE (4673).

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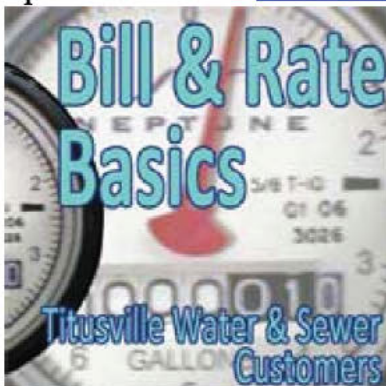


Exhibit L



Health Plans &
Insurance

Provider Directory

Individual Plans (HMO/POS and PPO)

Updated August 4, 2015

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Important Phone Numbers

Customer Service Department	1.855.443.4735
TDD relay	1.800.955.8771
E-mail	HFHPinfo@Health-First.org
Mail Order Prescription drug inquiries at myHFFP.org or	1.866.469.1506
TDD	1.800.955.8771
Mail Order Prescription drug inquiries (for deliveries outside of Florida) at MedvantxRx.com or	1.866.744.0621
TDD	1.800.642.6410
Mental/nervous and alcohol/drug services assistance line	1.800.424.4347 (TDD/TTY: 1.800.424.1694)

Health First offers health care coverage options through two companies. Health First Health Plans, Inc. offers Medicare Advantage, Individual, and Group HMO and POS (point of service) health plans. Health First Insurance, Inc. offers Group and Individual PPO insurance. Both companies offer Marketplace plans. Health First Health Plans & Insurance does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. Health First Health Plans & Insurance has entered into an agreement with CMS to provide health insurance coverage through Qualified Health Plans offered through the Federally Facilitated Marketplace.

Introduction

Welcome to Health First Health Plans & Insurance. We have designed this directory to provide you with valuable information about the physicians participating with Health First Health Plans & Insurance.

Choosing a primary care physician

We encourage you to choose your personal doctor, known as a primary care physician (PCP), from our network of local physicians. Primary care physicians are family and general practitioners, internal medicine physicians, and pediatricians. The primary care physician coordinates all of your medical care, including offering preventive care, ordering necessary laboratory, x-ray, and other routine diagnostic tests, arranging for hospital admissions, and working with specialists when medically necessary. Local participating physicians are also most familiar with our plans and benefits.

All participating PCPs are on call 24 hours a day, 7 days a week. If you need urgent care after normal office hours, call your primary care physician to coordinate your care or visit an urgent care or walk-in clinic.

We recommend you establish a relationship with your PCP and seek services from him or her before seeing a specialist. By becoming “established” with a PCP, you’ll be able to receive care in the event your doctor no longer accepts new patients. Your PCP will help make sure you’re seeing the appropriate specialist, and also keep track of all your medications to reduce the chance of any complications. Plus, many times your PCP will be able to get you an appointment with a specialist more quickly than if you tried on your own. Therefore, we urge you not to discount the advantages offered by PCPs to assist in coordinating your entire spectrum of care.

Specialty care

There may be occasions when a medical service is needed that your primary care physician is unable to provide. Health First Health Plans & Insurance members have “open access” to see specialists without first obtaining a referral from their PCP. When treatment is required from a specialist, you may contact specialist offices to make appointments as necessary and pay the applicable cost share at the time services are rendered.

It’s important to note that while Health First Health Plans & Insurance does not require referrals for specialty care, some specialists still ask patients to get a PCP referral to ensure the proper care is provided and medical records are available.

For HMO members: If services are not available within our network, your PCP will coordinate approval with us and make arrangements for you to receive care outside the network. If you directly access care outside our network

without a referral from your PCP and approval from Health First Health Plans & Insurance, you may be responsible for the entire cost.

Behavioral and mental health

We contract with Magellan Behavioral Health (Magellan) to manage mental health and substance abuse services for our members. Magellan is a leader in behavioral health care management with services that help individuals and families to recover, improve their overall health, and achieve wellness. Magellan connects members with the right care when it is needed most. Magellan manages care for both inpatient and outpatient services and also provides crisis intervention at any time day or night.

Local providers are listed in this directory. You can find a complete, nationwide listing of providers at [MagellanHealth.com/member](https://www.MagellanHealth.com/member). **Registration is not required to search for providers.** To get started without logging in, click on “New or Unregistered Users,” enter Magellan’s toll-free exclusive phone number for Health First members (**1.800.424.4347**) and follow the instructions. Then click “skip registration” when asked to create a user name and password.

You can also visit the Magellan website at [MagellanHealth.com/member](https://www.MagellanHealth.com/member) to find tools, resources and general educational information addressing health and well-being issues. Please note that as a new user, you may need to register a new account to access detailed information.

For more information or to access behavioral health services, call Magellan at **1.800.424.4347** (TDD/TTY: 1.800.424.1694).

Magellan Behavioral Health, Inc. is a subsidiary of Magellan Health Services, Inc.

More information about providers

Physician assistants, nurse practitioners, and others who are not licensed as physicians offer many medical services. These services are rendered in accordance with Florida regulations and may require the same cost-share as you would pay for seeing a physician.

Providers’ participation status is subject to change at any time. For the most up-to-date list, please call us at **1.855.443.4735**. Customer Service is available weekdays from 8 am to 5 pm.

Services that require prior authorization

While Health First Health Plans & Insurance does not require a *referral* to see network specialists, there are certain services that require *prior authorization* whether you are an HMO, POS or PPO member. This ensures the right care is provided in the right setting. Local network physicians have information on the services that require prior-authorization from Health First and the steps required to obtain approval. Some examples of services that require prior-authorization include MRI, PET, CT scans and nuclear cardiology studies.

If you're a POS or PPO member and using an out-of-network provider or an in-network provider that is outside of our local area, please be sure you've discussed the authorization process with your provider and have notified Health First Health Plans & Insurance before receiving care. You have the ultimate responsibility to notify your provider that authorization is required for these procedures. For more information on which procedures require prior authorization or how to obtain approval, please contact our Customer Service Department.

For POS and PPO members

Point of Service (POS) members and Preferred Provider Organization (PPO) members can see any provider they choose for covered services, regardless of whether or not the provider is a Health First Health Plans & Insurance participating provider. Your plan documents show your share of the cost for receiving services both in and out of our network.

Since your cost depends on whether the provider participates with us, you can save money by using Health First Health Plans & Insurance providers while in Brevard and Indian River Counties, or PHCS Healthy Directions providers when outside of Brevard and Indian River Counties, whenever possible. Actual costs will depend on the benefit plan you have, the providers you see, and the services you receive.

Your cost can vary quite a bit depending on which providers you choose:

- \$ If you choose to see a participating (in-network) provider,** you are responsible for paying only for your "in-network" cost-share. We have contracts with these providers limiting the amount they can bill for services.
- \$\$ If you choose to see a non-participating (out-of-network) provider,** you are responsible for paying the higher "out-of-network" cost-share. We do not have contracts with these providers limiting the amount they can charge for services, so if they charge

more than our allowable amount, you may be responsible for the additional cost (also called "balance billing").

When seeking out-of-network services, we encourage you to talk with your provider in advance—ask what the charges for service will be and if they will accept a lower amount. Some providers will agree, which could reduce your total cost.

Finding a participating doctor or provider

Local participating doctors and other providers are listed in this Provider Directory and at myHFHP.org. The directory includes information on their credentials, languages spoken, age limitations, if any, and whether they are accepting new patients. It also lists other participating providers like hospitals, outpatient surgery centers, pharmacies, labs, etc. You can also contact Customer Service for additional information on doctors' professional qualifications.

There are some providers outside of our network and service area (Brevard and Indian River Counties) who are part of a national network we have contracted with, and have already agreed to accept a reduced rate. If this rate is higher than our allowable fee schedule, you'll still be responsible for the difference, but seeing these providers is another way to help limit your out-of-pocket expenses.

The participating providers located outside of the service area are listed at MultiPlan.com:

- Select "PHCS Healthy Directions" and click Go.
- Choose provider type (Doctor or Facility) and click Continue.
- Follow the prompts to enter your search criteria.

The customer service representatives at MultiPlan can also help you find a provider outside of Brevard and Indian River Counties. Simply call **1.888.378.7427** Monday through Friday from 8 a.m. to 8 p.m. (Eastern Standard Time), and identify yourself as a health plan participant accessing the PHCS Healthy Directions Network.

It is your responsibility to confirm your providers' continued participation in the PHCS Network and accessibility under your benefit plan. **Please also be sure to follow any required pre-authorization procedures,** and always present your benefits ID card upon arrival at your appointment.

Prescription drugs

You can get your covered prescriptions filled by any participating Health First Health Plans & Insurance pharmacy throughout our service area. Local pharmacies as well as participating national chain locations are listed in this Provider Directory. For the most recent updates,

visit our web site, or contact our Customer Service Department.

Health First Health Plans & Insurance has a drug formulary, which is defined as a list of drugs, both brand name and generic, approved by the plan as covered medications. A committee comprised of doctors, pharmacists and other health care professionals evaluates formulary drugs. Our Pharmacy and Therapeutics Committee regularly reviews the formulary list to be certain it meets the medical needs of our members and physicians.

Physicians are expected to prescribe the appropriate medication for you from this list. Non-formulary drugs are not covered unless approved by the health plan. If you need a copy of the current formulary, please call the Health First Health Plans & Insurance Customer Service Department at **1.855.443.4735** (TTY/TDD relay: 1.800.955.8771) weekdays from 8 am to 6 pm.

Anytime you receive a prescription for a new drug, be sure to ask your physician if the prescribed drug is on our formulary.

Emergency services and care

Your health is always our most important concern. In case of an emergency, go to the closest medical facility or call 911. Health First Health Plans & Insurance will provide coverage for any emergency medical condition, anywhere in the world. An emergency medical condition is defined as a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- serious jeopardy to the health of a patient, including a pregnant woman or fetus;
- serious impairment of bodily functions; or,
- serious dysfunction of any body organ or part.

During pregnancy, the condition may be considered an emergency when:

- there is inadequate time to safely transfer to another hospital prior to delivery;
- a transfer may pose a threat to the health and safety of the patient or the fetus; or,
- there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.

Health First Health Plans & Insurance will provide emergency services and care that includes screening, examination, and evaluation by a physician or, to the extent permitted by applicable law, other appropriate personnel under the supervision of a physician to

determine if an emergency medical condition exists and, if it does, the care, treatment, or surgery for a covered service by a physician necessary to relieve or eliminate the emergency medical condition, within the service capability of the medical facility.

Urgent or walk-in care

If you need care right away but your condition is not a true emergency, call your primary care physician to coordinate your care. All primary care physicians are on call 24 hours a day, 7 days a week. If your PCP cannot see you quickly enough, you can visit an urgent care or walk-in clinic.

Urgent care and walk-in providers can treat sinus and ear infections, colds, bronchitis, strep throat, pink eye, strains, minor burns, skin infections, rashes and cuts. Urgent care centers can also treat minor fractures and cuts that need stitches. Visiting an urgent care center or walk-in clinic instead of a hospital emergency department can often save you time and money.

Local participating locations are listed in the ancillary section of this directory. Locations, phone numbers, and hours of local participating urgent and walk-in providers are also online at myHFHP.org/Clinics. No appointment is needed. For Health First NOW locations, you can visit HFnow.org, check in online and choose an estimated treatment time.

Confidentiality

To safeguard your privacy, your personal health information is released only with your written consent or if required by law. To maintain the strict confidentiality of members' health information:

- Health First Health Plans & Insurance has confidentiality policies and procedures in place based on good practices and legal requirements.
- Health First Health Plans & Insurance requires facilities, providers and their medical record departments to keep members' records confidential.
- All Health First Health Plans & Insurance employees adhere to a confidentiality policy as well as adhere to Standards of Conduct that prohibit release of medical records.

Use of members' identifiable information

Identifiable information is data that may cause the patient to be recognized or known. Examples of identifiable information include the patient's name, address, and date of birth or social security number. At the time of enrollment, Health First Health Plans & Insurance members authorize Health First Health Plans & Insurance to use their member identifiable information for general treatment, coordination of care, quality assessment, utilization review, fraud detection, and accreditation

purposes. If patient-identifiable information is to be used for any other purpose or shared with any other organization, Health First Health Plans & Insurance must obtain clear and specific consent from you, unless such release is legally required.

As a Health First Health Plans & Insurance member, you have the right to . . .

- Review your health information as well as review which departments or agencies have access to your identifiable health information.
- Protect against unauthorized disclosure of identifiable health information.
- Approve the release of any identifiable information beyond Health First Health Plans & Insurance unless mandated by law.
- Give explicit consent prior to your employer having access to your identifiable health information unless mandated by law.
- Protect against release of any identifiable health information for the collection, use or sharing of data.
- Expect that all information used for research or performance measurement will be limited, in that all data will be de-identified or aggregated before release.
- Contact the Health First Health Plans & Insurance Compliance Officer to file a complaint or appeal if you feel that your health information was used without proper consent.

Physician overview

This directory provides the following physician specific information:

- **Physician's name and gender**
- **Specialty**—Visit abms.org/Who_We_Help/Consumers/specialties.aspx for an explanation of what body part or condition each type of specialist treats.
- **Hospital affiliations**—Indicates which hospital(s) have granted that physician privileges to see patients in their facility. If you want to use a particular hospital, it's important to choose a physician who can see you there.
- **Medical group affiliations**—Indicates whether the physician is part of a group of doctors.
- **Board certification**—To achieve and maintain board certification, physicians must complete an extensive process of specialty education and exams to demonstrate competency with the latest advances in medical science and technology in his or her specialty as well as best practices in patient safety, quality healthcare and creating a responsive patient-focused

environment. To learn more, visit the American Board of Medical Specialties (abms.org) or American Osteopathic Association (osteopathic.org).

- **Board eligible**—Indicates a provider whose boards have expired or those who are awaiting testing or test results.
- **Accepting new patients**—Indicates whether a physician will see new patients. If not, you must be an “established” patient to see this physician.
- **Languages spoken**—Indicates any language(s) the physician may speak other than English.
- **Office locations**—Includes street addresses and phone numbers.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Health First Health Plans & Insurance. Although we make every effort to maintain this information as accurately as possible, the availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The provider directory is continually updated as information becomes available.

Physicians in our network have undergone a thorough evaluation and verification of their education and credentials. Our providers submit their medical credentials (education, board certification, hospital privileges, etc.), and office information (group affiliation, address, phone, office hours, foreign languages spoken, etc.). Health First Health Plans & Insurance then verifies medical credentials directly with each corresponding organization, and confirms office information with the physician's office staff. After initial verification, this process is repeated every 3 years. The web based directory is updated within 5 days of receipt of changes and the written version is updated quarterly.

Health First Health Plans & Insurance does not use quality, member experience or cost-related measures when selecting hospitals, ancillary services, and practitioners to participate in our Marketplace plans. We use the same criteria when approving any providers to participate in our networks, regardless of which plans they accept.

Visit us on the web!

You can also see the latest version of this provider directory (as well as other health plan information) on our web site — myHFHP.org.

Primary Care Physicians

BREVARD COUNTY

Family Medicine

Abdur-Raqeeb, Obaydah A., DO *Gender Female*
Brevard Health Alliance
17 Silver Palm Ave, Melbourne 32901 (321) 733-2021
220 Barton Ave, Unit #C14, Rockledge 32955 (321) 639-5177
500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267
2120 Sarno Rd, Melbourne 32935 (321) 241-6800
775 Malabar Rd, Malabar 32950 (321) 722-8435
5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 676-5996
Certification(s) American Osteopathic Board of Family Practice

Anderson, Thomas N., DO *Gender Male*
Medical Associates of Brevard, LLC
3040 N. Wickham Rd, Ste 10, Melbourne 32935 (321) 428-4840
Certification(s) American Osteopathic Board of Family Practice
Age Requirement 6 years and older

Arcand, Josee J., MD *Gender Female*
Arcand Family Practice, LLC
21 Suntree Pl, Ste 102, Melbourne 32940 (321) 255-7334
Certification(s) American Board of Family Medicine
Additional language(s) spoken French
Age Requirement 6 years and older

Arias, Erich A., MD *Gender Male*
Healthy Living Clinic, LLC
375 S. Courtenay Pkwy, 7A, Merritt Island 32952 (321) 549-2273
Certification(s) American Board of Family Medicine
Hospital Privileges CCH, PBH, VH
Additional language(s) spoken Spanish

Arnold, Arthur A., MD *Gender Male*
Arnold Primary Care
1395 N. Courtenay Pkwy, Ste 207, Merritt Island 32953 (321) 305-5978
Certification(s) American Board of Preventive Medicine
Additional language(s) spoken Spanish
Age Requirement 12 years and older

Badolato, David W., MD* *Gender Male*
Badolato Family Health
6300 N. Wickham Rd, Ste 101, Melbourne 32940 (321) 253-2169
Certification(s) American Board of Family Medicine
Hospital Privileges VH
Age Requirement 1 year and older

Badolato, Stephen K., MD* *Gender Male*
Badolato Family Health
6300 N. Wickham Rd, Ste 101, Melbourne 32940 (321) 253-2169
Certification(s) American Board of Family Medicine, American Board of Family Medicine (Sub Sports Medicine)
Age Requirement 1 year and older

Berk, Danny P., MD* *Gender Male*
Medical Associates of Brevard, LLC
8057 Spyglass Hill Rd, Ste 104, Melbourne 32940 (321) 241-4877
Certification(s) American Board of Family Medicine
Age Requirement 18 years and older

Bisset, Robert K., MD* *Gender Male*
Health First Medical Group
2040 N. Hwy A1A, Ste 209, Indian Harbour Beach 32937 (321) 777-0090
Certification(s) American Board of Family Medicine
Hospital Privileges HRMC
Age Requirement 5 years and older

Black, Janis G., DO *Gender Female*
Family Health Center at Port St John
3740 Curtis Blvd, Ste 108, Cocoa 32927 (321) 633-5500
Certification(s) American Osteopathic Board of Family Practice

Bolourian, Houman, MD *Gender Male*
Health First Medical Group
105 S. Banana River Blvd, 2nd Fl, Cocoa Beach 32931 (321) 868-8312
Certification(s) American Board of Family Medicine

Brogan, Terri-Ann K., DO *Gender Female*
North Point Physicians, LLC
1395 N. Courtenay Pkwy, Ste 107, Merritt Island 32953 (321) 453-1955
Certification(s) American Osteopathic Board of Family Practice
Hospital Privileges CCH
Age Requirement 5 years and older

Buddha, Chaithanya Deepthi, MD *Gender Female*
Brevard Physicians, PA
7137 N. US Hwy 1, Cocoa 32927 (321) 632-3500
833 Barton Blvd, Rockledge 32955 (321) 632-0552
Certification(s) American Board of Family Medicine
Additional language(s) spoken Hindi

Capraro, Frances, MD *Gender Female*
Two Rivers Family Practice, PLLC
1231 S. Patrick Dr, Satellite Beach 32937 (321) 622-5432
Certification(s) American Board of Family Medicine
Additional language(s) spoken Spanish
Age Requirement 6 years and older

Chan, Edwin C., MD *Gender Male*
Suntree Internal Medicine
6619 N. Wickham Rd, Melbourne 32940 (321) 259-9500
Certification(s) American Board of Family Medicine
Hospital Privileges VH
Additional language(s) spoken Chinese
Age Requirement 10 years and older

Chau, Anh N., MD *Gender Female*
Health First Medical Group
105 S. Banana River Blvd, 2nd Fl, Cocoa Beach 32931 (321) 868-8312
Certification(s) American Board of Family Medicine
Hospital Privileges CCH
Additional language(s) spoken French, Vietnamese

Chrieki, Milad, MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Family Medicine

Cohen, Leon A., MD *Gender Male*
Leon A. Cohen, MD, PA
375 S. Courtenay Pkwy, Ste 1, Merritt Island 32952 (321) 453-3420
Hospital Privileges CCH
Additional language(s) spoken Spanish

Condo, Allen R., MD* *Gender Male*
Health First Medical Group
730 Malabar Rd, Malabar 32950 (321) 409-6800
Certification(s) American Board of Family Medicine
Hospital Privileges PBH

Crane, Lydia O., MD* *Gender Female*
Health First Medical Group
1220 N. Hwy A1A, Ste 147, Indian River 32903 (321) 984-1333
Certification(s) American Board of Family Medicine
Hospital Privileges HRMC

* Accepting established patients only

CCH=Cape Canaveral Hospital / HRMC=Holmes Regional Medical Center / IRMC=Indian River Medical Center / PBH=Palm Bay Hospital / SBRC=Sebastian River Medical Center / VH=Viera Hospital

8 Primary Care Physicians

August 4, 2015

Das, Rajive, MD

Gender Male

Medical Associates of Brevard, LLC

1071 Port Malabar Blvd, Ste 111, Palm Bay 32905(321) 725-9800

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Additional language(s) spoken Hindi

Age Requirement 6 years and older

Day, Ian R., MD

Gender Male

MEL-BAY Health Care, Inc

3000 N. Atlantic Ave, Ste 108, Cocoa Beach 32931(321) 799-2554

950 S. Apollo Blvd, Melbourne 32901(321) 473-8400

8225 N. Wickham Rd, Ste 102, Melbourne 32940(321) 729-1400

Certification(s) American Board of Family Medicine

Hospital Privileges CCH, HRMC, PBH, VH

Age Requirement 17 years and older

DeHaven, Donald H., MD

Gender Male

Donald H. DeHaven, MD

8041 Spyglass Hill Rd, Ste 102, Viera 32940(321) 622-8943

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Fadigan, Skyhawk, MD

Gender Female

Health First Medical Group

255 Borman Dr, 2nd Fl, Merritt Island 32953(321) 434-1640

Certification(s) American Board of Family Medicine

Age Requirement 6 years and older

Fair, Susan C., DO

Gender Female

Susan C. Fair, DO, PA

595 N. Courtenay Pkwy, Ste 102, Merritt Island 32953(321) 455-1226

Certification(s) American Osteopathic Board of General Practice

Hospital Privileges CCH

Age Requirement 5 years and older

Farbowitz, Steven, MD

Gender Male

4Care Family Practice

590 Malabar Rd, Ste 6, Palm Bay 32907(321) 676-3535

Certification(s) American Board of Family Medicine

Additional language(s) spoken Spanish

Age Requirement 3 years and older

Ferguson, Julie, ARNP

Gender Female

Health First Medical Group

8725 N. Wickham Rd, Ste 302, Viera 32940(321) 434-9230

Age Requirement 5 years and older

Garcia, Jose L., MD

Gender Male

Health First Medical Group

3425 Bayside Lakes Blvd, Ste 110, Palm Bay 32909(321) 434-3430

Certification(s) American Board of Family Medicine

Hospital Privileges PBH

Additional language(s) spoken Spanish

Gayed, Esmat A., MD

Gender Male

Medical Associates of Brevard, LLC

3021 W. Eau Gallie Blvd, Ste 101, Melbourne 32934(321) 255-0959

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Additional language(s) spoken Arabic

Age Requirement 8 years and older

Hagloch, Jay M., MD*

Gender Male

Health First Medical Group

1220 N. Hwy A1A, Ste 147, Indialantic 32903(321) 984-1333

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Age Requirement 8 years and older

Hernesman, Shane C., MD

Gender Male

Shane C. Hernesman, MD, PA

1395 N. Courtenay Pkwy, Ste 100, Merritt Island 32953(321) 453-5888

Certification(s) American Board of Orthopaedic Surgery

Hospital Privileges CCH

Age Requirement 10 years and older

Hosey, Damani A., MD

Gender Male

Health First Medical Group

730 Malabar Rd, Malabar 32950(321) 409-6800

Certification(s) American Board of Family Medicine

Hospital Privileges PBH

Hyvonen, Pauline E.R., MD*

Gender Female

Health First Medical Group

1220 N. Hwy A1A, Ste 147, Indialantic 32903(321) 984-1333

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Ireland, Brian L., DO

Gender Male

Medical Associates of Brevard, LLC

1380 S. Patrick Dr, Satellite Beach 32937(321) 773-2659

Certification(s) American Osteopathic Board of Family Practice

Ireland, Mark, DO

Gender Male

Medical Associates of Brevard, LLC

1380 S. Patrick Dr, Satellite Beach 32937(321) 773-2659

Certification(s) American Board of Family Medicine

Jimenez, Molly E., ARNP

Gender Female

Two Rivers Family Practice, PLLC

1231 South Patrick Dr, Satellite Beach 32937(321) 622-5432

Age Requirement 6 years and older

Johnston, Donna J., MD

Gender Female

Donna Johnston, MD

8061 Spyglass Hill Rd, Ste 102, Melbourne 32940(321) 751-7041

Certification(s) American Board of Family Medicine

Age Requirement 7 years and older

Kane, Maile N., DO

Gender Female

Dr. Kane's Beachside Family Practice, Inc

1186 Hwy A1A, Satellite Beach 32937(321) 779-3370

Certification(s) American Osteopathic Board of General Practice

Age Requirement 5 years and older

Kanellopoulos, Nikolaos, MD

Gender Male

Health First Medical Group

255 Borman Dr, 2nd Fl, Merritt Island 32953(321) 434-1640

Certification(s) American Board of Family Medicine

Hospital Privileges CCH

Additional language(s) spoken French, Greek, Spanish

Age Requirement 6 years and older

Kimmel, Murray A., DO

Gender Male

Kimmelcare Family Practice

2230 N. Wickham Rd, Ste B, Melbourne 32935(321) 757-0600

Certification(s) American Osteopathic Board of General Practice

Hospital Privileges HRMC

Age Requirement 6 years and older

Kobobel, Jasen S., MD

Gender Male

Brevard Family Walk-In Clinic

1950 Rockledge Blvd, Ste 101, Rockledge 32955(321) 636-0005

1205 N. Courtenay Pkwy, Merritt Island 32953(321) 636-0005

Certification(s) American Board of Family Medicine

Hospital Privileges CCH

Age Requirement 5 years and older

* Accepting established patients only

CCH=Cape Canaveral Hospital / HRMC=Holmes Regional Medical Center / IRMC=Indian River Medical Center / PBH=Palm Bay Hospital / SBRM=Sebastian River Medical Center / VH=Viera Hospital

Lai, Ming T., MD Medical Associates of Brevard, LLC 910 Malabar Rd, Ste 2, Palm Bay 32907 (321) 768-2356 Certification(s) American Board of Family Medicine Hospital Privileges HRMC Additional language(s) spoken Chinese, Portugese Age Requirement 5 years and older	Gender Male	775 Malabar Rd, Malabar 32950 (321) 722-8435 Certification(s) American Board of Family Medicine Additional language(s) spoken Spanish
Laird, Timothy P., MD Health First Medical Group 8725 N. Wickham Rd, Ste 302, Melbourne 32940 (321) 434-9230 Certification(s) American Board of Family Medicine Hospital Privileges VH Additional language(s) spoken French	Gender Male	
Lamothe, Francis, MD Brevard Health Alliance 5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 722-5959 220 Barton Ave, Unit #C14, Rockledge 32955 (321) 639-5177 17 Silver Palm Ave, Melbourne 32901 (321) 733-2021 500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267 2120 Sarno Rd, Melbourne 32935 (321) 241-6800 775 Malabar Rd, Malabar 32950 (321) 722-8435 Certification(s) American Board of Family Medicine Additional language(s) spoken French, Spanish	Gender Male	
Malone, Deborah M., DO Royal Oaks Medical Center 1855 Knox McRae Dr, Titusville 32780 (321) 269-2028 7227 N. US Hwy 1, Port St. John 32927 (321) 637-1595 Certification(s) American Osteopathic Board of Family Practice	Gender Female	
Marino, Vincent P., MD Dr. Vincent P. Marino, MD, PA 333 W. Cocoa Bch Cswy, Cocoa Beach 32931 (321) 868-7170 Certification(s) American Board of Family Medicine Hospital Privileges CCH Age Requirement 18 years and older	Gender Male	
Marino, Richard M., ARNP Health First Medical Group 730 Malabar Rd, Malabar 32950 (321) 409-6800 Age Requirement 14 years and older	Gender Male	
McDougall, Jeffrey A., MD* Health First Medical Group 7125 Murrell Rd, Viera 32940 (321) 242-8790 Certification(s) American Board of Family Medicine Hospital Privileges HRMC	Gender Male	
McKee, Kimberly D., MD McKee Family Practice, PA 7000 Spyglass Ct, Ste 300, Viera 32940 (321) 752-7555 Certification(s) American Board of Family Medicine, American Board of Family Medicine (Sub Hosp & Palliative) Hospital Privileges VH Age Requirement 6 years and older	Gender Female	
Mishra, Poonam, DO Medical Associates of Brevard, LLC 401 N. Wickham Rd, Ste H, Melbourne 32935 (321) 757-5105 Certification(s) American Osteopathic Board of Family Practice Hospital Privileges HRMC Age Requirement 8 years and older	Gender Female	
Mohamed, Khaled A., MD Brevard Health Alliance 220 Barton Ave, Unit #C14, Rockledge 32955 (321) 639-5177 5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 722-5959 17 Silver Palm Ave, Melbourne 32901 (321) 733-2021 500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267 2120 Sarno Rd, Melbourne 32935 (321) 241-6800	Gender Male	
Moss, Marilyn C., MD* Diagnostic & Clinical Care Services, Inc 2100 N. Wickham Rd, Ste 1, Melbourne 32935 (321) 752-7100 Certification(s) American Board of Family Medicine Age Requirement 12 years and older	Gender Female	
Naoumoff, Stephane M., MD Riverside Family Health 1395 N. Courtney Pkwy, Ste 100, Merritt Island 32953 (321) 453-5252 Certification(s) American Board of Family Medicine Hospital Privileges CCH Additional language(s) spoken French	Gender Male	
Nevarez-Carrillo, Eduardo R., MD Health First Medical Group 1223 Gateway Dr, Melbourne 32901 (321) 725-4500 Certification(s) American Board of Family Medicine Hospital Privileges HRMC Additional language(s) spoken Spanish	Gender Male	
Newcombe, Malinda M., MD* Health First Medical Group 2040 N. Hwy A1A, Ste 209, Indian Harbour Beach 32937 (321) 777-0090 Certification(s) American Board of Family Medicine Hospital Privileges HRMC	Gender Female	
O'Neill-Rosado, Oscar, MD Health First Medical Group 1223 Gateway Dr, Melbourne 32901 (321) 725-4500 Certification(s) American Board of Family Medicine Hospital Privileges HRMC Additional language(s) spoken Spanish	Gender Male	
Ojha, Ashish K., MD Health First Medical Group 730 Malabar Rd, Malabar 32950 (321) 409-6800 Certification(s) American Board of Family Medicine Hospital Privileges HRMC, PBH	Gender Male	
Paul, Rajee, MD Merritt Island Walk-In Clinic, LLC 1045 N. Courtenay Pkwy, Merritt Island 32953 (321) 452-9255 Additional language(s) spoken Hindi, Punjabi	Gender Female	
Pereda, Anabel, ARNP Health First Medical Group 3425 Bayside Lakes Blvd, Ste 110, Palm Bay 32909 (321) 434-3430 Additional language(s) spoken Spanish	Gender Female	
Priyadarshi, Vikash, MD MEL-BAY Health Care, Inc 5205 Babcock St, NE, Ste 3, Palm Bay 32905 (321) 729-1400 950 S. Apollo Blvd, Melbourne 32901 (321) 473-8400 Certification(s) American Board of Family Medicine Hospital Privileges HRMC, PBH Additional language(s) spoken Hindi, Spanish	Gender Male	
Rose, Lisa R., MD Brevard Health Alliance 220 Barton Ave, Unit #C14, Rockledge 32955 (321) 639-5177 17 Silver Palm Ave, Melbourne 32901 (321) 733-2021 Certification(s) American Board of Family Medicine Additional language(s) spoken Spanish	Gender Female	
Rossi, Catherine M., MD* Health First Medical Group 7125 Murrell Rd, Viera 32940 (321) 242-8790 Certification(s) American Board of Family Medicine Hospital Privileges HRMC	Gender Female	

* Accepting
established
patients only

FHD=Florida Hospital DeLand / FHFM=Florida Hospital Fish Memorial / FHF=Florida Hospital Flagler /
FHHMC=Florida Hospital Memorial Medical Center / FHOS=Florida Hospital Oceanside / FHO=Florida Hospital
Orlando / FHW=Florida Hospital Waterman

10 Primary Care Physicians

August 4, 2015

Saluck, Kenneth J., DO

Gender Male

Sunshine Health Care Solutions

465 Minutemen Cswy, Ste 455, Cocoa Beach 32931(866) 389-7601

Certification(s) American Osteopathic Board of General Practice

Age Requirement 18 years and older

Schmidt, Caroliese, MD

Gender Female

Caroliese Schmidt, MD, PA

1275 S. Patrick Dr, Ste H, Satellite Beach 32937(321) 777-0600

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Additional language(s) spoken German

Age Requirement 12 years and older

Schuck, Theodore J., DO

Gender Male

Brevard Health Alliance

5270 Babcock St, NE, Ste 1, Palm Bay 32905(321) 722-5959

220 Barton Ave, Unit #C14, Rockledge 32955(321) 639-5177

17 Silver Palm Ave, Melbourne 32901(321) 733-2021

500 N. Washington Ave, Ste 105, Titusville 32796(321) 268-0267

2120 Sarno Rd, Melbourne 32935(321) 241-6800

775 Malabar Rd, Malabar 32950(321) 722-8435

Certification(s) American Osteopathic Board of Family Practice

Sciortino, Vincent, MD

Gender Male

VS Primo Healthcare

7000 Spyglass Ct, Ste 130, Viera 32940(321) 751-7113

Certification(s) American Board of Family Medicine

Hospital Privileges CCH, VH

Additional language(s) spoken Italian, Spanish

Age Requirement 4 years and older

Serrano, Ricardo A., MD

Gender Male

Ricardo Serrano, MD, PA

30 Fortenberry Rd, Merritt Island 32952(321) 453-2267

Certification(s) American Board of Family Medicine

Hospital Privileges CCH

Additional language(s) spoken Spanish

Slomin, Glenn R., DO

Gender Male

Osler HMA Medical Group, LLC

240 N. Wickham Rd, Ste 304, Melbourne 32935(321) 308-5050

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Age Requirement 3 years and older

Smith, Tannis L., ARNP

Gender Female

Brevard Health Alliance

220 Barton Ave, Unit #C14, Rockledge 32955(321) 639-5177

17 Silver Palm Ave, Melbourne 32901(321) 733-2021

500 N. Washington Ave, Ste 105, Titusville 32796(321) 268-0267

2120 Sarno Rd, Melbourne 32935(321) 241-6800

775 Malabar Rd, Malabar 32950(321) 722-8435

5270 Babcock St, NE, Ste 1, Palm Bay 32905(321) 676-5996

Snow, Craig A., MD*

Gender Male

Health First Medical Group

7125 Murrell Rd, Melbourne 32940(321) 242-8790

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Additional language(s) spoken French

Soto-Varela, Myredsi, MD

Gender Female

Health First Medical Group

1223 Gateway Dr, Melbourne 32901(321) 725-4500

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Additional language(s) spoken Spanish

Stewart, Charles S., MD*

Gender Male

Health First Medical Group

1220 N. Hwy A1A, Ste 147, Indian River 32903(321) 984-1333

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Surber, Amber W., MD

Gender Female

Royal Oaks Medical Center

1855 Knox McRae Dr, Titusville 32780(321) 269-2028

7227 N. US Hwy 1, Port St. John 32927(321) 637-1595

Certification(s) American Board of Family Medicine

Thaggert, Tammy N., MD

Gender Female

Health First Medical Group

699 W. Cocoa Beach Cswy, Ste 506, Cocoa Beach 32931 ... (321) 868-7222

Certification(s) American Board of Family Medicine, American Board of Family

Medicine (Sub Hosp & Palliative), American Board of Preventive Medicine

Thomas, Bruce J., MD*

Gender Male

Health First Medical Group

205 E. Nasa Blvd, Ste 100, Melbourne 32901(321) 725-4500

Hospital Privileges HRMC

Torres, Maria C., MD

Gender Female

Maria Torres, MD, LLC

766 Country Club Dr, Titusville 32780(321) 264-1052

Certification(s) American Board of Family Medicine

Additional language(s) spoken Spanish

Age Requirement 12 years and older

Torres, Rodolfo A., MD

Gender Male

Royal Oaks Medical Center

1855 Knox McRae Dr, Titusville 32780(321) 269-2028

7227 N. US1, Port St John 32927(321) 637-1595

Certification(s) American Board of Family Medicine

Trout, Ronald V., MD*

Gender Male

Health First Medical Group

730 Malabar Rd, Malabar 32950(321) 409-6800

Certification(s) American Board of Family Medicine

Hospital Privileges PBH

Vanderby, Steven J., MD

Gender Male

Steven Vanderby, MD, PA

4030 Minton Rd, West Melbourne 32904(321) 725-8222

Certification(s) American Board of Family Medicine

Hospital Privileges HRMC

Vasser, Elizabeth, MD

Gender Female

Health First Medical Group

205 E. Nasa Blvd, Melbourne 32901(321) 725-4500

Certification(s) American Board of Family Medicine, American Board of Family

Medicine (Sub Sports Medicine)

Hospital Privileges HRMC

Vijayvargiya, Perna A., MD

Gender Female

Health First Medical Group

255 Borman Dr, 2nd Fl, Merritt Island 32953(321) 434-1640

Certification(s) American Board of Family Medicine

Age Requirement 6 years and older

Zee, Timothy, MD

Gender Male

Brevard Health Alliance

5270 Babcock St, NE, Ste 1, Palm Bay 32905(321) 722-5959

220 Barton Ave, Unit #C14, Rockledge 32955(321) 639-5177

17 Silver Palm Ave, Melbourne 32901(321) 733-2021

500 N. Washington Ave, Ste 105, Titusville 32796(321) 268-0267

775 Malabar Rd, Malabar 32950(321) 722-8435

Certification(s) American Board of Family Medicine

Additional language(s) spoken Spanish

Internal Medicine

Aboutanos, Angela W., MD

Gender Female

Osler HMA Medical Group, LLC

2222 S. Harbor City Blvd, Ste 430, Melbourne 32901(321) 725-5050

Certification(s) American Board of Internal Medicine

Hospital Privileges HRMC

Age Requirement 18 years and older

* Accepting
established
patients only

CCH=Cape Canaveral Hospital / HRMC=Holmes Regional Medical Center / IRMC=Indian River Medical
Center / PBH=Palm Bay Hospital / SBRM=Sebastian River Medical Center / VH=Viera Hospital

Adamcik, Raymond D., MD Gender Male
Adamcik Medical
102 5th Ave, Indialantic 32903 (321) 327-2980
280 Corporate Circle, Palm Bay 32909 (321) 327-2980
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Age Requirement 10 years and older

Agsalud, Jaymie, MD Gender Female
MEL-BAY Health Care, Inc
3000 N. Atlantic Ave, Ste 108, Cocoa Beach 32931 (321) 799-2554
Certification(s) American Board of Internal Medicine
Hospital Privileges CCH, HRMC
Age Requirement 14 years and older

Anciro, Janet A., MD Gender Female
Jay Medical PLLC
3972 W. Eau Gallie Blvd, Melbourne 32934 (321) 241-4908
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Additional language(s) spoken Filipino, Tagalog
Age Requirement 18 years and older

Anderson, Douglas J., MD* Gender Male
Douglas Anderson, MD
500 N. Washington Ave, Ste 208, Titusville 32796 (321) 267-6100
Certification(s) American Board of Internal Medicine
Age Requirement 18 years and older

Anderson, Kyle R., MD* Gender Male
Health First Medical Group
730 Malabar Rd, Malabar 32950 (321) 409-6800
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC, PBH
Age Requirement Females 14 and older, Males 16 and older

Armstrong, Sandra L., ARNP-C Gender Female
Health First Medical Group
730 Malabar Rd, Malabar 32950 (321) 409-6800
Age Requirement 16 years and older

Atkinson, Andrew M., MD* Gender Male
Osler HMA Medical Group, LLC
2222 S. Harbor City Blvd, Ste 420, Melbourne 32901 (321) 725-5050
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC

Bakshi, Shakti, MD Gender Male
Medical Associates of Brevard, LLC
6550 N. Wickham Rd, Ste 2, Melbourne 32940 (321) 255-1947
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Additional language(s) spoken Hindi
Age Requirement 18 years and older

Balaji, Gobivenkata, MD Gender Male
Brevard Health Center, PL
298 Michigan Ave, Ste 101, Melbourne 32901 (321) 215-6899
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Additional language(s) spoken Kannada, Tamil, Telugu

Berger, Patrick J., DO Gender Male
MEL-BAY Health Care, Inc
5205 Babcock St, NE, Ste 3, Palm Bay 32905 (321) 729-1400
Certification(s) American Osteopathic Board of Internal Medicine
Hospital Privileges HRMC

Blecker, Edgar R., MD Gender Male
Edgar R. Blecker, MD, PA
7901 Ron Beatty Blvd, Barefoot Bay 32976 (772) 664-8171
Certification(s) American Board of Internal Medicine
Hospital Privileges IRMC, SRMC
Additional language(s) spoken French, Italian, Spanish
Age Requirement 18 years and older

Chapla, Jeram P., MD Gender Male
Radha Medical, PA
1027 Garden St, Titusville 32796 (321) 383-3332
Certification(s) American Board of Internal Medicine
Additional language(s) spoken Hindi
Age Requirement 15 years and older

Chhindra, Jagdeep, MD Gender Male
Medical Associates of Brevard, LLC
5200 Babcock St, NE, Ste 103, Palm Bay 32905 (321) 724-1200
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Additional language(s) spoken Hindi
Age Requirement 18 years and older

Childs, Lorraine M., ARNP Gender Female
Sebastian HMA Physicians Management, LLC
8000 Ron Beatty Blvd A-3, Sebastian 32976 (772) 664-1388
Age Requirement 18 years and older

Cobbold, Christian, MD Gender Male
Health First Medical Group
7125 Murrell Rd, Melbourne 32940 (321) 242-8790
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC, VH
Age Requirement 16 years and older

Delvadia, Rasiklal N., MD Gender Male
Rasiklal N. Delvadia, MD
2185 A Cheney Hwy, Titusville 32780 (321) 269-9800
Certification(s) American Board of Internal Medicine
Additional language(s) spoken Gujarati, Hindi
Age Requirement 12 years and older

Desrochers, John D., MD Gender Male
Brevard Health Alliance
220 Barton Blvd, Unit #C14, Rockledge 32955 (321) 433-8361
17 Silver Palm Ave, Melbourne 32901 (321) 733-2021
500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267
2120 Sarno Rd, Melbourne 32935 (321) 241-6800
775 Malabar Rd, Malabar 32950 (321) 722-8435
5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 676-5996
Certification(s) American Board of Internal Medicine
Additional language(s) spoken German, Spanish

Fermin, Eileen, MD Gender Female
TUYA PA
7901 Ron Beatty Blvd, Barefoot Bay 32976 (772) 664-8171
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Geriatric Med)
Hospital Privileges SRMC
Additional language(s) spoken French, Spanish
Age Requirement 16 years and older

Field, Brenda E., MD Gender Female
Sebastian HMA Barefoot Bay Internal Medicine
8000 Ron Beatty Blvd, Ste A-3, Barefoot Bay 32976 (772) 664-1388
Certification(s) American Board of Internal Medicine
Age Requirement 18 years and older

* Accepting established patients only

FHD=Florida Hospital DeLand / FHFM=Florida Hospital Fish Memorial / FHF=Florida Hospital Flagler / FHMMC=Florida Hospital Memorial Medical Center / FHOS=Florida Hospital Oceanside / FHO=Florida Hospital Orlando / FHW=Florida Hospital Waterman

12 Primary Care Physicians

August 4, 2015

Fortus, Gilbert R., MD Health First Medical Group 1223 Gateway Dr, Melbourne 32901(321) 725-4500 Certification(s) American Board of Internal Medicine (Sub Geriatric Med) Hospital Privileges HRMC Additional language(s) spoken Tagalog Age Requirement 18 years and older	Gender Male	Jain, Nitin, MD Medical Associates of Brevard, LLC 1600 W. Eau Gallie Blvd, Ste 100, Melbourne 32935 (321) 254-6338 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Additional language(s) spoken Hindi Age Requirement 18 years and older	Gender Male
Garcia, Joven T., MD Medical Associates of Brevard, LLC 6080 Babcock St, SE, Palm Bay 32909(321) 409-3073 1326 Malabar Rd, SE, Ste 5, Palm Bay 32907(321) 409-3073 Certification(s) American Board of Internal Medicine Hospital Privileges PBH Additional language(s) spoken Tagalog	Gender Male	Kearney, James, MD Medical Associates of Brevard, LLC 580 N. Wickham Rd, Ste A, Melbourne 32935 (321) 255-7118 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Age Requirement 14 years and older	Gender Male
Gelman, Julie A., MD Julie Gelman, MD, LLC 1499 S. Harbor City Blvd, Ste 302, Melbourne 32901(321) 914-0944 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC, VH Age Requirement 18 years and older	Gender Female	King, Melody O., MD* Health First Medical Group 7125 Murrell Rd, Melbourne 32940 (321) 242-8790 Certification(s) American Board of Internal Medicine Hospital Privileges VH Age Requirement 14 years and older	Gender Female
Grover, Anju, MD Medical Associates of Brevard, LLC 1600 W. Eau Gallie Blvd, Ste 100, Melbourne 32935(321) 254-6338 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Additional language(s) spoken Hindi	Gender Female	Krishnamurthy, Rajasri P., MD Health First Medical Group 1421 Malabar Rd, NE, Ste 210, Palm Bay 32907 (321) 434-8140 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC, PBH Age Requirement 18 years and older	Gender Female
Gu, Yanqing, MD Yanqing Gu, MD, PA 551 S. Apollo Blvd, Ste 103, Melbourne 32901(321) 984-2688 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Age Requirement 18 years and older	Gender Female	Kumar, Aravind K., MD Brevard Internal Medicine & Walk-In Clinic 2795 W. New Haven Ave, West Melbourne 32904 (321) 622-8626 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Age Requirement 18 years and older	Gender Male
Hardoon, Abraham, MD Suntree Internal Medicine 6619 N. Wickham Rd, Melbourne 32940(321) 259-9500 Hospital Privileges VH Additional language(s) spoken Hebrew Age Requirement 18 months and older	Gender Male	Kumar, Naveen, MD Healthy Journeys, Inc 1616 S. Apollo Blvd, Melbourne 32901 (321) 409-9577 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC, PBH Additional language(s) spoken Hindi Age Requirement 18 years and older	Gender Male
Hardoon, Scott, MD Suntree Internal Medicine 6619 N. Wickham Rd, Melbourne 32940(321) 259-9500 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC, VH Age Requirement 19 years and older	Gender Male	Kumar, Vinay K., MD Vinay Kumar, MD, PA 833 Barton Blvd, Rockledge 32955 (321) 632-0552 7137 N. US Highway 1, Cocoa 32927 (321) 632-3500 Certification(s) American Board of Internal Medicine Hospital Privileges CCH, VH Additional language(s) spoken Hindi	Gender Male
Hernandez Pons, Edgardo A., MD Health First Medical Group 7123 Murrell Rd, Melbourne 32940(321) 242-8790 Certification(s) American Board of Internal Medicine Hospital Privileges VH Additional language(s) spoken Spanish Age Requirement 16 years and older	Gender Male	Kundumadathil, Jayadevan, MD Jayadevan Kundumadathil, MD 406 5th Ave, Indianalantic 32903 (321) 473-8974 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Additional language(s) spoken Hindi Age Requirement 18 years and older	Gender Male
Isenman, Eric C., MD* Health First Medical Group 1223 Gateway Dr, Melbourne 32901(321) 725-4500 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Age Requirement 16 years and older	Gender Male	Kurusanganapalli, Nagamani, MD Brevard Physicians, PA 7137 N. US Hwy 1, Cocoa 32927 (321) 632-3500 Certification(s) American Board of Internal Medicine Additional language(s) spoken Hindi, Kannada, Telugu Age Requirement 16 years and older	Gender Female
Itani, Nabil S., DO Nabil S. Itani, DO, PA 875 Century Medical Dr, Titusville 32796.....(321) 268-8787	Gender Male	Leyte-Vidal, Santiago M., MD Cocoa Beach Internal Medicine 465 Minutemen Cswy, Cocoa Beach 32931 (321) 783-2412 Certification(s) American Board of Internal Medicine Hospital Privileges CCH Age Requirement 18 years and older	Gender Male

* Accepting established patients only

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Lopez-Granberry, Yvette M., MD* *Gender Female*
Badolato Family Health
6300 N. Wickham Rd, Ste 101, Melbourne 32940 (321) 253-2169
Certification(s) American Board of Internal Medicine
Additional language(s) spoken Spanish
Age Requirement 16 years and older

Lorente, Miguel L., MD *Gender Male*
Medical Associates of Brevard, LLC
2107 Dairy Rd, Melbourne 32904 (321) 676-7860
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Luciani, Diane, DO *Gender Female*
North Point Physicians, LLC
1395 N. Courtenay Pkwy, Ste 107, Merritt Island 32953 (321) 453-1955
Certification(s) American Osteopathic Board of Internal Medicine
Hospital Privileges CCH
Age Requirement 14 years and older

Luthra, Venu K., MD *Gender Male*
Internal Medicine at Viera
1710 Wuesthoff Dr, Melbourne 32940 (321) 255-6033
Certification(s) American Board of Internal Medicine
Hospital Privileges CCH
Additional language(s) spoken Indian
Age Requirement 17 years and older

Malhotra, Kiron, MD *Gender Female*
Health First Medical Group
820 Palm Bay Rd, NE, Ste 110, Palm Bay 32905 (321) 409-9101
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC, PBH
Additional language(s) spoken Hindi, Punjabi
Age Requirement 18 years and older

Mitra, Sudeshna, MD *Gender Female*
Medical Associates of Brevard, LLC
397 N. Wickham Rd, Ste 101, Melbourne 32935 (321) 622-6222
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Additional language(s) spoken Bengali, Hindi
Age Requirement 18 years and older

Modh, Brinda G., MD *Gender Female*
Medical Associates of Brevard, LLC
8045 Spyglass Hill Rd, Ste 104, Melbourne 32940 (321) 255-4003
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC, PBH
Additional language(s) spoken Hindi
Age Requirement 18 years and older

Morel, Guillermo F., MD *Gender Male*
TUYA PA
7901 Ron Beatty Blvd, Barefoot Bay 32976 (772) 664-8171
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Geriatric Med)
Hospital Privileges SRMC
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Nadolny, Richard A., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Cardiovasc Dis)
Age Requirement 17 years and older

Norris, David S., MD *Gender Male*
Health First Medical Group
1421 Malabar Rd, NE, Ste 210, Palm Bay 32907 (321) 434-8140
Certification(s) American Board of Internal Medicine
Hospital Privileges PBH
Age Requirement 18 years and older

Patel, Bhaskerrao P., MD *Gender Male*
Health First Medical Group
730 Malabar Rd, Malabar 32950 (321) 409-6800
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC, PBH
Additional language(s) spoken Gujarati, Hindi

Patel, Pratik A., MD *Gender Male*
Medical Associates of Brevard, LLC
8045 Spyglass Hill Rd, Ste 104, Melbourne 32940 (321) 255-4003
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC, PBH, VH
Additional language(s) spoken Gujarati, Hindi
Age Requirement 18 years and older

Patsamatla, Kishore R., MD *Gender Male*
MEL-BAY Health Care, Inc
5205 Babcock St, NE, Ste 3, Palm Bay 32905 (321) 729-1400
950 S. Apollo Blvd, Melbourne 32901 (321) 473-8400
8225 N. Wickham Rd, Ste 102, Melbourne 32940 (321) 729-1400
Certification(s) American Board of Internal Medicine
Hospital Privileges CCH, HRMC, VH
Additional language(s) spoken Hindi, Spanish, Telugu

Paul, Amanda B., MD *Gender Female*
Suntree Internal Medicine
6619 N. Wickham Rd, Melbourne 32940 (321) 259-9500
Certification(s) American Board of Internal Medicine
Hospital Privileges VH
Age Requirement 18 years and older

Priyanka, Geetha, MD *Gender Female*
Baba Healthcare, Inc
948 S. Wickham Rd, Ste 103, West Melbourne 32904 (321) 956-7370
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Age Requirement 16 years and older

Psarakis, Mark S., MD *Gender Male*
Osler HMA Medical Group, LLC
2222 S. Harbor City Blvd, Ste 430, Melbourne 32901 (321) 725-5050
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Age Requirement 18 years and older

Ratajczak-Dambek, Renata M., MD *Gender Female*
Health First Medical Group
1071 Port Malabar Blvd, NE, Ste 109, Palm Bay 32905 (321) 727-7256
Certification(s) American Board of Internal Medicine
Hospital Privileges PBH
Additional language(s) spoken Polish, Russian
Age Requirement 18 years and older

Reddy, Manohar G., MD *Gender Male*
Manohar Reddy, MD, PA
2551 W. Eau Gallie Blvd, Ste 101, Melbourne 32935 (321) 752-5544
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Age Requirement 18 years and older

Rigdon, Randall B., MD *Gender Male*
Randall Rigdon, LLC
270 N. Sykes Creek Pkwy, Ste 202, Merritt Island 32953 (321) 454-2468
Certification(s) American Board of Internal Medicine
Age Requirement 18 years and older

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14 Primary Care Physicians

August 4, 2015

Rocourt, Marissa H., MD Brevard Health Care, LLC 1735 W. Hibiscus Blvd, Ste 201, Melbourne 32901(321) 259-5999 Certification(s) American Board of Internal Medicine Additional language(s) spoken French Age Requirement 18 years and older	Gender Female	Siddiqui, Muhammad M., MD IRHS-Primary Care Barefoot Bay 937 Barefoot Bay, Ste A, Barefoot Bay 32976 (772) 664-4349 Certification(s) American Board of Internal Medicine Hospital Privileges IRMC Age Requirement 18 years and older	Gender Male
Roque, George E., MD Atlantic Medical Group, LLC 1541 S. Wickham Rd, West Melbourne 32904(321) 726-6331 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Additional language(s) spoken Spanish Age Requirement 18 years and older	Gender Male	Spears, Mark A., MD* Health First Medical Group 7125 Murrell Rd, Melbourne 32940 (321) 242-8790 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC, VH Age Requirement 18 years and older	Gender Male
Ruberte, Mario E., MD Health First Medical Group 1223 Gateway Dr, Melbourne 32901(321) 725-4500 Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Hosp & Palliative) Hospital Privileges HRMC, VH Additional language(s) spoken Spanish	Gender Male	Sriramineni, Govind V., MD Health First Medical Group 1223 Gateway Dr, Melbourne 32901 (321) 725-4500 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC, VH Additional language(s) spoken Hindi, Kannada, Telugu Age Requirement 18 years and older	Gender Male
Sabol, Dusan, MD Health First Medical Group 699 W. Cocoa Bch Cswy, Ste 506, Cocoa Beach 32931(321) 868-7222 Certification(s) American Board of Internal Medicine Additional language(s) spoken German, Polish, Slovak Age Requirement 18 years and older	Gender Male	Sullivan, Nonie V., ARNP Health First Medical Group 1223 Gateway Dr, Melbourne 32901 (321) 725-4500 Age Requirement 18 years and older	Gender Female
Sahay, Sangita, MD Diagnostic & Clinical Care Services, Inc 2100 N. Wickham Rd, Ste 1, Melbourne 32935(321) 752-7100 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC, PBH Additional language(s) spoken Hindi Age Requirement 12 years and older	Gender Female	Sura, Sandeep, MD Brevard Health Alliance 775 Malabar Rd, Malabar 32950 (321) 722-8435 5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 722-5959 220 Barton Ave, Unit #C14, Rockledge 32955 (321) 639-5177 17 Silver Palm Ave, Melbourne 32901 (321) 733-2021 500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267 Certification(s) American Board of Internal Medicine Additional language(s) spoken Spanish	Gender Female
Salazar, Jorge E., MD, FACP Health First Medical Group 1223 Gateway Dr, Melbourne 32901(321) 725-4500 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Additional language(s) spoken Portugese, Spanish Age Requirement 17 years and older	Gender Male	Tavarez, Jaime, MD Health First Medical Group 1223 Gateway Dr, Melbourne 32901 (321) 725-4500 Certification(s) American Board of Internal Medicine Hospital Privileges CCH, HRMC Additional language(s) spoken Spanish Age Requirement 18 years and older	Gender Male
Samitas, Effie D., MD* Osler HMA Medical Group, LLC 2222 S. Harbor City Blvd, Ste 430, Melbourne 32901(321) 725-5050 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Additional language(s) spoken Greek	Gender Female	Tewatia, Tarun, MD Medical Associates of Brevard, LLC 3190 Suntree Blvd, Ste 101, Rockledge 32955 (321) 253-2206 Hospital Privileges HRMC, VH Age Requirement 18 years and older	Gender Male
Sang, Nelson L., MD* Health First Medical Group 1223 Gateway Dr, Melbourne 32901(321) 725-4500 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC, VH Additional language(s) spoken Spanish Age Requirement 12 years and older	Gender Male	Thiha, San Htut, MD Merit Medical Care 45 McLeod St, Merritt Island 32953 (321) 452-2016 Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Hosp & Palliative) Age Requirement 15 years and older	Gender Male
Shah, Ashok C., MD Ashok Shah, MD, PA 3808 S. Hopkins Ave, Titusville 32780(321) 268-2005 Certification(s) American Board of Internal Medicine Additional language(s) spoken Hindi Age Requirement 16 years and older	Gender Male	Thu, Kyaw, MD Quality Medical Care, PA 5200 Babcock St, Ste 106, Palm Bay 32905 (321) 729-9306 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC, PBH Age Requirement 18 years and older	Gender Male
Shapiro, David S., MD Osler HMA Medical Group, LLC 2222 S. Harbor City Blvd, Ste 420, Melbourne 32901(321) 725-5050 Certification(s) American Board of Internal Medicine Hospital Privileges HRMC Age Requirement 18 years and older	Gender Male	Trevino, David A., MD Health First Medical Group 255 Borman Dr, 2nd Fl, Merritt Island 32953 (321) 434-1640 Certification(s) American Board of Internal Medicine Age Requirement 18 years and older	Gender Male

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Turse, Sara S., MD Gender Female
Sara S. Turse, MD, PA
200 Michigan Ave, Melbourne 32901 (321) 733-1111
Certification(s) American Board of Internal Medicine
Age Requirement 18 years and older

Velasco, Choi Ken A., MD Gender Male
Quality Medical Care, PA
675 S. Babcock St, Melbourne 32901 (321) 951-1010
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Geriatric Med)
Hospital Privileges HRMC, PBH

Vellody, Raj, MD Gender Male
Osler HMA Medical Group, LLC
2222 S. Harbor City Blvd, Ste 420, Melbourne 32901 (321) 725-5050
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Age Requirement 18 years and older

Wahl, William A., MD* Gender Male
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Hospital Privileges HRMC

Watine, Robert S., MD Gender Male
MEL-BAY Health Care, Inc
5205 Babcock St, NE, Ste 3, Palm Bay 32905 (321) 729-1400
950 S. Apollo Blvd, Melbourne 32901 (321) 473-8400
8225 N. Wickham Rd, Ste 102, Melbourne 32940 (321) 729-1400
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC, PBH
Age Requirement 14 years and older

Weldon, David J., MD* Gender Male
Health First Medical Group
730 Malabar Rd, Malabar 32950 (321) 409-6800
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC, PBH
Age Requirement 16 years and older

Win, Myo, MD Gender Male
Quality Medical Care, PA
675 S. Babcock St, Melbourne 32901 (321) 951-1010
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC
Additional language(s) spoken Burmese

Pediatrics

Agha, Kaneez Z., MD Gender Female
Wickham Pediatric Center, PA
199 S. Wickham Rd, Melbourne 32904 (321) 953-5364
Hospital Privileges HRMC, PBH
Age Requirement 18 years and younger

Ali, Attiya, MD Gender Female
Attiya Ali, MD, PA
2105 Palm Bay Rd, Ste 3, Palm Bay 32905 (321) 984-8808
Certification(s) American Board of Pediatrics
Hospital Privileges HRMC
Age Requirement 18 years and younger

Altenburg, Ellen M., MD Gender Female
Osler HMA Medical Group, LLC
7000 Spyglass Ct Suite 120, Viera 32940 (321) 775-1300
Certification(s) American Board of Pediatrics
Hospital Privileges HRMC
Age Requirement 16 years and younger

Barajas, Monica, MD Gender Female
Brevard Health Alliance
220 Barton Ave, Unit #C14, Rockledge 32955 (321) 639-5177
5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 722-5959
17 Silver Palm Ave, Melbourne 32901 (321) 733-2021
500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267
2120 Sarno Rd, Melbourne 32935 (321) 241-6800
775 Malabar Rd, Malabar 32950 (321) 722-8435
Age Requirement 18 years and younger

Barimo, Douglas G., MD Gender Male
North Brevard Children's Medical Center, PA
1653 Jess Parrish Ct, Titusville 32796 (321) 267-5965
3750 Curtis Blvd, Cocoa 32927 (321) 632-9884
Certification(s) American Board of Pediatrics
Age Requirement 16 years and younger

Barrios-Banal, Mary R., MD Gender Female
Brevard Health Alliance
5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 722-5959
220 Barton Ave, Unit #C14, Rockledge 32955 (321) 639-5177
17 Silver Palm Ave, Melbourne 32901 (321) 733-2021
500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267
2120 Sarno Rd, Melbourne 32935 (321) 241-6800
775 Malabar Rd, Malabar 32950 (321) 722-8435
Certification(s) American Board of Pediatrics
Additional language(s) spoken Spanish

Bimbrahw, Preeti, MD Gender Female
Florida Pediatrics Group, PA
250 S. Wickham Rd, Ste 102, West Melbourne 32904 (321) 752-5210
25 E. Silver Palm Ave, Melbourne 32901 (321) 752-5210
Certification(s) American Board of Pediatrics
Hospital Privileges HRMC
Additional language(s) spoken Hindi
Age Requirement 18 years and younger

Borowski, Aniela J., MD Gender Female
Pediatrics in Brevard, PA
699 W. Cocoa Bch Cswy, Ste 401, Cocoa Beach 32931 (321) 784-5437
1755 W. Hibiscus Blvd, Melbourne 32901 (321) 724-5437
Certification(s) American Board of Pediatrics
Hospital Privileges CCH

Collazos, Ana M., MD Gender Female
Brevard Health Alliance
5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 676-5996
Certification(s) American Board of Pediatrics
Additional language(s) spoken Portugese, Spanish

Cosgrove, Lisa A., MD Gender Female
Atlantic Coast Pediatrics
270 N. Sykes Creek Pkwy, Ste 108, Merritt Island 32953 (321) 452-1061
Certification(s) American Board of Pediatrics
Hospital Privileges CCH
Additional language(s) spoken Spanish
Age Requirement 23 years and younger

Dillon, Sharon A., MD Gender Female
Sharon Dillon MD, PA
3150 N. Wickham Rd, Ste 6, Melbourne 32935 (321) 242-3227
Certification(s) American Board of Pediatrics
Hospital Privileges HRMC

Dozier, Kimberly A., MD Gender Female
Pediatrics in Brevard, PA
134 S. Woods Dr, Rockledge 32955 (321) 636-3066
Certification(s) American Board of Pediatrics
Age Requirement 18 years and younger

* Accepting established patients only

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16 Primary Care Physicians

August 4, 2015

Edgen, Steven D., MD Medical Associates of Brevard, LLC 5055 Babcock St NE, Ste 2, Palm Bay 32905(321) 724-1200 Certification(s) American Board of Pediatrics Hospital Privileges HRMC Age Requirement 18 years and younger	Gender Male	500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267 775 Malabar Rd, Malabar 32950 (321) 722-8435 Certification(s) American Board of Pediatrics Additional language(s) spoken Urdu Age Requirement 18 years and younger
Farid, Maged D., MD Florida Pediatrics Group, PA 250 S. Wickham Rd, Ste 102, West Melbourne 32904(321) 752-5210 25 E. Silver Palm Ave, Melbourne 32901(321) 752-5210 Certification(s) American Board of Pediatrics (Sub Neonatal/Perinatal) Hospital Privileges HRMC Additional language(s) spoken Arabic Age Requirement 21 years and younger	Gender Male	Jain, Tarun, MD PSJ Pediatrics, LLC 6207 N. US Hwy 1, Port Saint John 32927 (321) 507-4572 Certification(s) American Board of Pediatrics Additional language(s) spoken Hindi Age Requirement 21 years and younger
Feltus-Atkinson, Carolyn P., MD Surfside Pediatrics 325 5th Ave, Ste 203, Indian Lake 32903(321) 821-4882 Certification(s) American Board of Pediatrics	Gender Female	Kennedy, John C., MD Pediatrics in Brevard, PA 134 S. Woods Dr, Rockledge 32955 (321) 636-3066 Certification(s) American Board of Pediatrics
Forcier, Tara A., MD Pediatrics in Brevard, PA 134 S. Woods Dr, Rockledge 32955(321) 636-3066 Certification(s) American Board of Pediatrics Age Requirement 18 years and younger	Gender Female	Knappenberger, William L., MD* Pediatrics in Brevard, PA 134 S. Woods Dr, Rockledge 32955 (321) 636-3066 Certification(s) American Board of Pediatrics Age Requirement 21 years and younger
Gonzalez, Luis A., MD Atlantic Coast Pediatrics 270 N. Sykes Creek Pkwy, Ste 108, Merritt Island 32953(321) 452-1061 Certification(s) American Board of Pediatrics Hospital Privileges CCH Additional language(s) spoken Spanish Age Requirement 21 years and younger	Gender Male	Lee, Aryanna F., MD Health First Medical Group 7125 Murrell Rd, Viera 32940 (321) 242-8790 Certification(s) American Board of Pediatrics Hospital Privileges HRMC Age Requirement 18 years and younger
Gray, Tashara N., MD Pediatrics in Brevard, PA 1755 W. Hibiscus Blvd, Melbourne 32901(321) 724-5437 Certification(s) American Board of Pediatrics Age Requirement 18 years and younger	Gender Female	Leedy, Doris M., MD Brevard Health Alliance 775 Malabar Rd, Malabar 32950 (321) 722-8435 17 Silver Palm Ave, Melbourne 32901 (321) 733-2021 500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267 5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 676-5996 220 Barton Blvd, Unit #C14, Rockledge 32955 (321) 433-8361 Certification(s) American Board of Pediatrics Additional language(s) spoken Spanish Age Requirement 21 years and younger
Graziano, Kimberly M., MD Pelican Pediatrics, LLC 13832 US Hwy 1, Sebastian 32958(772) 581-0636 Certification(s) American Board of Pediatrics Hospital Privileges SRMC Age Requirement 18 years and younger	Gender Female	Leiba, Robert E., MD Pediatrics in Brevard, PA 1755 W. Hibiscus Blvd, Melbourne 32901 (321) 724-5437 Certification(s) American Board of Pediatrics Age Requirement 21 years and younger
Helft, David A., MD Pediatric Wizards, PA 1310 W. Eau Gallie Blvd, Ste C, Melbourne 32935(321) 255-3434 Certification(s) American Board of Pediatrics Hospital Privileges HRMC Age Requirement 21 years and younger	Gender Male	Lockhart, Wendy L., MD Brevard Health Alliance 5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 676-5996 17 Silver Palm Ave, Melbourne 32901 (321) 733-2021 500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267 220 Barton Blvd, Unit #C14, Rockledge 32955 (321) 433-8361 Certification(s) American Board of Pediatrics
Hernandez, Gabriel A., MD* Osler HMA Medical Group, LLC 2222 S. Harbor City Blvd, Ste 420, Melbourne 32901(321) 725-5050 Certification(s) American Board of Pediatrics Additional language(s) spoken Spanish Age Requirement 16 years and older	Gender Male	Mas-Slaterry, Dassy E., MD Brevard Health Alliance 5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 676-5996 17 Silver Palm Ave, Melbourne 32901 (321) 733-2021 500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267 775 Malabar Rd, Malabar 32950 (321) 722-8435 220 Barton Blvd, Unit #C14, Rockledge 32955 (321) 433-8361 Certification(s) American Board of Pediatrics Additional language(s) spoken Spanish Age Requirement 17 years and younger
Hinckson, Vanessa, MD Brevard Health Alliance 775 Malabar Rd, Malabar 32950(321) 722-8435 5270 Babcock St, NE, Ste 1, Palm Bay 32905(321) 722-5959 Certification(s) American Board of Pediatrics	Gender Female	McLeod, Sheila M., MD Brevard Health Alliance 2120 Sarno Rd, Melbourne 32935 (321) 241-6800 Certification(s) American Board of Pediatrics Additional language(s) spoken Spanish
Hussain, Farid, MD Brevard Health Alliance 2120 Sarno Rd, Melbourne 32935(321) 241-6800 5270 Babcock St, NE, Ste 1, Palm Bay 32905(321) 722-5959 220 Barton Ave, Unit #C14, Rockledge 32955(321) 639-5177 17 Silver Palm Ave, Melbourne 32901(321) 733-2021	Gender Male	

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Mejia, Cesar R., MD Gender Male
Brevard Health Alliance
5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 722-5959
220 Barton Ave, Unit #C14, Rockledge 32955 (321) 639-5177
17 Silver Palm Ave, Melbourne 32901 (321) 733-2021
500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267
775 Malabar Rd, Malabar 32950 (321) 722-8435
Certification(s) American Board of Pediatrics
Additional language(s) spoken Spanish

Mendoza-Rodriguez, Mayra I., MD Gender Female
Brevard Health Alliance
2120 Sarno Rd, Melbourne 32935 (321) 241-6800
5270 Babcock St, NE, Ste 1, Palm Bay 32905 (321) 722-5959
220 Barton Ave, Unit #C14, Rockledge 32955 (321) 639-5177
17 Silver Palm Ave, Melbourne 32901 (321) 733-2021
500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267
775 Malabar Rd, Malabar 32950 (321) 722-8435
Certification(s) American Board of Pediatrics
Additional language(s) spoken Spanish

Mitra, Shivani, MD Gender Female
PSJ Pediatrics, LLC
6207 N. US Hwy 1, Port Saint John 32927 (321) 507-4572
Certification(s) American Board of Pediatrics
Additional language(s) spoken Hindi
Age Requirement 21 years and younger

Nguyen, Hiep L., MD Gender Male
Pediatrics in Brevard, PA
1755 W. Hibiscus Blvd, Melbourne 32901 (321) 724-5437
Certification(s) American Board of Pediatrics
Additional language(s) spoken Vietnamese
Age Requirement 21 years and younger

Nunes, Christopher S., MD Gender Male
Medical Associates of Brevard, LLC
8057 Spyglass Hill Rd, Ste 104, Melbourne 32940 (321) 241-4877
Certification(s) American Board of Internal Medicine, American Board of Pediatrics
Hospital Privileges HRMC

Pajaro, Julio, MD Gender Male
Kinder Clinic
580 Malabar Rd, Ste 2, Palm Bay 32907 (321) 802-6590
Certification(s) American Board of Pediatrics
Age Requirement 2 months and older

Radu, Mihai S., MD Gender Male
Atlantic Coast Medical
255 Fortenberry Rd, Ste B-6, Merritt Island 32953 (321) 453-1717
Certification(s) American Board of Pediatrics
Hospital Privileges CCH
Additional language(s) spoken Romanian
Age Requirement 23 years and younger

Raman, Ravi G., MD Gender Male
North Brevard Children's Medical Center, PA
1653 Jess Parrish Ct, Titusville 32796 (321) 267-5965
3750 Curtis Blvd, Cocoa 32927 (321) 632-9884
Certification(s) American Board of Pediatrics
Age Requirement 15 years and younger

Rashid, Ayesha I., MD Gender Female
North Brevard Children's Medical Center, PA
1653 Jess Parrish Ct, Titusville 32796 (321) 267-5965
3750 Curtis Blvd, Cocoa 32927 (321) 632-9884
Certification(s) American Board of Pediatrics
Additional language(s) spoken Urdu
Age Requirement 16 years and younger

Sedaros, Adly Z., MD Gender Male
Adley Z. Sedaros, MD
25 E. Silver Palm Ave, Melbourne 32901 (321) 725-3022
Certification(s) American Board of Pediatrics
Additional language(s) spoken Arabic, French
Age Requirement 18 years and younger

Soni, Mahesh M., MD Gender Male
Medical Associates of Brevard, LLC
1051 Port Malabar Blvd, Ste 4, Palm Bay 32905 (321) 725-3438
2194 A1A, Ste 201, Indian Harbour Beach 32937 (321) 777-6869
Certification(s) American Board of Pediatrics
Hospital Privileges HRMC
Age Requirement 18 years and younger

Stember, Arthur M., MD Gender Male
Indialantic Medical Associates, LLC
408 Fifth Ave, Indialantic 32903 (321) 724-9900
Hospital Privileges HRMC, PBH
Additional language(s) spoken Italian

Tebbe, Paul C., MD Gender Male
Pediatrics in Brevard, PA
7332 Office Park Pl, Ste 103, Viera 32940 (321) 435-9800
Certification(s) American Board of Pediatrics
Age Requirement 18 years and younger

Torres, Carlos M., MD Gender Male
CT Pediatrics, PA
1007 Pathfinder Way, Ste 130, Rockledge 32955 (321) 639-8090
Certification(s) American Board of Pediatrics
Hospital Privileges CCH
Additional language(s) spoken Spanish
Age Requirement 18 years and younger

Ulrich, Mary W., MD Gender Female
Pediatrics in Brevard, PA
1755 W. Hibiscus Blvd, Melbourne 32901 (321) 724-5437
Certification(s) American Board of Pediatrics
Age Requirement 21 years and younger

Vargas, Charlene F., MD Gender Female
North Brevard Children's Medical Center, PA
1653 Jess Parrish Ct, Titusville 32796 (321) 267-5965
3750 Curtis Blvd, Cocoa 32927 (321) 632-9884
Certification(s) American Board of Pediatrics
Additional language(s) spoken Tagalog
Age Requirement 16 years and younger, 18 years and younger

Vyas, Sharad R., MD Gender Male
Medical Associates of Brevard, LLC
2186 Harris Ave, NE, Ste 2, Palm Bay 32905 (321) 725-8111
Certification(s) American Board of Pediatrics
Hospital Privileges HRMC
Additional language(s) spoken Hindi
Age Requirement 18 years and younger

Weare, John L., MD Gender Male
Health First Medical Group
233 Sixth Ave, Indialantic 32903 (321) 951-9087
Certification(s) American Board of Pediatrics
Hospital Privileges HRMC
Age Requirement 18 years and younger

Witte, Christine D., MD Gender Female
Health First Medical Group
233 Sixth Ave, Indialantic 32903 (321) 951-9087
Certification(s) American Board of Pediatrics
Hospital Privileges HRMC
Age Requirement 18 years and younger

Worley, Rachel L., MD Gender Female
Brevard Health Alliance
500 N. Washington Ave, Ste 105, Titusville 32796 (321) 268-0267

18 Primary Care Physicians

August 4, 2015

220 Barton Ave, Unit #C14, Rockledge 32955.....(321) 639-5177
 17 Silver Palm Ave, Melbourne 32901.....(321) 733-2021
 775 Malabar Rd, Malabar 32950.....(321) 722-8435
 5270 Babcock St, NE, Ste 1, Palm Bay 32905.....(321) 676-5996
Certification(s) American Board of Pediatrics

Yang, Tai Fung, MD* *Gender Male*
Florida Pediatrics, PA
 980 Brevard Ave, Rockledge 32955.....(321) 633-9973
Certification(s) American Board of Pediatrics
Hospital Privileges CCH, HRMC
Additional language(s) spoken Mandarin, Portugese, Spanish, Taiwanese
Age Requirement 18 years and younger

FLAGLER COUNTY

Family Medicine

Ahmed, Tanam S, MD* *Gender Female*
Tanam S. Ahmed, MD
 120 Cypress Edge Drive, Suite 207, Palm Coast 32164-8454(386) 586-4390
Certification(s) American Board of Family Medicine

Alfonso, Don J, MD *Gender Male*
Ardent Family Care, PA
 84 Pinnacles Drive, Suite 200, Palm Coast 32164-2324.....(386) 439-9777
Certification(s) American Board of Family Medicine

Blair-Britt, Loray A, MD *Gender Female*
Loray BlairBritt, MD
 61 Memorial Medical Parkway, Suite 3802, Palm Coast 32164-5982(386) 437-2481
Certification(s) American Board of Family Medicine
Age Requirement 12 and Up

Bolla, John D, MD *Gender Male*
John Bolla, MD
 61 Memorial Medical Pkwy, Suite 3803, Palm Coast 32164-5982..(386) 586-1760
Certification(s) American Board of Family Medicine

Ceballos, Jecebu J, MD *Gender Male*
Jecebu Ceballos, MD
 61 Memorial Medical Parkway, Ste 2806, Palm Coast 32164-5999.....(386) 586-1920
Certification(s) American Board of Family Medicine
Additional language(s) spoken Tagalog, Filipino
Age Requirement 13 and Up

Cisneros, Gregorio A, MD *Gender Male*
Gregorio A. Cisneros, MD
 33 Old Kings Road N., Ste 2, Palm Coast 32137-8238.....(386) 446-4141
Certification(s) American Board of Family Medicine

Dorman, Matthew T, MD *Gender Male*
Palm Harbor Family Practice
 9 Pine Cone Drive, Ste 102A, Palm Coast 32137-8683.....(386) 445-6191
Certification(s) American Board of Family Medicine

Fruehan, F. Robert, DO *Gender Male*
Palm Harbor Family Practice
 9 Pine Cone Drive, Ste 102A, Palm Coast 32137-8683.....(386) 445-6191
Certification(s) American Board of Family Medicine

MacIsaac, Gregory F, MD *Gender Male*
Gregory F. MacIsaac, MD
 120 Cypress Edge Drive, Suite 210, Palm Coast 32164-8454(386) 445-4750
Certification(s) American Board of Family Medicine

Mantineo, Johnna G, DO *Gender Female*
Florida Hospital Flagler Family Medical
 120 Cypress Edge Dr., Ste 102, Palm Coast 32164-8454.....(386) 586-4280
Certification(s) American Board of Family Medicine
Age Requirement 6 Mos and Up

Martin, Trina C, MD *Gender Female*
Plantation Family Medicine
 42A Caroline St, Bunnell 32110-8904.....(386) 445-0868
Certification(s) American Board of Family Medicine
Age Requirement Birth and Up

Patel, Ramesh A, MD *Gender Male*
Palm Harbor Family Practice
 9 Pine Cone Drive, Ste 102A, Palm Coast 32137-8683.....(386) 445-6191
Certification(s) American Board of Family Medicine

Poliner, Barry S, MD* *Gender Male*
Barry S. Poliner, MD
 33 Old Kings Rd. N., Suite 3, Palm Coast 32137-8238.....(386) 445-1100
Certification(s) American Board of Family Medicine

Reneker, Larry E, DO *Gender Male*
Larry E. Reneker, DO
 61 Memorial Medical Parkway, Ste 2804, Palm Coast 32164-5999.....(386) 586-0035
Certification(s) American Osteopathic Board of Family Physicians

Screnock, Jonathan David, MD *Gender Male*
Jonathan D. Screnock, MD
 120 Cypress Edge Drive, Suite 204, Palm Coast 32164-8454(386) 586-4428
Certification(s) American Board of Family Medicine
Age Requirement Birth and Up

Symeonides, John G, MD *Gender Male*
Ygeia Medical Institute
 145 Cypress Point Parkway, Suite 105, Palm Coast 32164-8427..(386) 283-5654
 4440 North Oceanshore Boulevard, Palm Coast 32137-2263(386) 283-5654
Certification(s) American Board of Family Medicine

Verbinskaya, Natalya A, MD *Gender Female*
We Are Here To Help Primary Care, LLC
 4875 Palm Coast Pkwy NW, Ste 1, Palm Coast 32137-3671 (386) 597-2877
Certification(s) American Board of Family Medicine

Vicencio, Antonio S, MD *Gender Male*
Family Medical Care of Palm Coast
 21 Hospital Drive, Ste 230, Palm Coast 32164-2458.....(386) 586-3466
Certification(s) American Board of Family Medicine

Ward, Jeffrey J, DO* *Gender Male*
Jeffrey J. Ward, DO
 61 Memorial Medical Parkway, Suite 3813, Palm Coast 32164-5982....(386) 586-1710
Certification(s) American Board of Family Medicine
Age Requirement 1 and Up

Williams, Donnette F, MD* *Gender Female*
Town Center Family Care, LLC
 21 Hospital Drive, Ste 290, Palm Coast 32164-2454.....(386) 437-7977
Certification(s) American Board of Family Medicine

General Practice

Siddiqui, Rehana M, MD *Gender Female*
Rehana M. Siddiqui, MD
 61 Memorial Medical Pkwy, Suite 3812, Palm Coast 32164-5982..(386) 586-1770
Age Requirement 5 and Up

* Accepting established patients only

CCH=Cape Canaveral Hospital / HRMC=Holmes Regional Medical Center / IRMC=Indian River Medical Center / PBH=Palm Bay Hospital / SBRM=Sebastian River Medical Center / VH=Viera Hospital

Specialists

Florida Hospital Care Advantage members have "open access" to specialists without first obtaining a referral from a primary care physician (PCP). Members may contact specialists offices to make appointments as necessary and pay applicable copayment at the time service is rendered.

BREVARD COUNTY

Wright, Deborah S., ARNP *Gender Female*
Health First Medical Group
 1223 Gateway Dr, Melbourne 32901(321) 725-4500

Allergy & Immunology

Beerelli, Pavana K., MD *Gender Female*
Medical Associates of Brevard, LLC
 2290 W. Eau Gallie Blvd, Ste 205, Melbourne 32935(321) 757-5550
Certification(s) American Board Allergy & Immunology, American Board of Internal Medicine
Hospital Privileges HRMC

DeVoe, Phillip W., MD *Gender Male*
DeVoe Allergy and Asthma Clinic
 1515 Airport Blvd, Melbourne 32901(321) 951-2709
Certification(s) American Board Allergy & Immunology, American Board of Pediatrics

Leifer, Kent N., MD *Gender Male*
Kent N. Leifer, MD
 375 S. Courtenay Pkwy, Merritt Island 32952(321) 452-4730
Certification(s) American Board Allergy & Immunology, American Board of Pediatrics
Hospital Privileges CCH

Minor, Mark, MD *Gender Male*
Medical Associates of Brevard, LLC
 2290 W. Eau Gallie Blvd, Ste 205, Melbourne 32935(321) 757-5550
Certification(s) American Board Allergy & Immunology, American Board of Internal Medicine
Hospital Privileges HRMC

Warner, Jeannette G., MD *Gender Female*
Jeannette G. Warner, MD
 1270 Malabar Rd, SE, Ste 1, Palm Bay 32907(321) 722-1933
Certification(s) American Board Allergy & Immunology, American Board of Internal Medicine
Hospital Privileges PBH

Bariatric Surgery

Allison, Nathan D., MD *Gender Male*
Health First Medical Group
 8725 N. Wickham Rd, Ste 302, Melbourne 32940(321) 434-9230
Certification(s) American Board of Surgery
Hospital Privileges PBH, VH
Age Requirement 18 years and older

Tieu, Kenneth K., MD *Gender Male*
Health First Medical Group
 8725 N. Wickham Rd, Ste 302, Melbourne 32940(321) 434-9230
Certification(s) American Board of Surgery
Hospital Privileges PBH, VH
Age Requirement 18 years and older

Breast Surgery

Noori, Shahrbanoo (Sharon) F., MD *Gender Female*
Health First Medical Group
 1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Surgery
Hospital Privileges HRMC
Additional language(s) spoken Farsi

Cardiology

Aslam, Muhammad I., MD *Gender Male*
Heart Care PL
 1091 Pt Malabar Blvd, Ste 4, Palm Bay 32905(321) 473-8991
 1541 S. Wickham Rd, Melbourne 32904(321) 726-6331
 6100 Minton Rd, Ste 103, Palm Bay 32907(321) 308-5111
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis)
Hospital Privileges HRMC, PBH, VH
Age Requirement 18 years and older

Cellini, Aldino G., MD *Gender Male*
Aldino G. Cellini, MD, FACC, PA
 930 S. Harbor City Blvd, Ste 100, Melbourne 32901(321) 345-5100
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis)
Hospital Privileges PBH, SRMC

Croft, Charles H., MD *Gender Male*
Charles Croft, MD, PA
 1402 Oak St, Melbourne 32901(321) 722-3288
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub Intervent Cardio)
Hospital Privileges HRMC, SRMC
Age Requirement 18 years and older

Desai, Shashin, MD *Gender Male*
Medical Associates of Brevard, LLC
 2200 W. Eau Gallie Blvd, Ste 200, Melbourne 32935(321) 255-1500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub Intervent Cardio)
Hospital Privileges HRMC
Additional language(s) spoken Gujarati
Age Requirement 18 years and older

Gadodia, Gopal, MD *Gender Male*
Medical Associates of Brevard, LLC
 2200 W. Eau Gallie Blvd, Ste 200, Melbourne 32935(321) 255-1500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub Intervent Cardio)
Hospital Privileges HRMC, SRMC
Additional language(s) spoken Hindi
Age Requirement 18 years and older

Grecul, Leonard E., MD *Gender Male*
Health First Medical Group
 1223 Gateway Dr, Melbourne 32901(321) 725-4500
 730 Malabar Rd, Malabar 32950(321) 409-6800
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis)
Hospital Privileges HRMC, PBH, VH
Additional language(s) spoken Romanian

Mathews, Biju T., MD Gender Male
Florida Cardiovascular Association
605 N. Washington Ave, Ste 100, Titusville 32796 (321) 383-7600
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis),
American Board of Internal Medicine (Sub Intervent Cardio)
Hospital Privileges VH
Age Requirement 16 years and older

Mendolla, Mark J., MD Gender Male
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis)
Hospital Privileges HRMC, PBH, VH

Modi, Kiran R., MD Gender Male
Kiran R. Modi, MD, PA
500 N. Washington Ave, Ste 106, Titusville 32796 (321) 264-9100
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)
Additional language(s) spoken Gujarati, Hindi
Age Requirement 16 years and older

Mody, Naresh V., MD Gender Male
Florida Cardiovascular Association
605 N. Washington Ave, Ste 100, Titusville 32796 (321) 383-7600
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)

Perez, Victor T., MD Gender Male
Health First Medical Group
255 Borman Dr, 2nd Fl, Merritt Island 32953 (321) 434-6650
699 W. Cocoa Bch Cswy, Ste 503, Cocoa Beach 32931 (321) 434-6650
8725 N. Wickham Rd, Ste 302, Melbourne 32940 (321) 434-9230
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis)
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Pocoski, David J., MD Gender Male
David J. Pocoski, MD, PA
930 S. Harbor City Blvd, Ste 100, Melbourne 32909 (321) 499-4615
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)
Hospital Privileges HRMC
Age Requirement 18 years and older

Polanco, Enrique D., MD Gender Male
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis)
Hospital Privileges HRMC, PBH, VH
Additional language(s) spoken Spanish

Rayner, Ralph D., MD Gender Male
Health First Medical Group
255 Borman Dr, 2nd Fl, Merritt Island 32953 (321) 434-6650
699 W. Cocoa Bch Cswy, Ste 503, Cocoa Beach 32931 (321) 434-6650
8725 N. Wickham Rd, Ste 302, Melbourne 32940 (321) 434-9230
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Ronaldson, James M., MD Gender Male
Health First Medical Group
1220 N. Hwy A1A, Ste 147, Indialantic 32903 (321) 984-1333
1251 S. Hickory St, Melbourne 32901 (321) 434-3420
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)
Hospital Privileges HRMC
Age Requirement 13 years and older

Sheikh, Khalid H., MD Gender Male
Health First Medical Group
255 Borman Dr, 2nd Fl, Merritt Island 32953 (321) 434-6650
699 W. Cocoa Bch Cswy, Ste 503, Cocoa Beach 32931 (321) 434-6650

8725 N. Wickham Rd, Ste 302, Melbourne 32940 (321) 434-9230
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Swain, Thomas W., MD Gender Male
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)
Hospital Privileges HRMC, PBH, VH
Age Requirement 17 years and older

Thareja, Subhash K., MD Gender Male
Quality Medical Care, PA
675 S. Babcock St, Ste 1, Melbourne 32901 (321) 951-1010
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)
Hospital Privileges HRMC
Age Requirement 18 years and older

Zavitsanos, James P., MD Gender Male
Osler HMA Medical Group, LLC
930 S. Harbor City Blvd, Melbourne 32901 (321) 725-5050
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)
Hospital Privileges HRMC

Cardiology, Interventional

Goodfellow, Ross J., DO Gender Male
Health First Medical Group
255 Borman Dr, 2nd Fl, Merritt Island 32953 (321) 434-6650
699 W. Cocoa Bch Cswy, Ste 503, Cocoa Beach 32931 (321) 434-6650
8725 N. Wickham Rd, Ste 302, Melbourne 32940 (321) 434-9230
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub
Intervent Cardio)
Hospital Privileges CCH, HRMC, VH
Age Requirement 18 years and older

Jara, Cesar A., MD Gender Male
Health First Medical Group
1251 S. Hickory St, Melbourne 32901 (321) 434-3457
699 W. Cocoa Bch Cswy, Ste 503, Cocoa Beach 32931 (321) 434-6650
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub
Intervent Cardio)
Hospital Privileges CCH, HRMC, VH
Age Requirement 15 years and older

Karas, Steven P., MD Gender Male
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub
Intervent Cardio)
Hospital Privileges HRMC
Age Requirement 17 years and older

Palaniyandi, Ravindran B., MD Gender Male
Space Coast Cardiology Consultants, PA
7139 N. US Hwy 1, Port Saint John 32927 (321) 635-8304
1027 S. Florida Ave, Rockledge 32955 (321) 635-8304
2107 Dairy Rd, West Melbourne 32904 (321) 635-8304
8059 Spyglass Hill Rd, Ste 101, Viera 32940 (321) 635-8304
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis)
Hospital Privileges CCH, HRMC, PBH, VH
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Rao, Ravi, MD Gender Male
Heart Care CFL, PA
3822 S. Washington Ave, Titusville 32780(321) 636-6914
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis),
American Board of Internal Medicine (Sub Intervent Cardio)
Hospital Privileges HRMC
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Schechtmann, Norberto S., MD Gender Male
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub
Intervent Cardio)
Hospital Privileges HRMC
Age Requirement 17 years and older

Cardiothoracic Surgery

Campbell, Matthew M., MD Gender Male
Health First Medical Group
1350 S. Hickory St, Ste 102, Melbourne 32901(321) 434-3455
Certification(s) American Board of Surgery, American Board of Surgery (Sub
General Vascular Surgery), American Board of Thoracic Surgery
Hospital Privileges HRMC
Age Requirement 16 years and older

Laudito, Antonio, MD Gender Male
Health First Medical Group
1350 S. Hickory St, Ste 102, Melbourne 32901(321) 434-3455
Certification(s) American Board of Thoracic Surgery
Hospital Privileges HRMC
Additional language(s) spoken French, Italian, Portuguese, Spanish

Simmons, Gregory T., MD Gender Male
Health First Medical Group
1350 S. Hickory St, Ste 102, Melbourne 32901(321) 434-3455
Certification(s) American Board of Thoracic Surgery
Hospital Privileges HRMC
Age Requirement 18 years and older

Cardiovascular Diseases

Bean, Lewis C., MD Gender Male
Cardiology Associates of Central Brevard, LLC
930 S. Harbor City Blvd, Melbourne 32901(321) 783-8088
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub
Intervent Cardio)
Hospital Privileges HRMC, VH
Additional language(s) spoken Italian
Age Requirement 18 years and older

Guirgis, Hany H., MD Gender Male
Prestige Cardiology Consultants, LLC
8095 Spyglass Hill Rd Ste 104, Melbourne 32940(321) 421-7544
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub
Intervent Cardio)
Hospital Privileges CCH, HRMC, VH
Additional language(s) spoken Arabic
Age Requirement 18 years and older

Jeong, Hong S., MD Gender Male
Viera Heart and Vascular Clinic LLC
8095 Spyglass Hill Rd, Ste 105, Melbourne 32940(321) 421-7525
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub
Intervent Cardio)
Hospital Privileges HRMC, VH
Additional language(s) spoken Korean
Age Requirement 18 years and older

Patel, Rakesh N., MD Gender Male
Medical Associates of Brevard, LLC
2200 W. Eau Gallie Blvd, Ste 200, Melbourne 32935(321) 255-1500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub
Intervent Cardio)
Hospital Privileges HRMC, PBH
Age Requirement 18 years and older

Ryan, Amanda, DO Gender Female
Heart Care CFL, PA
3822 S. Washington Ave, Titusville 32780(321) 636-6914
Certification(s) American Board of Internal Medicine
Hospital Privileges VH
Age Requirement 18 years and older

Valin, Nathaniel L., MD Gender Male
Florida Cardiovascular Association
605 N. Washington Ave, Ste 100, Titusville 32796(321) 383-7600
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis),
American Board of Internal Medicine (Sub Intervent Cardio)

Certified Nurse Midwife

Eason, Elizabeth, CNM, ARNP Gender Female
Florida Woman Care at Hibiscus OB/Gyn
330 E. Hibiscus Blvd, Melbourne 32901(321) 724-2229

Ferrell, Anette, CNM, ARNP Gender Female
Florida Woman Care at Hibiscus OB/Gyn
330 E. Hibiscus Blvd, Melbourne 32901(321) 724-2229
Additional language(s) spoken Spanish
Age Requirement 10 years and older

Miner, Lynne S., CNM, ARNP Gender Female
Florida Woman Care at Hibiscus OB/Gyn
330 E. Hibiscus Blvd, Melbourne 32901(321) 724-2229

Miodek, Shawn M., CNM, ARNP Gender Female
Florida Woman Care at Hibiscus OB/Gyn
330 E. Hibiscus Blvd, Melbourne 32901(321) 724-2229

Chiropractic

Armstrong III, Orland K., DC Gender Male
Armstrong Chiropractic
1401 N. Atlantic Ave, Cocoa Beach 32931(321) 783-4455

Canuel, Stephen H., DC Gender Male
Canuel Chiropractic and Massage
1070 S. Wickham Rd, West Melbourne 32904(321) 499-4608

Coley, Kimmie Lee, DC Gender Female
Coley Chiropractic, PA
635 S. Wickham Rd, Ste 203, West Melbourne 32904(321) 723-1011

Demers, Kevin J., DC Gender Male
Demers Chiropractic Clinic
2208 S. Hopkins Ave, Titusville 32780(321) 264-0072

Egan, Shawn T., DC Gender Male
Shawn Egan, DC
1310 W. Eau Gallie Blvd, Ste A, Melbourne 32935(321) 254-3630

Epstein, Bernard M., DC *Gender Male*
Bernard M. Epstein, DC
 1357 Hwy A1A, Satellite Beach 32937..... (321) 777-0470

Farney, Brad L., DC *Gender Male*
Jeffrey T. O'Brien, MD, Inc
 650 S. Courtenay Pkwy, Ste 200, Merritt Island 32952..... (321) 394-2660
 1421 Malabar Rd, NE, Ste 200, Palm Bay 32907..... (321) 308-2660

Fleming, Edward G., DC *Gender Male*
Indialantic Chiropractic and Acupuncture, Inc
 322 Fourth Ave, Indialantic 32903..... (321) 727-2225

Fogarty, Kevin G., DC *Gender Male*
Fogarty Chiropractic Life Clinic, PA
 839 Barton Blvd, Rockledge 32955..... (321) 636-5200

Gilbert, Edward A., DC *Gender Male*
Sunshine State Physicians Group
 7331 Office Park Pl, Ste 400, Viera 32940..... (321) 751-2333

Gray, Aaron Mark, DC *Gender Male*
Chiropractic Specialist of Brevard, Inc
 130 Interlachen Dr, Ste D, Melbourne 32940..... (321) 622-6778

Greathouse, James E., DC *Gender Male*
James E. Greathouse, Jr, DC, PA
 1589 S. Wickham Rd, West Melbourne 32904..... (321) 725-6314

Greenberg, Mitchell R., DC *Gender Male*
Injury Treatment Solutions
 1747 Evans Rd, Ste 101, Melbourne 32904..... (321) 951-9222

Grimm, Paul V., DC *Gender Male*
Chiropractic Health Clinic of Brevard, PA
 110 N. Tropical Trail, Merritt Island 32953..... (321) 459-9400

Helton, Richard D., DC *Gender Male*
Carnol Health Services
 6420 3rd St, Ste 103, Rockledge 32955..... (321) 751-5351
 1070 S. Wickham Rd, West Melbourne 32904..... (321) 751-5351

Hoglund, Edward W., DC *Gender Male*
Hoglund Chiropractic Center, PA
 1395 N. Courtenay Pkwy, Ste 205, Merritt Island 32953..... (321) 452-5826
Age Requirement 6 years and older

Kriz, Joanielee, DC *Gender Female*
Active Spine Center, LLC
 2215 Garden St, Titusville 32796..... (321) 268-2210

Lombardi, Paul M., DC *Gender Male*
Cocoa Chiropractic Center
 111 N. Fiske Blvd, Cocoa 32922..... (321) 636-6090

McCranels, Stuart W., DC *Gender Male*
Injury Treatment Solutions
 1747 Evans Rd, Ste 101, Melbourne 32904..... (321) 951-9222

Miglis, Mitchell Francis, DC *Gender Male*
Back and Neck Care Center
 1385 S. Wickham Rd, West Melbourne 32904..... (321) 676-1321

Monteleon, Jeffrey A., DC *Gender Male*
LifeForce Chiropractic, Inc
 5560 Babcock St, NE, Palm Bay 32905..... (321) 409-0209
Additional language(s) spoken Spanish

Patel, Amit A., DC *Gender Male*
First Merritt Chiropractic & Acupuncture, PA
 80 Fortenberry Rd, Merritt Island 32952..... (321) 453-1345
Additional language(s) spoken Gujarati, Hindi

Pelchat, Guy Yves, DC *Gender Male*
Pelchat Chiropractic Center
 6550 N. Wickham Rd, Ste 6, Melbourne 32940..... (321) 242-7721

Priest, Gregory C., DC *Gender Male*
Priest Chiropractic, PA
 2755 N. Wickham Rd, Ste 104, Melbourne 32935..... (321) 254-3888

Quiroga-Monteleon, Adriana, DC *Gender Female*
LifeForce Chiropractic, Inc
 5560 Babcock St, NE, Palm Bay 32905..... (321) 409-0209
Additional language(s) spoken Portuguese, Spanish

Schrumpf, Tanya N., DC *Gender Female*
Florida Sports and Spinal Rehab
 3910 S. Washington Ave, Ste 109, Titusville 32796..... (321) 267-0188
 6300 N. Wickham Rd, Ste 116, Melbourne 32940..... (321) 757-6899
 2254 Hwy A1A, Satellite Beach 32937..... (321) 610-1642
Additional language(s) spoken Spanish

Sharpe, Steven D., DC *Gender Male*
Florida Sports and Spinal Rehab
 6300 N. Wickham Rd, Ste 116, Melbourne 32940..... (321) 757-6899
 3910 S. Washington Ave, Ste 109, Titusville 32796..... (321) 267-0188
Additional language(s) spoken Spanish

Smith, Steven L., DC *Gender Male*
Active Spine Center, LLC
 2215 Garden St, Titusville 32796..... (321) 268-2210

Stelter, Thomas J., DC *Gender Male*
Injury Treatment Solutions
 1747 Evans Rd, Ste 101, Melbourne 32904..... (321) 951-9222

Traficante, Megan M., DC *Gender Female*
Fogarty Chiropractic Life Clinic, PA
 839 Barton Blvd, Rockledge 32955..... (321) 636-5200

Traven, Robert W., DC *Gender Male*
Robert W. Traven, DC, PA
 950 N. Courtenay Pkwy, Ste 11, Merritt Island 32953..... (321) 453-6126

Ville, Robert A., DC *Gender Male*
Jeffrey T. O'Brien, MD, Inc
 650 S. Courtenay Pkwy, Ste 200, Merritt Island 32952..... (321) 394-2660
 8045 Spyglass Hill Rd, Ste 104, Melbourne 32940..... (321) 255-4003
 1421 Malabar Rd, NE, Ste 200, Palm Bay 32907..... (321) 308-2660

Watt, Bradley G., DC *Gender Male*
Watt Family Chiropractic, LLC
 2255 N. Wickham Rd, #109, Melbourne 32935..... (321) 253-8511

Watt, Britaney M., DC *Gender Female*
Watt Family Chiropractic, LLC
 2255 N. Wickham Rd, #109, Melbourne 32935..... (321) 253-8511

Womack, Michael W., DC *Gender Male*
Womack Chiropractic Center
 1430 Palm Bay Rd, NE, Ste C, Palm Bay 32905..... (321) 723-2113

Womack, Mitchell A., DC *Gender Male*
Womack Chiropractic Center
 1430 Palm Bay Rd, NE, Ste C, Palm Bay 32905..... (321) 723-2113

Wurzler, Richard L., DC *Gender Male*
Titusville Total Health
 1901 Jess Parrish Ct, Titusville 32796..... (321) 268-1999

Clinical Neurophysiology

Shah, Vaibhav V, MD *Gender Male*
Knight Neurology
 1978 US Hwy 1, Ste 103, Rockledge 32955..... (321) 345-6331
Certification(s) American Board of Psychiatry & Neurology (Neurology), American Board of Psychiatry & Neurology (Sub Clinical Neur

Dermatology

Alexander, Danica L., DO *Gender Female*
Water's Edge Dermatology
590 Malabar Rd, SE, Ste 1, Palm Bay 32907(321) 220-6400
Certification(s) American Osteopathic Board of Dermatology

Bishop, Larry S., MD *Gender Male*
Health First Medical Group
7125 Murrell Rd, Melbourne 32940(321) 242-8790
1223 Gateway Dr, Melbourne 32901(321) 751-9097
Certification(s) American Board of Dermatology
Age Requirement 20 years and older

Chanda, Joseph J., MD *Gender Male*
Joseph Chanda, MD, PA
207 Silver Palm Ave, Melbourne 32901(321) 724-4010
Certification(s) American Board of Dermatology

Cronin, Terrence A., MD *Gender Male*
Terrance A. Cronin, Jr, MD
1399 S. Harbor City Blvd, Melbourne 32901(321) 726-1711
Certification(s) American Board of Dermatology
Hospital Privileges HRMC

Cronin, Terrence A., MD *Gender Male*
Terrance A. Cronin, Sr., MD
1399 S. Harbor City Blvd, Melbourne 32901(321) 726-1711
Certification(s) American Board of Dermatology
Hospital Privileges HRMC

Earhart, James A., MD *Gender Male*
Space Coast Dermatology
695 Cone Park Ct, Merritt Island 32952(321) 453-3360
Certification(s) American Board of Dermatology
Hospital Privileges CCH

Elmer, Kathleen B., MD *Gender Female*
Florida Dermatology Associates, Inc
80 Woodland Ave, Cocoa Beach 32931(321) 799-2893
7640 N. Wickham Rd, Ste 118, Melbourne 32940(321) 768-1600
5070 Minton Rd, NW, Ste 5, Palm Bay 32907(321) 768-1600
Certification(s) American Osteopathic Board of Dermatology

Freas, Rosalind A., MD *Gender Female*
Beachside Dermatology
2571 W. Eau Gallie Blvd, Ste 2, Melbourne 32935(321) 777-9091
Certification(s) American Board of Dermatology
Hospital Privileges HRMC

Halcin, Cynthia H., MD *Gender Female*
Dermatology Institute of Brevard
830 Executive Lane, Ste 110, Rockledge 32955(321) 394-8000
Certification(s) American Board of Dermatology
Hospital Privileges CCH

Kirkpatrick, Richard C., MD *Gender Male*
Brevard Skin and Cancer Center
1286 S. Florida Ave, Rockledge 32955(321) 636-7780
4500 S. Hopkins Ave, Ste A, Titusville 32780(321) 267-3376
8059 Spyglass Hill Rd, Ste 103, Viera 32940(321) 752-5994
Certification(s) American Board of Dermatology
Age Requirement 18 years and older

Lee, Frank G., MD *Gender Male*
Florida Dermatology Associates, Inc
5070 Minton Rd, NW, Ste 5, Palm Bay 32907(321) 768-1600
4260 N. US Hwy 1, Cocoa 32927(321) 768-1600
500 N. Washington Ave, Ste 109, Titusville 32796(321) 768-1600
7640 N. Wickham Rd, Ste 118, Melbourne 32940(321) 768-1600
80 Woodland Ave, Cocoa Beach 32931(321) 768-1600
Certification(s) American Board of Dermatology, American Board of Internal Medicine

Miner, Andrew G., MD *Gender Male*
Brevard Skin and Cancer Center
1286 S. Florida Ave, Rockledge 32955(321) 636-7780
Certification(s) American Board of Dermatology
Additional language(s) spoken German, Spanish

Moreno, Ruben A., MD *Gender Male*
Florida Dermatology Associates, Inc
5070 Minton Rd, NW, Ste 5, Palm Bay 32907(321) 768-1600
4260 N. US Hwy 1, Cocoa 32927(321) 768-1600
500 N. Washington Ave, Ste 109, Titusville 32796(321) 768-1600
7640 N. Wickham Rd, Ste 118, Melbourne 32940(321) 768-1600
80 Woodland Ave, Cocoa Beach 32931(321) 768-1600
Certification(s) American Board of Dermatology
Hospital Privileges HRMC

Poole, Stacia, MD *Gender Female*
Osler HMA Medical Group, LLC
240 N. Wickham Rd Ste 102, Melbourne 32935(321) 752-1599
Certification(s) American Board of Dermatology, American Board of Internal Medicine

Porter, Anthony, MD *Gender Male*
Advanced Dermatology & Cosmetic Surgery
1344 S. Apollo Blvd, Ste 300, Melbourne 32901(321) 308-0659
Certification(s) American Board of Dermatology
Hospital Privileges HRMC, PBH

Saluja, Anita, MD *Gender Female*
Health First Medical Group
7125 Murrell Rd, Melbourne 32940(321) 242-8790
Certification(s) American Board of Dermatology

Schiff, Theodore A., MD *Gender Male*
Water's Edge Dermatology
590 Malabar Rd, SE, Ste 1, Palm Bay 32907(321) 220-6400
Certification(s) American Board of Dermatology, American Board of Dermatology (Sub Dermatopath)

Sequeira, Mario J., MD *Gender Male*
Brevard Skin and Cancer Center
1286 S. Florida Ave, Rockledge 32955(321) 636-7780
4500 S. Hopkins Ave, Ste A, Titusville 32780(321) 267-3376
8059 Spyglass Hill Rd, Ste 103, Viera 32940(321) 752-5994
Certification(s) American Board of Dermatology
Age Requirement 18 years and older

Shrader, Sandra K., MD *Gender Female*
Sandra Shrader, MD Dermatology, LLC
1700 W. Hibiscus Blvd, Melbourne 32901(321) 473-8989
Certification(s) American Board of Internal Medicine
Age Requirement 13 years and older

Smallwood, Kristin W., MD *Gender Female*
Atlantic Dermatology, LLC
1980 N. Atlantic Ave, Ste 722, Cocoa Beach 32931(321) 784-8811
Certification(s) American Board of Dermatology
Hospital Privileges CCH

Spicer, Michael S., MD *Gender Male*
Brevard Medical Dermatology, PA
8057 Spyglass Hill Rd, Ste 102, Melbourne 32940(321) 428-4737
800 Century Medical Dr, Titusville 32796(321) 428-4737
Certification(s) American Board of Dermatology, American Board of Dermatology (Sub Dermatopath)
Age Requirement 18 years and older

Weltman, Robert E., MD *Gender Male*
Water's Edge Dermatology
590 Malabar Rd, SE, Ste 1, Palm Bay 32907(321) 220-6400
Certification(s) American Osteopathic Board of Dermatology
Age Requirement 12 years and older

Wiener, Adam H., DO *Gender Male*
Melbourne Dermatology Center
333 E. Sheridan Rd, Melbourne 32901 (321) 724-9650
Certification(s) American Board of Family Medicine, American Osteopathic Board of Dermatology
Hospital Privileges HRMC

Electrophysiology, Clinical Cardiac

Bredikis, Audrius J., MD *Gender Male*
Health First Medical Group
1251 S. Hickory St, Melbourne 32901 (321) 434-3457
255 Borman Dr, 2nd Fl, Merritt Island 32953 (321) 434-6650
Certification(s) American Board of Internal Medicine (Sub Cardiovasc Dis), American Board of Internal Medicine (Sub Electrophysiology)
Hospital Privileges CCH, HRMC
Age Requirement 18 years and older

Janardhan, Ajit H., MD *Gender Male*
Health First Medical Group
699 W. Cocoa Bch Cswy, Ste 503, Cocoa Beach 32931 (321) 434-6650
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Cardiovasc Dis)
Age Requirement 16 years and older

Endocrinology

Bhambri, Rajiv, MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Endo&Met)
Hospital Privileges HRMC
Additional language(s) spoken Hindi

Desai, Rajesh K., MD *Gender Male*
Medical Associates of Brevard, LLC
2290 W. Eau Gallie Blvd, Ste 100, Melbourne 32935 (321) 309-9000
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Endo&Met)
Hospital Privileges HRMC
Age Requirement 18 years and older

Dhruv, Nikhita, MD *Gender Female*
Medical Associates of Brevard, LLC
2290 W. Eau Gallie Blvd, Ste 100, Melbourne 32935 (321) 309-9000
Certification(s) American Board of Internal Medicine (Sub Endo&Met)
Hospital Privileges HRMC
Age Requirement 19 years and older

Pipek, Ruben J., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine (Sub Endo&Met)
Hospital Privileges HRMC
Additional language(s) spoken French, Hebrew, Portugese, Spanish
Age Requirement 18 years and older

Ponte, Gaston M., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Endo&Met)
Hospital Privileges HRMC
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Szoke, Ervin, MD *Gender Male*
Medical Associates of Brevard, LLC
2290 W. Eau Gallie Blvd, Ste 100, Melbourne 32935 (321) 309-9000
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Endo&Met)
Hospital Privileges HRMC
Age Requirement 18 years and older

Trepp-Carrasco, Alejandro, MD *Gender Male*
Quality Medical Care, PA
675 S. Babcock St, Melbourne 32901 (321) 951-1010
5200 Babcock St, Ste 106, Palm Bay 32905 (321) 729-9306
Hospital Privileges PBH
Additional language(s) spoken French, German, Portugese, Spanish
Age Requirement 18 years and older

Wood, Megan D., MD *Gender Female*
Health First Medical Group
105 S. Banana River Blvd, 2nd Fl, Cocoa Beach 32931 (321) 868-8312
Certification(s) American Board of Internal Medicine
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Foot & Ankle Surgery

Moyles, Jared B., DPM *Gender Male*
Melbourne Podiatry Associates
211 E. New Haven Ave, Melbourne 32901 (321) 723-3500
2020 US Hwy A1A, Ste 101, Indian Harbour Beach 32937 (321) 777-4774
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC, PBH

Gastroenterology

Barbati, Robert M., MD *Gender Male*
Digestive Diseases & Endoscopy
8095 Spyglass Hill Rd, Ste 104, Viera 32940 (321) 576-9030
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Gastroenterology)
Hospital Privileges VH
Age Requirement 18 years and older

Borghei, Hassan, DO *Gender Male*
Health First Medical Group
699 W. Cocoa Bch Cswy, Ste 601, Cocoa Beach 32931 (321) 868-5833
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Gastroenterology)
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Chan-Pong, K. Derek, MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Gastroenterology)
Hospital Privileges HRMC
Age Requirement 10 years and older

Chen, Jian-Jun, MD *Gender Male*
William F. Rylander, MD, PA
407 S. Washington Ave, Ste 1, Titusville 32796 (321) 385-0884
Certification(s) American Board of Internal Medicine (Sub Gastroenterology)
Age Requirement 16 years and older

Dillon, Mark C., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Gastroenterology)
Hospital Privileges HRMC, SRMC
Age Requirement 18 years and older

Farrington, Charles A., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Gastroenterology)
Hospital Privileges HRMC

Hughes, Mark D., MD *Gender Male*
Health First Medical Group
7125 Murrell Rd, Melbourne 32940(321) 242-8790
Certification(s) American Board of Internal Medicine (Sub Gastroenterology)
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Jathal, Adwait H., MD *Gender Male*
Medical Associates of Brevard, LLC
200 Michigan Ave, Melbourne 32901(321) 952-0700
Certification(s) American Board of Internal Medicine (Sub Gastroenterology)
Hospital Privileges HRMC
Age Requirement 18 years and older

Koretsky, Peter A., MD *Gender Male*
Peter Koretsky, MD, PA
2955 Pineda Plaza Way, Ste 115, Melbourne 32940(321) 254-7375
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Gastroenterology)
Hospital Privileges HRMC, PBH
Age Requirement 18 years and older

Koshy, Gita, MD *Gender Female*
Health First Medical Group
7125 Murrell Rd, Melbourne 32940(321) 242-8790
Certification(s) American Board of Internal Medicine (Sub Gastroenterology)
Hospital Privileges HRMC
Age Requirement 16 years and older

Rashid, Salman, MD *Gender Male*
Health First Medical Group
699 W. Cocoa Bch Cswy, Ste 302, Cocoa Beach 32931(321) 868-5833
Certification(s) American Board of Internal Medicine
Hospital Privileges CCH, PBH, VH
Age Requirement 18 years and older

Ruiz, Francisco R., MD *Gender Male*
Sebastian HMA Coral Reef Gastroenterology
1425 Malabar Rd, Ste 205, Palm Bay 32907(772) 589-0580
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Gastroenterology)
Hospital Privileges PBH, SRMC
Additional language(s) spoken Spanish
Age Requirement 15 years and older

Rylander, William F., MD *Gender Male*
William F. Rylander, MD, PA
407 S. Washington Ave, Ste 1, Titusville 32796(321) 385-0884
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Gastroenterology)

Schmidt, Andrew D., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Gastroenterology)
Hospital Privileges HRMC
Age Requirement 18 years and older

Selvaraj, Srinivasan, MD *Gender Male*
Health First Medical Group
1421 Malabar Rd, NE, Ste 235, Palm Bay 32907(321) 434-8228
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Gastroenterology)
Hospital Privileges PBH
Age Requirement 18 years and older

Steele, Ian H., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Internal Medicine (Sub Gastroenterology)
Hospital Privileges HRMC
Age Requirement 17 years and older

Turse, John C., MD *Gender Male*
Medical Associates of Brevard, LLC
200 Michigan Ave, Melbourne 32901(321) 952-0700
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Gastroenterology)
Hospital Privileges HRMC
Age Requirement 18 years and older

General Surgery

Agrama, Hani M., MD *Gender Male*
Hani Agrama, MD, PA
1257 Florida Ave, Rockledge 32955(321) 631-2277
Certification(s) American Board of Surgery
Hospital Privileges CCH
Additional language(s) spoken Arabic

Allison, Nathan D., MD *Gender Male*
Health First Medical Group
8725 N. Wickham Rd, Ste 302, Melbourne 32940(321) 434-9230
Certification(s) American Board of Surgery
Hospital Privileges PBH, VH
Age Requirement 18 years and older

Bedway, Joseph J., MD *Gender Male*
Health First Medical Group
699 W. Cocoa Beach Cswy, Ste 505, Cocoa Beach 32931 ... (321) 868-4100
Certification(s) American Board of Surgery
Hospital Privileges CCH
Age Requirement 18 years and older

Block, Ernest F., MD *Gender Male*
Health First Medical Group
1350 S. Hickory St, Ste 101, Melbourne 32901(321) 434-1401
699 W. Cocoa Bch Cswy, Ste 505, Cocoa Beach 32931(321) 868-4100
Certification(s) American Board of Surgery
Hospital Privileges HRMC

Brestan, Loretta L., MD *Gender Female*
Health First Medical Group
1350 S. Hickory St, Ste 101, Melbourne 32901(321) 434-1401
Certification(s) American Board of Surgery, American Board of Surgery (Sub
Critical Care Surgery)
Hospital Privileges HRMC

Carrillo, Carlos A., MD *Gender Male*
Carrillo Surgical Associates, LLC
1311 Garden St, Titusville 32796(321) 268-0720
Certification(s) American Board of Surgery
Hospital Privileges CCH, VH

Davis, Wendy, MD *Gender Female*
Health First Medical Group
699 W. Cocoa Beach Cswy, Ste 505, Cocoa Beach 32931 ... (321) 868-4100
Certification(s) American Board of Surgery
Hospital Privileges CCH
Additional language(s) spoken Spanish

Fusco, Mark A., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Surgery
Hospital Privileges HRMC
Age Requirement 10 years and older

Gelman, Clifford L., MD *Gender Male*
TEPAS Healthcare
 1140 Broadband Dr, Melbourne 32901 (321) 733-1901
Certification(s) American Board of Surgery
Hospital Privileges HRMC
Age Requirement 18 years and older

Hanley, Mark, MD *Gender Male*
Medical Associates of Brevard, LLC
 655 S. Apollo Blvd, Ste 2, Melbourne 32901 (321) 751-2707
Certification(s) American Board of Surgery
Hospital Privileges HRMC
Age Requirement 18 years and older

Imami, Emran R., MD *Gender Male*
TEPAS Healthcare
 1140 Broadband Dr, Melbourne 32901 (321) 733-1901
Certification(s) American Board of Surgery
Hospital Privileges HRMC, PBH
Age Requirement 8 years and older

Kasiewicz, James E., MD *Gender Male*
Health First Medical Group
 1350 S. Hickory St, Ste 101, Melbourne 32901 (321) 434-1401
Certification(s) American Board of Surgery, American Board of Surgery (Sub
Critical Care Surgery)
Hospital Privileges HRMC

Komar, Aleksander, MD *Gender Male*
Medical Associates of Brevard, LLC
 2200 W. Eau Gallie Blvd, Ste 202B, Melbourne 32935 (321) 254-7717
Certification(s) American Board of Surgery, American Board of Surgery (Sub
Critical Care Surgery)
Hospital Privileges HRMC
Additional language(s) spoken Polish
Age Requirement 18 years and older

Majmundar, Chinmay S., MD *Gender Male*
Space Coast Surgery, LLC
 8255 N. Wickham Rd, Ste 102, Melbourne 32940 (321) 242-7060
Certification(s) American Board of Surgery
Hospital Privileges VH
Age Requirement 15 years and older

McLaughlin, Michael J., MD *Gender Male*
Surgical Specialists of Central Brevard
 1980 N. Atlantic Ave, Ste 602, Cocoa Beach 32931 (321) 783-8400
Certification(s) American Board of Surgery
Hospital Privileges CCH
Age Requirement 14 years and older

Mejia, Jose G., MD *Gender Male*
Health First Medical Group
 1421 Malabar Rd, NE, Ste 230, Palm Bay 32907 (321) 434-8080
Certification(s) American Board of Surgery
Hospital Privileges PBH
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Moore, Ashlee E., MD *Gender Female*
Health First Medical Group
 1350 S. Hickory St, Ste 101, Melbourne 32901 (321) 434-1401
Certification(s) American Board of Surgery, American Board of Surgery (Sub
Critical Care Surgery)
Hospital Privileges HRMC

Pappas, Peter A., MD *Gender Male*
Health First Physicians Specialists
 1350 S. Hickory St, Ste 101, Melbourne 32901 (321) 434-1401
Certification(s) American Board of Surgery, American Board of Surgery (Sub
Critical Care Surgery)
Hospital Privileges HRMC, VH

Patel, Jashbhai K., MD *Gender Male*
Health First Medical Group
 1223 Gateway Dr, Melbourne 32901 (321) 725-4500 ext. 3131
Certification(s) American Board of Surgery
Hospital Privileges HRMC
Age Requirement 18 years and older

Patel, Rameshbhai P., MD *Gender Male*
Titusville Surgical Associates
 2475 S. Washington Ave, Titusville 32780 (321) 267-4264
Certification(s) American Board of Surgery

Pellegrino, Samuel V., MD *Gender Male*
Health First Medical Group
 1350 S. Hickory St, Ste 101, Melbourne 32901 (321) 434-1401
Certification(s) American Board of Surgery, American Board of Surgery (Sub
Critical Care Surgery)
Hospital Privileges HRMC

Pessa, Mark E., MD *Gender Male*
Health First Medical Group
 1350 S. Hickory St, Ste 101, Melbourne 32901 (321) 434-1401
Certification(s) American Board of Surgery, American Board of Surgery (Sub
Critical Care Surgery)
Hospital Privileges CCH, HRMC, PBH, VH

Robarts, Tim D., MD *Gender Male*
Health First Medical Group
 1421 Malabar Rd, NE, Ste 230, Palm Bay 32907 (321) 434-8081
Certification(s) American Board of Surgery
Hospital Privileges PBH

Talbert, Mark S., MD *Gender Male*
Health First Medical Group
 1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Surgery
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Tieu, Kenneth K., MD *Gender Male*
Health First Medical Group
 8725 N. Wickham Rd, Ste 302, Melbourne 32940 (321) 434-9230
Certification(s) American Board of Surgery
Hospital Privileges PBH, VH
Age Requirement 18 years and older

Wasselle, Joseph A., MD *Gender Male*
Osler HMA Medical Group, LLC
 2222 S. Harbor City Blvd, Ste 450, Melbourne 32901 (321) 725-5050
Certification(s) American Board of Surgery, American Board of Surgery (Sub
General Vascular Surgery)
Hospital Privileges HRMC

Zambos, John M., MD *Gender Male*
John M. Zambos, MD
 605 N. Washington Ave, Ste 200, Titusville 32796 (321) 383-2630
Certification(s) American Board of Surgery

Geriatric Medicine

Kogan, Victoria, MD *Gender Female*
Health First Medical Group
 220 S. Courtenay Pkwy, Ste B, Merritt Island 32952 (321) 868-5815
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Geriatric Med)
Hospital Privileges CCH, HRMC, PBH
Additional language(s) spoken Russian
Age Requirement 65 years and older

Srinivasan, Visalakshi, MD

Gender Female

Health First Medical Group

3661 S. Babcock St, 2nd Fl, Melbourne 32901(321) 434-7611
Certification(s) American Board of Internal Medicine (Sub Geriatric Med)
Hospital Privileges HRMC, PBH
Age Requirement 65 years and older

Gynecology

Boucher, Danielle A., MD

Gender Female

Health First Medical Group

7125 Murrell Rd, Melbourne 32940(321) 242-8790
Certification(s) American Board of Obstetrics & Gynecology
Age Requirement 13 years and older

Clayton, Esther R., MD

Gender Female

Dulce Cura & Wellness, PLLC

410 N. Wickham Rd, Ste 201, Melbourne 32935(321) 242-0035
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC

Clayton, II, Robert E., MD

Gender Male

Health First Medical Group

699 W. Cocoa Beach Cswy, Ste 404, Cocoa Beach 32931(321) 868-7654
1421 Malabar Rd, NE, Ste 230, Palm Bay 32907(321) 434-8080
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges CCH

Elmer, James C., MD

Gender Male

James C. Elmer, MD, PA

300 Fortenberry Rd, Merritt Island 32952(321) 783-2213
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges CCH

Ivery, Donna G., MD

Gender Female

HerCare of Brevard

4346 S. Hopkins Ave, Titusville 32780(321) 267-3787
Certification(s) American Board of Obstetrics & Gynecology

Oliveira, C. Mario, MD

Gender Male

Health First Medical Group

1223 Gateway Dr, Melbourne 32901(321) 729-6166
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC
Age Requirement 16 years and older

Raders, James L., MD

Gender Male

Zipper Urogynecology Associates

200 S. Harbor City Blvd, Ste 401, Melbourne 32901(321) 674-2114
Certification(s) American Board of Obstetrics & Gynecology, American Board of
Obstetrics & Gynecology (Sub Fem Pelvic M)
Hospital Privileges HRMC

Triolo, Jaime L., ARNP

Gender Female

Florida Woman Care at Hibiscus OB/Gyn

330 E. Hibiscus Blvd, Melbourne 32901(321) 724-2229

Zipper, Ralph, MD

Gender Male

Zipper Urogynecology Associates

200 S. Harbor City Blvd, Ste 401, Melbourne 32901(321) 674-2114
Certification(s) American Board of Obstetrics & Gynecology, American Board of
Obstetrics & Gynecology (Sub Fem Pelvic M)
Hospital Privileges HRMC, SRMC

Zylman, Patricia M., MD

Gender Female

Florida Woman Care, LLC

1674 W. Hibiscus Blvd, Melbourne 32901(321) 473-4647
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC

Gynecology Oncology

Bomalaski, John J., MD

Gender Male

Health First Medical Group

1130 S. Hickory St, Melbourne 32901(321) 752-0944
Certification(s) American Board of Obstetrics & Gynecology, American Board of
Obstetrics & Gynecology (Sub Oncology)
Hospital Privileges HRMC
Age Requirement 16 years and older

Spinelli, Alice J., ARNP

Gender Female

Health First Medical Group

1130 S. Hickory St, Melbourne 32901(321) 752-0944
Age Requirement 16 years and older

Hematology & Oncology

Badolato, Craig J., MD

Gender Male

Cancer Care Center of Brevard, Inc

1430 S. Pine St, Melbourne 32901(321) 952-0898
1264 Malabar Rd, SE, Palm Bay 32907(321) 725-8300
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Medical Oncology)
Hospital Privileges HRMC, PBH, VH
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Blaine, Germaine M., MD

Gender Female

Cancer Care Center of Brevard, Inc

107 Longwood Ave, Rockledge 32955(321) 636-2111
215 Cone Rd, Merritt Island 32952(321) 636-2111
500 Washington Ave, Ste 204, Titusville 32796(321) 383-2210
8055 Spyglass Hill Rd, Ste 103, Melbourne 32940(321) 255-2606
1264 Malabar Rd, SE, Palm Bay 32907(321) 725-8300
Certification(s) American Board of Internal Medicine (Sub Hematology),
American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Castro, Juan L., MD

Gender Male

Space Coast Medical Associates, LLP

490 N. Washington Ave, Titusville 32796(321) 268-4200
225 Cone Rd, Merritt Island 32952(321) 453-1361
840 Executive Lane, Ste 120, Rockledge 32955(321) 453-1361
8725 N. Wickham Rd, Ste 103, Viera 32940(321) 268-4200
111 E. Hibiscus Blvd, Melbourne 32901(321) 268-4200
Certification(s) American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges CCH, HRMC, VH

Chandra, Sumeet, MD

Gender Male

Medical Associates of Brevard, LLC

2290 W. Eau Gallie Blvd, Ste 201, Melbourne 32935(321) 254-4776
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Hematology), American Board of Internal Medicine (Sub Medical
Oncology)
Hospital Privileges HRMC, PBH, VH
Additional language(s) spoken Hindi
Age Requirement 18 years and older

Dalal, Ashish V., MD

Gender Male

Space Coast Medical Associates, LLP

490 N. Washington Ave, Titusville 32796(321) 268-4200
225 Cone Rd, Merritt Island 32952(321) 453-1361
699 W. Cocoa Bch Cswy, Ste 606, Cocoa Beach 32931(321) 783-9544
840 Executive Lane, Ste 120, Rockledge 32955(321) 453-1361
8725 N. Wickham Rd, Ste 103, Viera 32940(321) 268-4200
111 E. Hibiscus Blvd, Melbourne 32901(321) 268-4200
Certification(s) American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges CCH, HRMC, VH
Additional language(s) spoken Gujarati, Hindi

Duhaime, Lisa A., MD *Gender Female*
Medical Associates of Brevard, LLC
2290 W. Eau Gallie Blvd, Ste 202, Melbourne 32935 (321) 254-4776
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Medical Oncology)
Hospital Privileges HRMC, PBH, VH
Age Requirement 18 years and older

Hoang, Gregory B., MD *Gender Male*
Cancer Care Center of Brevard, Inc
1430 S. Pine St, Melbourne 32901 (321) 952-0898
Certification(s) American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges HRMC, PBH
Additional language(s) spoken Vietnamese
Age Requirement 18 years and older

Kancharla, Venkat R., MD *Gender Male*
Cancer Care Center of Brevard, Inc
1264 Malabar Rd, SE, Palm Bay 32907 (321) 725-8300
107 Longwood Ave, Rockledge 32955 (321) 636-2111
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Hematology)
Hospital Privileges HRMC, VH
Age Requirement 13 years and older

Levine, Richard M., MD *Gender Male*
Space Coast Medical Associates, LLP
490 N. Washington Ave, Titusville 32796 (321) 268-4200
225 Cone Rd, Merritt Island 32952 (321) 453-1361
699 W. Cocoa Bch Cswy, Ste 606, Cocoa Beach 32931 (321) 783-9544
840 Executive Lane, Ste 120, Rockledge 32955 (321) 453-1361
8725 N. Wickham Rd, Ste 103, Viera 32940 (321) 268-4200
111 E. Hibiscus Blvd, Melbourne 32901 (321) 268-4200
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Medical Oncology)
Hospital Privileges CCH, HRMC, VH

McClure, Joseph A., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Me bourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Hematology), American Board of Internal Medicine (Sub Medical
Oncology)
Hospital Privileges HRMC

Muwalla, Firas R., MD *Gender Male*
Space Coast Medical Associates, LLP
490 N. Washington Ave, Titusville 32796 (321) 268-4200
225 Cone Rd, Merritt Island 32952 (321) 453-1361
840 Executive Lane, Ste 120, Rockledge 32955 (321) 453-1361
8725 N. Wickham Rd, Ste 103, Viera 32940 (321) 268-4200
111 E. Hibiscus Blvd, Melbourne 32901 (321) 268-4200
Certification(s) American Board of Internal Medicine (Sub Hematology),
American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges CCH, HRMC, VH
Additional language(s) spoken French

Neel, James W., MD *Gender Male*
Health First Medical Group
1130 S. Hickory St, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine (Sub Hematology),
American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges HRMC, PBH
Age Requirement 18 years and older

Palermo, Giuseppe, MD *Gender Male*
Cancer Care Center of Brevard, Inc
107 Longwood Ave, Rockledge 32955 (321) 636-2111
500 Washington Ave, Ste 204, Titusville 32796 (321) 383-2210
8055 Spyglass Hill Rd, Ste 103, Melbourne 32940 (321) 255-2606

1264 Malabar Rd, SE, Palm Bay 32907 (321) 725-8300
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Medical Oncology)
Hospital Privileges CCH, VH
Additional language(s) spoken Italian

Perez de Armas, Jorge V., MD *Gender Male*
Space Coast Medical Associates, LLP
490 N. Washington Ave, Titusville 32796 (321) 268-4200
225 Cone Rd, Merritt Island 32952 (321) 453-1361
699 W. Cocoa Bch Cswy, Ste 606, Cocoa Beach 32931 (321) 783-9544
840 Executive Lane, Ste 120, Rockledge 32955 (321) 453-1361
8725 N. Wickham Rd, Ste 103, Viera 32940 (321) 268-4200
111 E. Hibiscus Blvd, Melbourne 32901 (321) 268-4200
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Hematology), American Board of Internal Medicine (Sub Medical
Oncology)
Hospital Privileges CCH, HRMC, VH
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Pichardo, Diely A., MD *Gender Female*
Cancer Care Center of Brevard, Inc
215 Cone Rd, Merritt Island 32952 (321) 636-2111
Certification(s) American Board of Internal Medicine (Sub Hematology),
American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges HRMC, PBH
Additional language(s) spoken Spanish

Ross, David L., MD *Gender Male*
Cancer Care Center of Brevard, Inc
107 Longwood Ave, Rockledge 32955 (321) 636-2111
6300 Wickham Rd, Ste 110, Melbourne 32940 (321) 636-2111
Certification(s) American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges CCH, HRMC, PBH, VH
Additional language(s) spoken Spanish

Scheinbart, Lee S., MD *Gender Male*
Health First Medical Group
1130 S. Hickory St, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Medical Oncology)
Hospital Privileges HRMC
Age Requirement 18 years and older

Sprawls, Richard D., MD *Gender Male*
Space Coast Medical Associates, LLP
490 N. Washington Ave, Titusville 32796 (321) 268-4200
8725 N. Wickham Rd, Ste 103, Viera 32940 (321) 268-4200
255 Cone Rd, Merritt Island 32952 (321) 286-4200
111 E. Hibiscus Blvd, Melbourne 32901 (321) 268-4200
Certification(s) American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges CCH, HRMC, VH
Age Requirement 18 years and older

Tahn, Carl R., MD *Gender Male*
Cancer Care Center of Brevard, Inc
107 Longwood Ave, Rockledge 32955 (321) 636-2111
500 Washington Ave, Ste 204, Titusville 32796 (321) 383-2210
8055 Spyglass Hill Rd, Ste 103, Me bourne 32940 (321) 255-2606
Certification(s) American Board of Internal Medicine (Sub Medical Oncology)
Hospital Privileges CCH, VH

Vinarsky, Simon, MD *Gender Male*
Health First Medical Group
1130 S. Hickory St, Melbourne 32901 (321) 725-4500
Hospital Privileges HRMC
Additional language(s) spoken Ukrainian
Age Requirement 18 years and older

Zimm, Solomon, MD *Gender Male*
Space Coast Medical Associates, LLP
490 N. Washington Ave, Titusville 32796 (321) 268-4200
225 Cone Rd, Merritt Island 32952 (321) 453-1361

699 W. Cocoa Bch Cswy, Ste 606, Cocoa Beach 32931.....(321) 783-9544
840 Executive Lane, Ste 120, Rockledge 32955(321) 453-1361
8725 N. Wickham Rd, Ste 103, Viera 32940.....(321) 268-4200
111 E. Hibiscus Blvd, Melbourne 32901(321) 268-4200
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Medical Oncology)
Hospital Privileges CCH, HRMC

Infectious Diseases

Abbas, Saima, MD Gender Female
Abbas & Khans, LLC
650 S. Courtenay Pkwy, Ste 102, Merritt Island 32952.....(321) 877-4749
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Infectious Dis)
Hospital Privileges CCH, VH
Additional language(s) spoken Punjabi
Age Requirement 18 years and older

Barile, Anthony J., MD Gender Male
Health First Medical Group
205 E. Nasa Blvd, 2nd Fl, Melbourne 32901.....(321) 676-6322
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Infectious Dis)
Hospital Privileges HRMC, PBH
Age Requirement 18 years and older

Catena, William J., MD Gender Male
TEPAS Healthcare
1140 Broadband Dr, Melbourne 32901(321) 733-1901
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Infectious Dis)
Hospital Privileges HRMC

Htay, Zaw, MD Gender Male
Medical Associates of Brevard, LLC
3040 N. Wickham Rd, Ste 6, Melbourne 32935(321) 622-8730
Certification(s) American Board of Internal Medicine (Sub Infectious Dis)
Hospital Privileges HRMC, PBH
Additional language(s) spoken Burmese
Age Requirement 18 years and older

Mateos-Mora, Miguel, MD Gender Male
Miguel Mateos-Mora, MD
445 Pineda Ct, Melbourne 32940.....(321) 254-1611
Certification(s) American Board of Internal Medicine
Hospital Privileges HRMC, VH
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Naik, Nimesh H., MD Gender Male
Rishi & Srikanth, PA
2025 Murrell Rd, Ste 170, Rockledge 32955(321) 735-0245
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Infectious Dis)
Hospital Privileges CCH, VH
Additional language(s) spoken Gujarati
Age Requirement 18 years and older

Teh, Winnie S., MD Gender Female
Health First Medical Group
205 E. Nasa Blvd, 2nd Fl, Melbourne 32901.....(321) 676-6322
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Infectious Dis)
Hospital Privileges HRMC
Additional language(s) spoken Cantonese, Malaya
Age Requirement 18 years and older

Maternal & Fetal Medicine

Morales, Walter J., MD Gender Male
Pediatrrix Medical Group of Florida, Inc
1341 Medical Park Dr, Ste 102, Melbourne 32901.....(321) 728-0696
Certification(s) American Board of Obstetrics & Gynecology, American Board of
Obstetrics & Gynecology (Sub Maternal & F
Hospital Privileges HRMC

Ramos-Santos, Edgard, MD Gender Male
Pediatrrix Medical Group of Florida, Inc
1341 Medical Park Dr, Ste 102, Melbourne 32901.....(321) 728-0696
Certification(s) American Board of Obstetrics & Gynecology, American Board of
Obstetrics & Gynecology (Sub Maternal & F
Hospital Privileges HRMC

Nephrology

Ahmed, Tamer S., MD Gender Male
Medical Associates of Brevard, LLC
2200 W. Eau Gallie Blvd, Ste 202B, Melbourne 32935(321) 728-2722
Certification(s) American Board of Internal Medicine (Sub Nephrology)
Hospital Privileges HRMC, PBH, VH
Additional language(s) spoken Arabic
Age Requirement 15 years and older

Canlas, Ellery E., MD Gender Male
Brevard Nephrology Group
245 S. Courtenay Pkwy, Merritt Island 32952(321) 453-5326
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Nephrology)
Hospital Privileges CCH, VH
Age Requirement 16 years and older

Faldu, Chirag R., MD Gender Male
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Nephrology)
Hospital Privileges HRMC, PBH
Additional language(s) spoken Gujarati, Hindi
Age Requirement 18 years and older

Girgis, Hany I., MD Gender Male
Brevard Nephrology Group
245 S. Courtenay Pkwy, Merritt Island 32952(321) 453-5326
Certification(s) American Board of Internal Medicine (Sub Nephrology)
Hospital Privileges CCH, VH

Kriete, Rhodes M., MD Gender Male
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Internal Medicine (Sub Nephrology)
Hospital Privileges HRMC, PBH
Age Requirement 18 years and older

Patel, Vishnu G., MD Gender Male
Medical Associates of Brevard, LLC
450 Malabar Rd, SE, Ste 102, Palm Bay 32907.....(321) 435-3655
8045 Spyglass Hill Rd, Ste 102, Melbourne 32940(321) 241-6535
Certification(s) American Board of Internal Medicine (Sub Nephrology)
Hospital Privileges HRMC, PBH, VH

Rashid, Imran, MD Gender Male
Imran Rashid, MD, PA
2580 Christopher Dr, Titusville 32780(321) 267-9689
Certification(s) American Board of Internal Medicine (Sub Nephrology)
Additional language(s) spoken Urdu

Rodriguez, Wayne D., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Me bourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Nephrology)
Hospital Privileges HRMC, PBH
Age Requirement 18 years and older

Spies, C. Peter, MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Me bourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Nephrology)
Hospital Privileges HRMC, PBH
Additional language(s) spoken German
Age Requirement 18 years and older

Tran, Anthony H., MD *Gender Male*
Medical Associates of Brevard, LLC
450 Malabar Rd, SE, Ste 102, Palm Bay 32907 (321) 435-3655
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Nephrology)
Hospital Privileges HRMC, PBH, VH
Additional language(s) spoken Spanish

Wanich, Charles K., MD *Gender Male*
Brevard Nephrology Group
245 S. Courtenay Pkwy, Merritt Island 32952 (321) 453-5326
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Nephrology)
Hospital Privileges CCH

Yassa, Samir K., MD *Gender Male*
Brevard Nephrology Group
245 S. Courtenay Pkwy, Merritt Island 32952 (321) 453-5326
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Nephrology)
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Neurology

Carter, Timothy D., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Me bourne 32901 (321) 725-4500
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges HRMC
Age Requirement 18 years and older

Chumble, Shubhangi A., MD *Gender Female*
Health First Medical Group
699 Cocoa Bch Cswy, Ste 403, Merritt Island 32952 (321) 868-2766
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges CCH
Additional language(s) spoken Hindi
Age Requirement 18 years and older

Dandapani, Bhuvaneswari K., MD *Gender Female*
Health First Medical Group
1223 Gateway Dr, Me bourne 32901 (321) 725-4500
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges HRMC
Age Requirement 18 years and older

Gold, Scott L., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Me bourne 32901 (321) 725-4500
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges HRMC
Age Requirement 18 years and older

Krenzer, Robert J., MD *Gender Male*
Health First Medical Group
1421 Malabar Rd, NE, Ste 220, Palm Bay 32907 (321) 434-8226
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges HRMC, IRMC, PBH, SRMC
Age Requirement 18 years and older

Miller, Jill W., MD *Gender Female*
Neurology Clinic
1333 Pine St, Melbourne 32901 (321) 984-9400 ext. 102
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges VH

Mixco, Roberto G., MD *Gender Male*
Neurologic Associates of Central Brevard
1395 N. Courtenay Pkwy, Ste 106, Merritt Island 32953 (321) 452-1224
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges CCH
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Morales, Allamm, MD *Gender Male*
Florida Neurology Institute
1541 S. Wickham Rd, Me bourne 32904 (321) 953-3589
123 South Park Ave., Titusville 32796 (321) 953-3589
503 Delaney Ave, Cocoa 32922 (321) 953-3589
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges HRMC
Additional language(s) spoken Spanish
Age Requirement 4 years and older

Newman, Richard P., MD *Gender Male*
First Choice Medical Group of Brevard, LLC
709 S. Harbor City Blvd, Ste 100, Melbourne 32901 (321) 725-2225
6300 N. Wickham Rd, Ste 110, Melbourne 32940 (321) 725-2225
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges CCH

Niazi, Wasim, MD *Gender Male*
Brevard Neurology Assoc. PA
1910 Rockledge Blvd, Rockledge 32955 (321) 636-8366
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges CCH
Age Requirement 16 years and older

Packey, David J., MD *Gender Male*
Neurology Clinic
1333 Pine St, Melbourne 32901 (321) 984-9400 ext. 102
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges VH
Age Requirement 2 years and older

Riascos-Mazo, Maritza, MD *Gender Female*
Brevard Neurology Center, LLC
315 E. Nasa Blvd, Melbourne 32901 (321) 733-2711
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Shenoy, Sachin R., MD *Gender Male*
Sachin Shenoy, MD, PA
1845 Jess Parrish Ct, Titusville 32796 (321) 264-2011
5005 Port St John Pkwy, Cocoa 32927 (321) 636-9393
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Age Requirement 14 years and older

Sunter, William R., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges HRMC, VH
Age Requirement 18 years and older

Turck, Ronald A., MD Gender Male
Medical Associates of Brevard, LLC
8045 Spyglass Hill Rd, Ste 102, Melbourne 32940.....(321) 241-6535
Certification(s) American Board of Psychiatry & Neurology (Neurology)
Hospital Privileges HRMC
Age Requirement 16 years and older

Neurosurgery

Fulton, Mark A., MD Gender Male
Health First Medical Group
1251 S. Hickory St, Melbourne 32901.....(321) 434-3420
Certification(s) American Board of Neurological Surgery
Hospital Privileges HRMC
Additional language(s) spoken Chinese, Mandarin
Age Requirement 14 years and older

Matuk, Fairuz F., MD Gender Male
Fairuz F Matuk, MD, PA
32 Suntree Pl, Melbourne 32940.....(321) 633-7000
Certification(s) American Board of Neurological Surgery
Hospital Privileges CCH

Paine, Jonathan T., MD Gender Male
Jonathan T. Paine, MD, PA
1305 S. Valentine St, Melbourne 32901.....(321) 727-2468
Certification(s) American Board of Neurological Surgery
Hospital Privileges HRMC

Smith, Aaron M., DO Gender Male
Space Coast Neurosurgery, PA
111 Longwood Ave, Rockledge 32955.....(321) 208-8726
Certification(s) American Osteopathic Board of Surgery (Neurological)
Hospital Privileges CCH
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Theodotou, Basil C., MD Gender Male
Basil C. Theodotou, MD
32 Suntree Pl, Melbourne 32940.....(321) 752-7001
Certification(s) American Board of Neurological Surgery
Hospital Privileges CCH, HRMC
Age Requirement 21 years and older

Obstetrics

Kelly, Diane J., MD Gender Female
Health First Medical Group
1223 Gateway Dr, Melbourne 32901.....(321) 729-6166
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC

Obstetrics & Gynecology

Benezra, Victor, MD Gender Male
Health First Medical Group
1223 Gateway Dr, Melbourne 32901.....(321) 729-6166
7125 Murrell Rd, Melbourne 32940.....(321) 242-8790
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Blair, Cori D., ARNP Gender Female
Florida Woman Care at Hibiscus OB/Gyn
330 E. Hibiscus Blvd, Melbourne 32901.....(321) 724-2229

Caplan, Sherri F., DO Gender Female
Health First Medical Group
699 W. Cocoa Bch Cswy, Ste 404, Cocoa Beach 32931.....(321) 868-2778
Certification(s) American Osteopathic Board of Obstetrics & Gynecology
Hospital Privileges CCH

Daley, Odette C., MD Gender Female
New Beginnings OB/Gyn
336 N. Babcock St, Ste 101, Melbourne 32935.....(321) 775-1470
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC
Age Requirement 14 years and older

Dance, Vanessa D., MD Gender Female
Health First Medical Group
699 W. Cocoa Bch Cswy, Ste 603, Cocoa Beach 32931.....(321) 868-8364
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges CCH, VH

Ferry, Antoinette B., ARNP Gender Female
Florida Woman Care, LLC
1674 W. Hibiscus Blvd, Melbourne 32901.....(321) 473-7170

Foster, Wesley M., MD Gender Male
Foster Women's Care
1318 Pine St, Melbourne 32901.....(321) 952-9500
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC

Gomez, Rolando R., MD Gender Male
Medical Associates of Brevard, LLC
304 S. Harbor City Blvd, Ste 101, Melbourne 32901.....(321) 914-0815
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Hayes, Edwin B., MD Gender Male
OB/GYN Specialists of Brevard
1555 W. Nasa Blvd, Melbourne 32901.....(321) 733-2201
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Horschel, Gwendolyn R., ARNP Gender Female
Health First Medical Group
1223 Gateway Dr, Melbourne 329012607.....(321) 733-0663 ext. 4855
730 Malabar Rd, Malabar 32950.....(321) 409-6800
7125 Murrell Rd, Melbourne 32940.....(321) 242-8790

Mainwold, Diane H., DO Gender Female
Foster Women's Care
1318 Pine St, Melbourne 32901.....(321) 952-9500
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC

McTammany, Mark S., MD Gender Male
Medical Associates of Brevard, LLC
1315 Valentine St, Melbourne 32901.....(321) 768-7677
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Perry, Mary L., DO Gender Female
Florida Woman Care at Hibiscus OB/Gyn
330 E. Hibiscus Blvd, Melbourne 32901.....(321) 724-2229
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC

Raup, Aimee L., DO Gender Female
Health First Medical Group
50 Fortenberry Rd, Merritt Island 32952.....(321) 868-8366
Hospital Privileges CCH, VH

Romain, Karine, ARNP Gender Female
Florida Woman Care, LLC
1705 Berglund Lane, Ste 102, Viera 32940.....(321) 610-8955
Additional language(s) spoken French

Sargent, Mark A., MD *Gender Male*
Florida Woman Care, LLC
1705 Berglund Lane, Ste 102, Viera 32940 (321) 610-8955
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC
Age Requirement 12 years and older

Taival, Tanya Itani, DO *Gender Female*
Dr. Tanya I. Taival
875 Century Medical Dr, Titusville 32796 (321) 269-0748
Certification(s) American Osteopathic Board of Obstetrics & Gynecology
Additional language(s) spoken Arabic, Spanish

Thomas, Christine T., MD *Gender Female*
Christine Thomas, MD, PA
2571 W. Eau Gallie Blvd, Ste 1, Melbourne 32935 (321) 752-9722
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC

Tobia, Stephen W., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 729-6166
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC
Age Requirement 17 years and older

Wagaman, Rebecca A., MD *Gender Female*
Florida Woman Care at Hibiscus OB/Gyn
330 E. Hibiscus Blvd, Melbourne 32901 (321) 724-2229
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC

Williams, Andrea L., ARNP *Gender Female*
Health First Medical Group
699 W. Cocoa Bch Cswy, Ste 404, Cocoa Beach 32931 (321) 868-2778

Wolk, Bradford J., MD *Gender Male*
Florida Woman Care, LLC
1674 W. Hibiscus Blvd, Melbourne 32901 (321) 473-7170
Certification(s) American Board of Obstetrics & Gynecology
Hospital Privileges HRMC

Ophthalmology

Aggarwal, Mukesh C., MD *Gender Male*
Eye Clinic & Laser Institute
1045 N. Courtenay Pkwy, Merritt Island 32953 (321) 453-3937
1091 Port Malabar Rd, Palm Bay 32907 (321) 726-3937
8095 Spyglass Ct, Ste 104, Viera 32940 (321) 723-3937
1832 Garden St, Titusville 32796 (321) 267-3937
187 S. Wickham Rd, Ste 101, Melbourne 32940 (321) 953-3937
Certification(s) American Board of Ophthalmology
Hospital Privileges CCH
Additional language(s) spoken Hindi

Befanis, Paul J., MD *Gender Male*
Brevard Eye Center
665 S. Apollo Blvd, Melbourne 32901 (321) 984-3200
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC

Calvano, Christopher J., MD *Gender Male*
Brevard Eye Center
665 S. Apollo Blvd, Melbourne 32901 (321) 984-3200
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Age Requirement 15 years and older

Darlington, Jason K., MD *Gender Male*
The Eye Institute
1995 W. Nasa Blvd, Ste 200, Melbourne 32904 (321) 722-4443
150 S. Woods Dr, Rockledge 32955 (321) 631-6443

5055 Babcock St, Ste 6, Palm Bay 32905 (321) 722-4443
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Age Requirement 18 years and older

DeZayas, Luis E., MD *Gender Male*
De Zayas Eye Associates
1282 S. US1, Ste 2, Rockledge 32955 (321) 632-0012
Certification(s) American Board of Ophthalmology
Hospital Privileges CCH
Additional language(s) spoken Spanish

Dresner, Mark S., MD *Gender Male*
Dresner Eye Care
8045 Spyglass Hill Rd, Ste 105, Viera 32940 (321) 253-1919
Certification(s) American Board of Ophthalmology
Hospital Privileges VH
Additional language(s) spoken Spanish
Age Requirement 12 years and older

Faust, Joseph F., MD *Gender Male*
Brevard Eye Center
665 S. Apollo Blvd, Melbourne 32901 (321) 984-3200
190 Malabar Rd, SW, Ste 105, Palm Bay 32907 (321) 984-3200
Certification(s) American Board of Ophthalmology

Freeman, L. Neal, MD *Gender Male*
Florida Eye Associates, Inc
5510 Murrell Rd, Melbourne 32940 (321) 727-2020
502 E. New Haven Ave, Melbourne 32901 (321) 727-2020
2003 N. Atlantic Ave, Cocoa Beach 32931 (321) 727-2020
161 Malabar Rd, NE, Palm Bay 32907 (321) 727-2020
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC

Ganiban, Gary J., MD *Gender Male*
The Eye Institute
1995 W. Nasa Blvd, Ste 200, Melbourne 32904 (321) 722-4443
150 S. Woods Dr, Rockledge 32955 (321) 631-6443
338 S. Washington Ave., Titusville 32796 (321) 722-4443
5055 Babcock St, Ste 6, Palm Bay 32905 (321) 722-4443
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC

Haft, Payman, MD *Gender Male*
Florida Eye Associates, Inc
502 E. New Haven Ave, Melbourne 32901 (321) 727-2020
2003 N. Atlantic Ave, Cocoa Beach 32931 (321) 727-2020
161 Malabar Rd, NE, Palm Bay 32907 (321) 727-2020
5510 Murrell Rd, Melbourne 32940 (321) 727-2020
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken Farsi, Spanish
Age Requirement 5 years and older

Hershberger, Vrinda S., MD *Gender Female*
Florida Eye Associates, Inc
502 E. New Haven Ave, Melbourne 32901 (321) 727-2020
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken Hindi, Marathi

Ho, K. Frederick, MD *Gender Male*
K. Frederick Ho, MD, PA
8040 N. Wickham Rd, Melbourne 32940 (321) 757-7272
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken Chinese

Kazi, Omar M., MD *Gender Male*
Eye Clinic & Laser Institute
1045 N. Courtenay Pkwy, Merritt Island 32953 (321) 453-3937
1091 Port Malabar Rd, Palm Bay 32907 (321) 726-3937
8095 Spyglass Ct, Ste 104, Viera 32940 (321) 723-3937
1832 Garden St, Titusville 32796 (321) 267-3937

187 S. Wickham Rd, Ste 101, Melbourne 32940(321) 953-3937
Certification(s) American Board of Ophthalmology
Hospital Privileges CCH

Krajnyk, Orest M., MD

Gender Male

Michael J. Kutryb, MD, PA

407 S. Washington Ave, Ste 3, Titusville 32796(321) 383-7888
Additional language(s) spoken Polish, Ukrainian
Age Requirement 5 years and older

Kutryb, Michael J., MD

Gender Male

Michael J. Kutryb, MD, PA

407 S. Washington Ave, Ste 3, Titusville 32796(321) 383-7888
Certification(s) American Board of Ophthalmology

LaFleur, Patricia K., MD

Gender Female

The Eye Institute

1995 W. Nasa Blvd, Ste 200, Melbourne 32904(321) 722-4443
 150 S. Woods Dr, Rockledge 32955(321) 631-6443
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken Spanish

McManus, James N., MD

Gender Male

The Eye Institute

1995 W. Nasa Blvd, Ste 200, Melbourne 32904(321) 722-4443
 150 S. Woods Dr, Rockledge 32955(321) 631-6443
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC

Pappas, Regine M., MD

Gender Female

Pinnacle Eye Center

1649 W. Eau Gallie Blvd, Ste 100, Melbourne 32935(321) 255-4949
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken French
Age Requirement 2 years and older

Parihar, Rohit, MD

Gender Male

Florida Eye Associates, Inc

502 E. New Haven Ave, Melbourne 32901(321) 727-2020
Hospital Privileges HRMC

Paylor, Ralph R., MD

Gender Male

Florida Eye Associates, Inc

502 E. New Haven Ave, Melbourne 32901(321) 727-2020
 2003 N. Atlantic Ave, Cocoa Beach 32931(321) 727-2020
 161 Malabar Rd, NE, Palm Bay 32907(321) 727-2020
 5510 Murrell Rd, Melbourne 32940(321) 727-2020
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC

Pefkaros, Nicholas A., MD

Gender Male

Eye Clinic & Laser Institute

1045 N. Courtenay Pkwy, Merritt Island 32953(321) 453-3937
 1091 Port Malabar Rd, Palm Bay 32907(321) 726-3937
 8095 Spyglass Ct, Ste 104, Viera 32940(321) 723-3937
 187 S. Wickham Rd, Ste 101, Melbourne 32940(321) 953-3937
Certification(s) American Board of Ophthalmology

Ravin, Tracy B., MD

Gender Female

Florida Eye Associates, Inc

502 E. New Haven Ave, Melbourne 32901(321) 727-2020
 2003 N. Atlantic Ave, Cocoa Beach 32931(321) 727-2020
 161 Malabar Rd, NE, Palm Bay 32907(321) 727-2020
 5510 Murrell Rd, Melbourne 32940(321) 727-2020
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Ryan, Ronald C., MD

Gender Male

Ron Ryan, MD, PA

1917 Knox McRae Dr, Titusville 32780(321) 383-1332
 503 N. Orlando Ave, Ste 103, Cocoa Beach 32931(321) 783-2002
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Age Requirement 5 years and older

Teather, Thomas Charles, MD

Gender Male

Melbourne United Laser Vision Association, LLC

1478 Highland Ave, Melbourne 32935(321) 242-2026
 502 E. New Haven Ave, Melbourne 32901(321) 727-2020
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken German

Trespacios, Rafael, MD

Gender Male

Brevard Eye Center

665 S. Apollo Blvd, Melbourne 32901(321) 984-3200
 7775 N. Wickham Rd, Melbourne 32940(321) 984-3200
 250 N. Courtenay Pkwy, Merritt Island 32953(321) 984-3200
 1401 S. Washington Ave, Titusville 32780(321) 984-3200
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC

Vaishnav, Hetal D., MD

Gender Male

The Eye Institute

1995 W. Nasa Blvd, Ste 200, Melbourne 32904(321) 722-4443
 150 S. Woods Dr, Rockledge 32955(321) 631-6443
 338 S. Washington Ave., Titusville 32796(321) 722-4443
 5055 Babcock St, Ste 6, Palm Bay 32905(321) 722-4443
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken Gujarati, Hindi

Vance, Sushma K., MD

Gender Female

Central Florida Retina

1978 Rockledge Blvd, Ste 105, Rockledge 32955(321) 690-1800
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Venzara, Frank X., MD

Gender Male

Florida Retina Specialists, PA

280 N. Sykes Creek Pkwy, Ste B, Merritt Island 32953(321) 735-8800
 1917 Knox McRae Dr., Titusville 32780(321) 383-1332
Certification(s) American Board of Ophthalmology
Hospital Privileges CCH

Wang, Yue M., MD

Gender Female

Florida Eye Associates, Inc

502 E. New Haven Ave, Melbourne 32901(321) 727-2020
 2003 N. Atlantic Ave, Cocoa Beach 32931(321) 727-2020
 161 Malabar Rd, NE, Palm Bay 32907(321) 727-2020
 5510 Murrell Rd, Melbourne 32940(321) 727-2020
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Additional language(s) spoken Chinese

Weiser, David S., MD

Gender Male

Florida Eye Associates, Inc

502 E. New Haven Ave, Melbourne 32901(321) 727-2020
 2003 N. Atlantic Ave, Cocoa Beach 32931(321) 727-2020
 161 Malabar Rd, NE, Palm Bay 32907(321) 727-2020
 5510 Murrell Rd, Melbourne 32940(321) 727-2020
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC

Winslow, Paul L., MD

Gender Male

Winslow Retina & Vision Center, Inc

1649 W. Eau Gallie Blvd, Ste 201, Melbourne 32935(321) 622-5650
Certification(s) American Board of Ophthalmology
Hospital Privileges HRMC
Age Requirement 10 years and older

Optometry

Aguilera, Naomi J., OD *Gender Female*
Brevard Vision Associates
2186 Harris Ave, NE, Ste 1, Palm Bay 32905 (321) 724-2020
Additional language(s) spoken Spanish

Aker, C. Greg, OD *Gender Male*
Aker Eye Center, PA
338 S. Washington Ave, Titusville 32796 (321) 269-2021

Allen, Christopher M., OD *Gender Male*
Space Coast Eye Care, Inc
1051 Port Malabar Rd, Ste 14, Palm Bay 32905 (321) 723-9350

Boyle, Kenneth D., OD *Gender Male*
Brevard Vision Care
7905 N. Wickham Rd, Melbourne 32940 (321) 752-0100
2420 S. Babcock St, Melbourne 32901 (321) 725-4755
Additional language(s) spoken Spanish

Brown, Daniel T., OD *Gender Male*
Florida Eye Associates, Inc
502 E. New Haven Ave, Melbourne 32901 (321) 727-2020
2003 N. Atlantic Ave, Cocoa Beach 32931 (321) 727-2020
161 Malabar Rd, NE, Palm Bay 32907 (321) 727-2020
5510 Murrell Rd, Melbourne 32940 (321) 727-2020

Burns-LeGros, Denise M., OD *Gender Female*
Brevard Vision Care
2420 S. Babcock St, Melbourne 32901 (321) 725-4755
7905 N. Wickham Rd, Melbourne 32940 (321) 752-0100

Cobb, James W., OD *Gender Male*
Brevard Vision Associates
2186 Harris Ave, NE, Ste 1, Palm Bay 32905 (321) 724-2020

Cowling, Daniel L., OD *Gender Male*
Dan Cowling, OD
495 N. Courtenay Pkwy, Merritt Island 32953 (321) 454-3100

Curington, Frank A., OD *Gender Male*
Family Vision Center
1982 S. US Hwy 1, Ste 101, Rockledge 32955 (321) 636-7200

Cusson, Jennifer L., OD *Gender Female*
Brevard Eye Center
190 Malabar Rd, Ste 105, Palm Bay 32907 (321) 984-3200
7775 N. Wickham Rd, Melbourne 32940 (321) 984-3200
250 N. Courtenay Pkwy, Merritt Island 32953 (321) 984-3200
1401 S. Washington Ave, Titusville 32780 (321) 984-3200
665 S. Apollo Blvd, Melbourne 32901 (321) 984-3200
Age Requirement 4 years and older

Dahl, Therese B., OD *Gender Female*
Therese B. Dahl, OD
3659-D S. Hopkins Ave, Titusville 32780 (321) 264-4264
Additional language(s) spoken French
Age Requirement 5 years and older

De La Torre, Diana, OD *Gender Female*
Brevard Eye Center
1401 S. Washington Ave, Titusville 32780 (321) 984-3200
190 Malabar Rd, Palm Bay 32907 (321) 984-3200
Additional language(s) spoken Spanish

Dimmick, Todd R., OD *Gender Male*
Brevard Vision Care
2420 S. Babcock St, Melbourne 32901 (321) 725-4755
7905 N. Wickham Rd, Melbourne 32940 (321) 752-0100
Additional language(s) spoken Spanish

Dixon, Victoria C., OD *Gender Female*
Florida Eye Associates, Inc
502 E. New Haven Ave, Melbourne 32901 (321) 727-2020
2003 N. Atlantic Ave, Cocoa Beach 32931 (321) 727-2020
161 Malabar Rd, NE, Palm Bay 32907 (321) 727-2020
5510 Murrell Rd, Melbourne 32940 (321) 727-2020

Eagerton Ehret, Jeanna S., OD *Gender Female*
Brevard Eye Center
665 S. Apollo Blvd, Melbourne 32901 (321) 984-3200
250 N. Courtenay Pkwy, Merritt Island 32953 (321) 984-3200

Girard, Micah R., OD *Gender Male*
Visionary Optometry, Inc
1941 Michigan Ave, Cocoa 32922 (321) 638-3931
Age Requirement 5 years and older

Goodhue, Kevin L., OD *Gender Male*
Port St. John Eye Care
3720 Curtis Blvd, Ste 106, Port Saint John 32927 (321) 639-0910
Additional language(s) spoken Spanish

Gregas, Anne M., OD *Gender Female*
Eye Care Associates of Brevard
3200 N. Wickham Rd, Ste 1, Melbourne 32935 (321) 253-3550
8061 Spyglass Hill Rd, Unit 104A, Viera 32940 (321) 751-6609

Grofik, Michael K., OD *Gender Male*
Michael K. Grofik, OD, PA
278 N. Wickham Rd, Melbourne 32935 (321) 253-9228
Additional language(s) spoken Spanish

Harbove, Sarah E., OD *Gender Female*
Aker Eye Center, PA
338 S. Washington Ave, Titusville 32796 (321) 269-2021

Hendrix, David D., OD *Gender Male*
Brevard Eye Center
250 N. Courtenay Pkwy, Merritt Island 32953 (321) 984-3200

Hermida, Raymond A., OD *Gender Male*
Eye Centers of Brevard, LLC
2229 W. New Haven Ave, West Melbourne 32904 (321) 726-6551
Additional language(s) spoken Spanish

Jordanopoulos, Andreanos, OD *Gender Male*
Eye Care Plus
1573 S. Wickham Rd, West Melbourne 32904 (321) 723-8115

Leon, Michael J., OD *Gender Male*
Brevard Vision Care
2420 S. Babcock St, Melbourne 32901 (321) 725-4755
7905 N. Wickham Rd, Melbourne 32940 (321) 752-0100

Locke, Jeffrey C., OD *Gender Male*
Brevard Vision Care
2420 S. Babcock St, Melbourne 32901 (321) 725-4755
7905 N. Wickham Rd, Melbourne 32940 (321) 752-0100

Lusk, Marcia L., OD *Gender Female*
Family Vision Center
1982 S. US Hwy 1, Ste 101, Rockledge 32955 (321) 636-7200
Age Requirement 5 years and older

Mandese, Leann J., OD *Gender Female*
Atlantis Vision Center
2194 Hwy A1A, Ste 109, Indian Harbour Beach 32937 (321) 777-1670

Mandese, Michael N., OD *Gender Male*
The Eye Institute
1995 W. Nasa Blvd, Ste 200, Melbourne 32904 (321) 722-4443
150 S. Woods Dr, Rockledge 32955 (321) 631-6443
5055 Babcock St, Ste 6, Palm Bay 32905 (321) 722-4443
Additional language(s) spoken Spanish

Manguikian, Shahan, OD *Gender Male*
Eye Care Associates of Brevard
8061 Spyglass Hill Rd, Unit 104A, Viera 32940(321) 751-6609

Marcin, John J., OD *Gender Male*
John J. Marcin & Associates, PA
2330 N. Wickham Rd, Ste 2, Melbourne 32935(321) 242-2424

Naberhaus, Terrance W., OD *Gender Male*
Brevard Vision Care
2420 S. Babcock St, Melbourne 32901(321) 725-4755
7905 N. Wickham Rd, Melbourne 32940(321) 752-0100

Penn, Gordon J., OD *Gender Male*
Dr. Gordon J. Penn and Associates
8500 N. Wickham Rd, Viera 32940(321) 259-4393
Age Requirement 5 years and older

Ramsower, Jenifer J., OD *Gender Female*
Pinnacle Eye Center
1649 W. Eau Gallie Blvd, Ste 100, Melbourne 32935(321) 255-4949
Additional language(s) spoken German, Spanish
Age Requirement 4 years and older

Reynolds, Brett C., OD *Gender Male*
Driftwood Vision Center
3830 S. Hwy A1A, Ste 11, Melbourne Beach 32951(321) 308-2015
Age Requirement 5 years and older

Santisi, Peter A., OD *Gender Male*
Peter A. Santisi, OD, PL
950 N. Courtenay Pkwy, Ste 12, Merritt Island 32953(321) 453-1658
503 N. Orlando Ave, Ste 103, Cocoa Beach 32931(321) 783-2002
Additional language(s) spoken Spanish

Straut, Eric R., OD *Gender Male*
The Eye Institute
1995 N. Nasa Blvd, Ste 200, Melbourne 32904(321) 722-4443
Age Requirement 8 years and older

Walker, Mathew T., OD *Gender Male*
Michael J. Kutryb, MD, PA
407 S. Washington Ave, Ste 3, Titusville 32796(321) 383-7888

Wallace, Jason R., OD *Gender Male*
Brevard Eye Center
1401 S. Washington Ave, Titusville 32780(321) 984-3200
665 S. Apollo Blvd, Melbourne 32901(321) 984-3200

Walters, Staci R., OD *Gender Male*
Brevard Eye Center
7775 N. Wickham Rd, Melbourne 32940(321) 984-3200
665 S. Apollo Blvd, Melbourne 32901(321) 984-3200

Webster, Robert S., OD *Gender Male*
Port St. John Eye Care
3720 Curtis Blvd, Ste 106, Port Saint John 32927(321) 639-0910

Woods, Bernadette S., OD *Gender Female*
Woods Eye Care
4310 S. Hopkins Ave, Titusville 32780(321) 383-7772

Zermeno, Jacqueline C., OD *Gender Female*
Eye Care Associates of Brevard
3200 N. Wickham Rd, Ste 1, Melbourne 32935(321) 253-3550
Additional language(s) spoken Spanish
Age Requirement 5 years and older

Orthopaedic Surgery

Callenberger, Mark S., DO *Gender Male*
Callenberger Orthopedic Specialists, LLC
205 N. Banana River Dr, Ste 103, Merritt Island 32952(321) 305-4931
Certification(s) American Board of Orthopaedic Surgery
Hospital Privileges CCH

DeJong, Everett S., MD *Gender Male*
Health First Medical Group
205 E. Nasa Blvd, Ste 100, Melbourne 32901(321) 725-4500
Certification(s) American Board of Orthopaedic Surgery
Hospital Privileges HRMC

DeLorenzi, Raymond J., MD *Gender Male*
DeLorenzi Orthopaedic Center, PA
7000 Spyglass Hill Ct, Ste 220, Melbourne 32940(321) 622-8622
Certification(s) American Board of Orthopaedic Surgery
Hospital Privileges HRMC, VH
Age Requirement 1 year and older

Dominguez, David E., MD *Gender Male*
3D Sports Medicine & Joint Center, Inc.
2194 Hwy A1A Ste 104, Indian Harbour Beach 32937(321) 610-8939
Hospital Privileges HRMC

El Kommos, Hani H., MD *Gender Male*
Space Coast Orthopaedic Center
220 N. Sykes Creek Pkwy, Ste 200, Merritt Island 32953(321) 459-1446
Certification(s) American Board of Orthopaedic Surgery
Hospital Privileges CCH, VH

Glenn, James D., MD *Gender Male*
Coast Orthopedic Center, PA
1781 Garden St, Titusville 32796(321) 269-4300
Certification(s) American Board of Orthopaedic Surgery

Greenspoon, Jeffrey, MD *Gender Male*
Health First Medical Group
8725 N. Wickham Rd, Ste 301, Melbourne 32940(321) 434-9200
699 W. Cocoa Bch Cswy, Ste 405, Cocoa Beach 32931(321) 434-9200
Certification(s) American Board of Orthopaedic Surgery
Hospital Privileges CCH, VH
Additional language(s) spoken French, Hebrew
Age Requirement 2 years and older

Guzman, Jerome, MD *Gender Male*
Space Coast Orthopaedic Center
220 N. Sykes Creek Pkwy, Ste 200, Merritt Island 32953(321) 459-1446
Certification(s) American Board of Orthopaedic Surgery
Hospital Privileges CCH
Additional language(s) spoken French, Italian, Spanish

Hanna, Ramy S., MD *Gender Male*
Orthopedic Center of Titusville, PA
1855 Jess Parrish Ct, Titusville 32796(321) 268-0291
Certification(s) American Board of Orthopaedic Surgery
Additional language(s) spoken Arabic

Harrison, Richard J., MD *Gender Male*
First Choice Medical Group of Brevard, LLC
709 S. Harbor City Blvd, Ste 100, Melbourne 32901(321) 725-2225
Certification(s) American Board of Orthopaedic Surgery, American Board of Orthopaedic Surgery (Sub Hand Surg)
Hospital Privileges VH

Hensel, Kurt S., MD *Gender Male*
Health First Medical Group
205 E. Nasa Blvd, Ste 100, Melbourne 32901(321) 725-4500
730 Malabar Rd, Malabar 32950(321) 409-6800
Certification(s) American Board of Orthopaedic Surgery
Hospital Privileges HRMC, PBH

Hermansdorfer, John D., MD *Gender Male*
Atlantic Orthopaedic Group
1341 Medical Park Dr, Ste 201, Melbourne 32901 (321) 768-9914
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *HRMC*

Keller, Paul M., MD *Gender Male*
Atlantic Orthopaedic Group
1341 Medical Park Dr, Ste 201, Melbourne 32901 (321) 768-9914
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *HRMC*

King, Daniel L., MD *Gender Male*
Arthritis & Joint Center of Florida
2328 Medico Lane, Melbourne 32940 (321) 956-1501
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *HRMC*

Lombardo, Anthony J., MD *Gender Male*
First Choice Medical Group of Brevard, LLC
709 S. Harbor City Blvd, Ste 100, Melbourne 32901 (321) 725-2225
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *HRMC, PBH*

Love, Robert M., MD *Gender Male*
Robert M. Love, MD, PA
1091 Port Malabar Blvd, Ste 3, Palm Bay 32905 (321) 723-4616
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *HRMC*

McShane, Robert B., MD *Gender Male*
Orthopedic Center of Titusville, PA
1855 Jess Parrish Ct, Titusville 32796 (321) 268-0291
Certification(s) *American Board of Orthopaedic Surgery*

Moyles, Kyle J., MD *Gender Male*
Blackstone Hand Center, LLC
1310 W. Eau Gallie Blvd, Ste E, Melbourne 32935 (321) 500-4263
Hospital Privileges *PBH*

O'Brien, Jeffrey T., MD *Gender Male*
Jeffrey T. O'Brien, MD, Inc
650 S. Courtenay Pkwy, Ste 200, Merritt Island 32952 (321) 394-2660
1421 Malabar Rd, NE, Ste 200, Palm Bay 32907 (321) 308-2660
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *CCH, HRMC, PBH*

Parry, Bryan R., MD *Gender Male*
Health First Medical Group
8725 N. Wickham Rd, Ste 301, Melbourne 32940 (321) 434-9200
699 W. Cocoa Bch Cswy, Ste 405, Cocoa Beach 32931 (321) 434-9200
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *VH*
Age Requirement *2 years and older*

Robinson, Lawrence G., MD *Gender Male*
Lawrence G. Robinson, MD, PA
830 Executive Lane, Ste 120, Rockledge 32955 (321) 639-2551
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *CCH*

Rojas, Joseph E., MD *Gender Male*
Orthopedic Center of Titusville, PA
1855 Jess Parrish Ct, Titusville 32796 (321) 268-0291
Certification(s) *American Board of Orthopaedic Surgery*

Sands, Kenneth C., MD *Gender Male*
Health First Medical Group
8725 N. Wickham Rd, Ste 301, Melbourne 32940 (321) 434-9230
699 W. Cocoa Bch Cswy, Ste 405, Cocoa Beach 32931 (321) 434-9200
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *VH*

Sedaros, Robert S., MD *Gender Male*
Space Coast Orthopaedic Center
220 N. Sykes Creek Pkwy, Ste 200, Merritt Island 32953 (321) 459-1446
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *CCH, VH*

Segina, Daniel N., MD *Gender Male*
Health First Medical Group
1350 S. Hickory St, Ste 101, Melbourne 32901 (321) 434-1401
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *HRMC*
Age Requirement *Must be HIV Positive*

Teurlings, Luc J., MD *Gender Male*
Space Coast Orthopaedic Center
220 N. Sykes Creek Pkwy, Ste 200, Merritt Island 32953 (321) 459-1446
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *CCH*
Additional language(s) spoken *Dutch, French, German*

Valdivia, Gonzalo G., MD *Gender Male*
Jeffrey T. O'Brien, MD, Inc
1421 Malabar Rd, NE, Ste 200, Palm Bay 32907 (321) 308-2660
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *HRMC, PBH*
Additional language(s) spoken *French, Spanish*

Woodward, Carlos K., MD *Gender Male*
Central Florida Hand Center
200 E. Hibiscus Blvd, Melbourne 32901 (321) 733-1112
Certification(s) *American Board of Orthopaedic Surgery, American Board of Orthopaedic Surgery (Sub Hand Surg)*
Additional language(s) spoken *Gujarati, Hindi*

Ziegler, Brian S., MD *Gender Male*
Brian S. Ziegler, MD, PA
830 Executive Lane, Ste 120, Rockledge 32955 (321) 639-2551
Certification(s) *American Board of Orthopaedic Surgery*
Hospital Privileges *CCH*

Otolaryngology

Burk, Ronald A., MD *Gender Male*
Brevard Ear, Nose & Throat Center, PA
1099 Florida Ave, Rockledge 32955 (321) 632-6900
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *CCH*

Crain, Rachel M., MD *Gender Female*
Brevard Ear, Nose & Throat Center, PA
1099 Florida Ave, Rockledge 32955 (321) 632-6900
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *CCH*
Additional language(s) spoken *Spanish*

Dickinson, Belinda E., MD *Gender Female*
Belinda E. Dickinson, MD, PA
1325 S. Apollo Blvd, Melbourne 32901 (321) 676-5623
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *PBH*

Go, James T., MD *Gender Male*
Medical Associates of Brevard, LLC
2290 W. Eau Gallie Blvd, Ste 110, Melbourne 32935 (321) 421-7555
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *HRMC*

Ho, Steven Y., MD *Gender Male*
Space Coast Ear Nose & Throat Associates
1344 S. Apollo Blvd, Ste 301, Melbourne 32901 (321) 676-2353
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *HRMC*

Holt, Thomas S., MD *Gender Male*
Brevard Ear, Nose & Throat Center, PA
1099 Florida Ave, Rockledge 32955(321) 632-6900
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *CCH*

Lindstrom, Dean R, MD *Gender Male*
Pediatric ENT, PLLC
1499 S. Harbor City Blvd, Ste 303, Melbourne 32901(321) 254-5437
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *HRMC*

Lynch, Joyce A., MD *Gender Female*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *HRMC, PBH*

Malis, David J., MD *Gender Male*
Pediatric ENT, PLLC
1499 S. Harbor City Blvd, Ste 303, Melbourne 32901(321) 254-5437
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *HRMC*

O'Hare, Timothy J., MD *Gender Male*
Space Coast Ear Nose & Throat Associates
1344 S. Apollo Blvd, Ste 301, Melbourne 32901(321) 676-2353
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *HRMC*

Patel, Jayesh V., DO *Gender Male*
Jayesh V. Patel, DO, PA
2175 A Cheney Hwy, Titusville 32780(321) 269-0059
Certification(s) *American Osteopathic Board of Ophthalmology & Otorhinology (Additional language(s) spoken Gujarati, Hindi)*

Ruiz, Jose W., MD *Gender Male*
Health First Medical Group
1324 Valentine St, Melbourne 32901(321) 725-3200
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *HRMC*

Sullivan, Daniel P., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *HRMC*

Wagner, Gisela L., MD *Gender Female*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *HRMC, PBH*

Whitley, David M., MD *Gender Male*
Brevard Ear, Nose & Throat Center, PA
1099 Florida Ave, Rockledge 32955(321) 632-6900
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *CCH*

Widick, Michael P., MD *Gender Male*
Atlantic ENT, LLC
333-B W. Cocoa Bch Cswy, Cocoa Beach 32931(321) 799-9797
Certification(s) *American Board of Otolaryngology*
Hospital Privileges *CCH*

Pain Management

Alvarez, Jose' A., MD *Gender Male*
Health First Medical Group
205 E. Nasa Blvd, Ste 100, Melbourne 32901(321) 725-4500
Certification(s) *American Board of Anesthesiology, American Board of Anesthesiology (Sub Pain Management)*
Hospital Privileges *HRMC*
Additional language(s) spoken *Spanish*

Jaffe, Todd B., MD *Gender Male*
Brevard Pain Management, Inc
8095 Spyglass Hill Rd, Ste 101, Viera 32940(321) 757-0577
Certification(s) *American Board of Anesthesiology*
Hospital Privileges *VH*
Age Requirement *13 years and older*

Layton, Nancy LR, MD *Gender Female*
Advanced Pain & Neuromuscular Consultants of Brevard
307 E. New Haven Ave, Melbourne 32901(321) 729-8223
8075 Spyglass Hill Rd, Ste 105, Viera 32940(321) 259-8993
Certification(s) *American Board of Anesthesiology (Sub Pain Management), American Board of Family Medicine*
Hospital Privileges *HRMC, PBH*
Age Requirement *19 years and older*

Stern, Ronald J., MD *Gender Male*
Health First Medical Group
1696 W. Hibiscus Blvd, Ste B, Melbourne 32901(321) 723-9175
Certification(s) *American Board of Anesthesiology, American Board of Anesthesiology (Sub Pain Management), American Board of Pediatrics*
Hospital Privileges *HRMC*

Pediatric Endocrinology

Duncan, John A., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) *American Board of Pediatrics, American Board of Pediatrics (Sub Endocrinology)*
Hospital Privileges *HRMC*

Hudson, Omar D., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) *American Board of Pediatrics, American Board of Pediatrics (Sub Endocrinology)*
Hospital Privileges *HRMC*
Additional language(s) spoken *Spanish*
Age Requirement *23 years and younger*

Pediatric Gastroenterology

Khubchandani, Sanjay N., MD *Gender Male*
Florida Children's Center of Gastroenterology, LLC
8061 Spyglass Hill Rd, Ste 103, Viera 32940(407) 438-3557
Certification(s) *American Board of Pediatrics, American Board of Pediatrics (Sub Gastroenterology)*
Additional language(s) spoken *Hindi*
Age Requirement *19 years and younger*

Pediatric Nephrology

Pryor, Norman D., MD *Gender Male*
Kids Kidney Doc
1229 Gateway Dr, Melbourne 32901(321) 723-0072
Certification(s) *American Board of Pediatrics, American Board of Pediatrics (Sub Nephrology)*
Age Requirement *21 years and younger*

Pediatric Neurology

Cimino, Joseph A., MD *Gender Male*
Pediatric Neurology, PA
8045 Spyglass Hill Rd, Ste 105, Viera 32940 (321) 610-7105
Certification(s) American Board of Psychiatry & Neurology (Sub Child, Neurol
Hospital Privileges HRMC, VH
Additional language(s) spoken Spanish
Age Requirement 21 years and younger

Rathinam, Ananthi, MD *Gender Female*
Kids Neuro Care
835 Executive Lane, Ste 130, Rockledge 32955 (407) 218-4444
Certification(s) American Board of Psychiatry & Neurology (Sub Child, Neurol,
American Board of Psychiatry & Neurology (Sub Clinical Neur
Hospital Privileges HRMC
Additional language(s) spoken Hindi, Spanish, Tamil
Age Requirement 21 years and younger

Physical Medicine & Rehabilitation

Addington, W. Robert, DO *Gender Male*
W. Robert Addington, DO, PA
301 Sheridan Rd, Me bourne 32901 (321) 951-8137
Certification(s) American Board of Physical Medicine & Rehabilitation
Hospital Privileges HRMC

Lebron Sanchez, Juan R., MD *Gender Male*
Juan R. Lebron, MD, LLC
101 E. Florida Ave, Melbourne 32901 (315) 373-3412
Hospital Privileges HRMC, PBH, VH
Additional language(s) spoken Spanish

Miller, Stuart P., MD *Gender Male*
Stuart P. Miller, MD, PA
301 Sheridan Rd, Me bourne 32901 (321) 951-8137
Certification(s) American Board of Physical Medicine & Rehabilitation
Hospital Privileges HRMC

Olsson, Jay E., DO *Gender Male*
Jay E. Olsson, DO, PA
401 N. Wickham Rd, Ste S, Me bourne 32935 (321) 242-9031
Certification(s) American Board of Physical Medicine & Rehabilitation, American
Board of Physical Medicine and Rehab (Sub Pain Mgt
Hospital Privileges HRMC

Rivera, Antonio, MD *Gender Male*
Physical Medicine and Rehab of Brevard, PA
270 N. Sykes Creek Pkwy, Ste 106, Merritt Island 32953 (321) 449-1112
Certification(s) American Board of Physical Medicine & Rehabilitation
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Thomas, Roger P., MD *Gender Male*
Advanced Pain & Neuromuscular Consultants of Brevard
307 E. New Haven Ave, Melbourne 32901 (321) 729-8223
8075 Spyglass Hill Rd, Ste 105, Viera 32940 (321) 259-8993
Certification(s) American Board of Physical Medicine & Rehabilitation
Hospital Privileges VH

Physician Assistant

MacGregor, John T., PA *Gender Male*
Health First Medical Group
699 W. Cocoa Bch Cswy, Ste 506, Cocoa Beach 32931 (321) 868-7222

Plastic & Reconstructive Surgery

Bashore, Robert L., MD *Gender Male*
Brevard Cosmetic Surgery Group
280-A N. Sykes Creek Pkwy, Merritt Island 32953 (321) 452-3882
8725 N. Wickham Rd, Melbourne 32940 (321) 622-8784
Certification(s) American Board of Plastic Surgery
Hospital Privileges CCH, VH

Castellon, Mauricio J., MD *Gender Male*
Mauricio J. Castellon, MD, PLC
1499 S. Harbor City Blvd, Ste 301, Me bourne 32901 (321) 729-9909
Certification(s) American Board of Plastic Surgery
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Clevens, Ross A., MD *Gender Male*
Clevens Center for Facial Cosmetic Surgery
707 W. Eau Gallie Blvd, Me bourne 32935 (321) 727-3223
3 Suntree Pl, Viera 32940 (321) 951-3223
Certification(s) American Board of Otolaryngology
Hospital Privileges PBH
Age Requirement 18 years and older

Diaz, Michael, MD *Gender Male*
Advanced Dermatology & Cosmetic Surgery
1513 S. Harbor City Blvd, Me bourne 32901 (321) 308-0659
Certification(s) American Board of Plastic Surgery
Hospital Privileges HRMC

Lawler, Cory J., MD *Gender Male*
Cory J. Lawler MD
1700 W. Hibiscus Blvd, Me bourne 32901 (321) 724-8193
Certification(s) American Board of Plastic Surgery
Hospital Privileges PBH

Theophelis, Lee G., MD *Gender Male*
Health First Physicians Specialists
1350 S. Hickory St, Ste 101, Me bourne 32901 (321) 434-1401
Certification(s) American Board of Plastic Surgery, American Board of Surgery
Hospital Privileges HRMC, PBH
Age Requirement Must be HIV Positive

Venzara, Frank X., MD *Gender Male*
Brevard Cosmetic Surgery Group
280-A N. Sykes Creek Pkwy, Merritt Island 32953 (321) 452-3882
8725 N. Wickham Rd, Melbourne 32940 (321) 622-8784
Certification(s) American Board of Plastic Surgery
Hospital Privileges CCH, VH

Plastic Surgery

Ortega, Amy M., MD *Gender Female*
Clevens Center for Facial Cosmetic Surgery
707 W. Eau Gallie Blvd, Me bourne 32935 (321) 727-3223
Certification(s) American Board of Plastic Surgery

Podiatry

Ayres, Michael J., DPM *Gender Male*
Michael J. Ayres, DPM, PA
910 Malabar Rd, SE, Ste 1, Palm Bay 32907 (321) 722-0000
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC, PBH

Beylin, Mark, DPM *Gender Male*
Merritt Island Foot & Ankle
 2404 N. Courtenay Pkwy, Merritt Island 32953(321) 452-1327
 903 Jordan Blass, Ste 104, Melbourne 32940(321) 452-1327
Certification(s) American Board of Podiatric Surgery
Hospital Privileges VH
Additional language(s) spoken Russian, Spanish

Campbell, William D., DPM *Gender Male*
Merritt Island Foot & Ankle
 2404 N. Courtenay Pkwy, Merritt Island 32953(321) 452-1327
 903 Jordan Blass, Ste 104, Melbourne 32940(321) 452-1327
Certification(s) American Board of Podiatric Surgery
Hospital Privileges CCH

Chamas, Charles E., DPM *Gender Male*
Chamas Podiatry Associates
 4368 N. Atlantic Ave, Cocoa Beach 32931(321) 783-2702
Certification(s) American Board of Podiatric Surgery
Hospital Privileges CCH

Cohen, Daniel A., DPM *Gender Male*
Medical Associates of Brevard, LLC
 7730 N. Wickham Rd, Ste 103, Melbourne 32940(321) 253-3595
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC

Dunne, Robert P., DPM *Gender Male*
Lake Washington Foot and Ankle Center
 2717 N. Wickham Rd, Ste 4, Melbourne 32935(321) 253-6191
 1421 Malabar Rd, NE, Palm Bay 32907(321) 253-6191
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC

Durney, Paul C., DPM *Gender Male*
Orlando Foot and Ankle Clinic
 1601 Apollo Blvd, Ste C, Melbourne 32901(321) 952-1234
 650 S. Courtenay Pkwy, Ste 200, Merritt Island 32955(321) 268-2020
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC, PBH

Harr, William A., DPM *Gender Male*
William A. Harr Podiatry Associates
 2020 US Hwy A1A, Ste 101, Indian Harbour Beach 32937(321) 777-4774
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC

Lenoci, Martin A., DPM *Gender Male*
Osler HMA Medical Group, LLC
 2222 S. Harbor City Blvd, Ste 450, Melbourne 32901(321) 725-5050
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC

Love, Susan G., DPM *Gender Female*
Merritt Island Foot & Ankle
 2404 N. Courtenay Pkwy, Merritt Island 32953(321) 452-1327
Certification(s) American Board of Podiatric Surgery
Additional language(s) spoken Italian, Spanish

Lynch, Kevin M., DPM *Gender Male*
Kevin M. Lynch, DPM, PA
 260 Fortenberry Rd, Merritt Island 32952(321) 454-6333
 500 N. Washington Ave, Ste 102, Titusville 32796(321) 269-8333
 7227 N. US Hwy 1, Port St. John 32727(321) 631-7111
Certification(s) American Board of Podiatric Surgery
Hospital Privileges CCH
Additional language(s) spoken Spanish

MacKenney, John D., DPM *Gender Male*
Space Coast Foot & Ankle Center
 6550 N. Wickham Rd, Ste 4, Melbourne 32940(321) 259-4268
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC

Mallette, Brian J., DPM *Gender Male*
Brian J. Mallette, DPM, LLC
 200 S. Harbor City Blvd, Ste 102, Melbourne 32901(321) 728-0117
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC, PBH
Additional language(s) spoken Spanish

McNeela, Joan M., DPM *Gender Female*
Joan M McNeela, DPM
 1717 Garden St, Titusville 32796(321) 267-5577
Certification(s) American Board of Podiatric Surgery

Meberg, Randi L., DPM *Gender Female*
Medical Associates of Brevard, LLC
 7730 N. Wickham Rd, Ste 103, Melbourne 32940(321) 253-3595

Moyles, Briant G., DPM *Gender Male*
Melbourne Podiatry Associates
 211 E. New Haven Ave, Melbourne 32901(321) 723-3500
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC, PBH

Rosen, Robert G., DPM *Gender Male*
Brevard Podiatry
 850 Garden St, Titusville 32780(321) 267-3233
Certification(s) American Board of Podiatric Surgery

Simonson, David A., DPM *Gender Male*
David Simonson, DPM, PA
 1950 US Hwy 1, Ste 107, Rockledge 32955(321) 638-2121
Certification(s) American Board of Podiatric Surgery
Hospital Privileges CCH, VH

Tinsley, Robert W., DPM *Gender Male*
Robert W. Tinsley, DPM
 7341 Office Park Pl, #103, Melbourne 32940(321) 253-4973
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC

Wilson, Richard C., DPM *Gender Male*
Melbourne Podiatry Associates
 211 E. New Haven Ave, Melbourne 32901(321) 723-3500
 1310 W. Eau Gallie Blvd, Ste E, Melbourne 32935(321) 255-3338
Certification(s) American Board of Podiatric Surgery
Hospital Privileges HRMC, PBH, VH

Pulmonary Medicine

Amgott, Theodore R., MD *Gender Male*
Health First Medical Group
 1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal Medicine (Sub Critical Care Med), American Board of Internal Medicine (Sub Pulmonary Disease)
Hospital Privileges HRMC
Age Requirement 18 years and older

Aneja, Deepika, MD *Gender Female*
Rockledge HMA Medical Group, LLC
 103 Longwood Ave, Rockledge 32955(321) 631-5677
 255 N. Sykes Creek Pkwy, Ste 101, Merritt Island 32953(321) 986-8887
Certification(s) American Board of Internal Medicine
Hospital Privileges CCH, VH
Additional language(s) spoken Hindi, Spanish
Age Requirement 18 years and older

Banal, Rodel, MD *Gender Male*
Independent Lung Associates, PA
 1314 Oak St, Melbourne 32901(321) 727-7992
 1421 Malabar Rd, Ste 205, Palm Bay 32907(321) 727-7992
 930 S. Harbor City Blvd, #305, Melbourne 32901(321) 727-7992

3150 Suntree Blvd, Viera 32940 (321) 727-7992
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Critical Care Med), American Board of Internal Medicine (Sub
Pulmonary Disease)
Hospital Privileges HRMC, PBH
Age Requirement 18 years and older

Bansal, Parvesh, MD Gender Male

Medical Associates of Brevard, LLC

1400 Pine St, Ste A, Melbourne 32901 (321) 676-6000
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Critical Care Med), American Board of Internal Medicine (Sub
Pulmonary Disease)
Hospital Privileges PBH
Additional language(s) spoken Hindi
Age Requirement 12 years and older

Brodnan, John M., MD Gender Male

Rockledge HMA Medical Group, LLC

103 Longwood Ave, Rockledge 32955 (321) 631-5677
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Pulmonary Disease)
Hospital Privileges CCH, VH
Age Requirement 16 years and older

Elmaghraby, Zaki, MD Gender Male

Independent Lung Associates, PA

1314 Oak St, Melbourne 32901 (321) 727-7992
1421 Malabar Rd, Ste 205, Palm Bay 32907 (321) 727-7992
930 S. Harbor City Blvd, #305, Melbourne 32901 (321) 727-7992
3150 Suntree Blvd, Viera 32940 (321) 727-7992
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Critical Care Med), American Board of Internal Medicine (Sub
Pulmonary Disease)
Hospital Privileges CCH, HRMC, PBH, SRMC
Additional language(s) spoken Arabic
Age Requirement 5 years and older

Furman, Jaime V., MD Gender Male

Rockledge HMA Medical Group, LLC

103 Longwood Ave, Rockledge 32955 (321) 631-5677
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Pulmonary Disease)
Hospital Privileges CCH, VH

Koshy, Arun, MD Gender Male

Health First Medical Group

1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine (Sub Critical Care Med),
American Board of Internal Medicine (Sub Pulmonary Disease)
Hospital Privileges HRMC, PBH
Age Requirement 16 years and older

Luqman, Ashraf, MD Gender Male

Independent Lung Associates, PA

1314 Oak St, Melbourne 32901 (321) 727-7992
1421 Malabar Rd, Ste 205, Palm Bay 32907 (321) 727-7992
930 S. Harbor City Blvd, #305, Melbourne 32901 (321) 727-7992
3150 Suntree Blvd, Viera 32940 (321) 727-7992
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Critical Care Med), American Board of Internal Medicine (Sub
Pulmonary Disease)
Hospital Privileges HRMC, PBH
Age Requirement 18 years and older

Mahindra, Ashish, MD Gender Male

Independent Lung Associates, PA

1314 Oak St, Melbourne 32901 (321) 727-7992
1421 Malabar Rd, Ste 205, Palm Bay 32907 (321) 727-7992
930 S. Harbor City Blvd, #305, Melbourne 32901 (321) 727-7992

3150 Suntree Blvd, Viera 32940 (321) 727-7992
Certification(s) American Board of Internal Medicine (Sub Critical Care Med),
American Board of Internal Medicine (Sub Pulmonary Disease)
Hospital Privileges HRMC, PBH
Age Requirement 16 years and older

McCullar, Mitchell K., MD Gender Male

Rockledge HMA Medical Group, LLC

103 Longwood Ave, Rockledge 32955 (321) 631-5677
7227 N. US Hwy 1, Ste 200, Cocoa 32927 (321) 631-5677
Certification(s) American Board of Internal Medicine (Sub Pulmonary Disease)
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Ortega Colon, Ismael, MD Gender Male

Health First Medical Group

1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Critical Care Med), American Board of Internal Medicine (Sub
Pulmonary Disease)
Hospital Privileges HRMC
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Perez, Juan J., MD Gender Male

Perez & Rivera, PL

800 Century Medical Dr, Ste A, Titusville 32796 (321) 269-5101
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Pulmonary Disease)
Hospital Privileges CCH, VH
Additional language(s) spoken Spanish

Pinto, S. Jerry, MD Gender Male

Medical Associates of Brevard, LLC

402 N. Babcock St, Ste 102, Melbourne 32935 (321) 327-2440
Certification(s) American Board of Internal Medicine (Sub Pulmonary Disease)
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Podnos, Steven D., MD Gender Male

Rockledge HMA Medical Group, LLC

103 Longwood Ave, Rockledge 32955 (321) 631-5677
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Critical Care Med), American Board of Internal Medicine (Sub
Pulmonary Disease)
Hospital Privileges CCH, VH
Age Requirement 17 years and older

Reddy, Prakash V., MD Gender Male

Health First Medical Group

1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Critical Care Med), American Board of Internal Medicine (Sub
Pulmonary Disease)
Hospital Privileges CCH, HRMC, PBH, VH
Age Requirement 18 years and older

Rivera-Morales, Ricardo, MD Gender Male

Perez & Rivera, PL

800 Century Medical Dr, Ste A, Titusville 32796 (321) 269-5101
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Pulmonary Disease), Sleep Medicine
Hospital Privileges CCH, VH
Additional language(s) spoken Spanish
Age Requirement 18 years and older

Toban, Mohamed Moataz, MD Gender Male

Health First Medical Group

220 S. Courtenay Pkwy, Ste A, Merritt Island 32952 (321) 868-7656
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Critical Care Med), American Board of Internal Medicine (Sub
Pulmonary Disease)
Hospital Privileges CCH, HRMC, VH
Additional language(s) spoken Arabic
Age Requirement 18 years and older

Venturini, Andrea A., MD *Gender Female*
Independent Lung Associates, PA
1314 Oak St, Melbourne 32901(321) 727-7992
1421 Malabar Rd, Ste 205, Palm Bay 32907(321) 727-7992
930 S. Harbor City Blvd, #305, Melbourne 32901(321) 727-7992
3150 Suntree Blvd, Viera 32940(321) 727-7992
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Pulmonary Disease)
Hospital Privileges HRMC, SRMC
Age Requirement 18 years and older

Pulmonary, Pediatric

Verma, Shivani, MD *Gender Female*
Orlando Pediatric Pulmonary & Sleep Associates, PA
8061 Spyglass Hill Rd, Ste 103, Viera 32940(407) 898-2767
Certification(s) American Board of Pediatrics, American Board of Pediatrics (Sub
Pulmonology)
Additional language(s) spoken Hindi, Punjabi, Spanish
Age Requirement 18 years and younger

Radiation Oncology

Bryant, Cynthia J., MD *Gender Female*
Space Coast Medical Associates, LLP
490 N. Washington Ave, Titusville 32796(321) 268-4200
8725 N. Wickham Rd, Ste 103, Viera 32940(321) 268-4200
Certification(s) American Board of Radiology (Sub Radiation Onc)
Hospital Privileges CCH, HRMC, VH
Age Requirement 18 years and older

Chopra, Rahul R., MD *Gender Male*
Cancer Care Center of Brevard, Inc
1430 S. Pine St, Melbourne 32901(321) 952-0898
215 Cone Rd, Merritt Island 32952(321) 636-2111
240 N. Wickham Rd, Me bourne 32901(321) 752-4811
Certification(s) American Board of Radiology (Sub Radiation Onc)
Hospital Privileges HRMC, PBH
Age Requirement 13 years and older

Dhople, Anil A., MD *Gender Male*
Health First Medical Group
1130 S. Hickory St, PSO, Trauma Center, Melbourne 32901(321) 434-1401
Certification(s) American Board of Radiology (Sub Oncology)
Hospital Privileges HRMC
Age Requirement 21 years and older

Giebink, James C., MD *Gender Male*
Radiation Therapy Centers of Brevard, Inc
1033 S. Florida Ave, Rockledge 32955(321) 632-0351
1825 Jess Parrish Ct, Titusville 32796(321) 268-2656
Certification(s) American Board of Radiology, American Board of Radiology (Sub
Oncology)
Hospital Privileges CCH

Golden, Nanialei M., MD *Gender Female*
Health First Medical Group
1130 S. Hickory St, Melbourne 32901(321) 409-1956
Certification(s) American Board of Radiology (Sub Radiation Onc)
Hospital Privileges HRMC

Panarese, Todd, MD *Gender Male*
Cancer Care Center of Brevard, Inc
1430 S. Pine St, Melbourne 32901(321) 952-0898
215 Cone Rd, Merritt Island 32952(321) 636-2111
240 N. Wickham Rd, Ste 101, Me bourne 32935(321) 752-4621
Certification(s) American Board of Radiology (Sub Radiation Onc)
Hospital Privileges CCH, HRMC, PBH, VH
Age Requirement 18 years and older

Pancito, Fe V.S.J., MD *Gender Female*
Cancer Care Center of Brevard, Inc
1430 S. Pine St, Melbourne 32901(321) 952-0898
215 Cone Rd, Merritt Island 32952(321) 636-2111
240 N. Wickham Rd, Ste 101, Me bourne 32935(321) 752-4621
Certification(s) American Board of Radiology (Sub Radiation Onc)
Hospital Privileges CCH, HRMC, PBH
Additional language(s) spoken Tagalog
Age Requirement 18 years and older

Prendergast, Brendan M., MD *Gender Male*
Space Coast Medical Associates, LLP
490 N. Washington Ave, Titusville 32796(321) 268-4200
8725 N. Wickham Rd, Ste 103, Viera 32940(321) 268-4200
Certification(s) American Board of Radiology (Sub Radiation Onc)
Hospital Privileges CCH, HRMC, VH
Age Requirement 18 years and older

Shankar, Ravi A., MD *Gender Male*
Cancer Care Center of Brevard, Inc
1430 S. Pine St, Melbourne 32901(321) 952-0898
240 N. Wickham Rd, Ste 101, Me bourne 32935(321) 752-4621
Certification(s) American Board of Radiology (Sub Radiation Onc)
Hospital Privileges CCH, HRMC, PBH, SRMC, VH
Additional language(s) spoken Hindi
Age Requirement 18 years and older

Rheumatology

Barnes, Elena V., MD *Gender Female*
Health First Medical Group
205 E. Nasa Blvd, 2nd Fl, Melbourne 32901(321) 676-6322
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Rheumatology)
Additional language(s) spoken Russian
Age Requirement 18 years and older

Del Rosario Cabral, Luis A., MD *Gender Male*
Medical Associates of Brevard, LLC
1535 W. Nasa Blvd, Bldg C, Ste 103, Melbourne 32901(321) 837-0010
Certification(s) American Board of Internal Medicine (Sub Rheumatology)
Hospital Privileges HRMC
Additional language(s) spoken Spanish

Pachaidde, Sukanya, MD *Gender Female*
Health First Medical Group
205 E. Nasa Blvd, 2nd Fl, Melbourne 32901(321) 676-6322
Certification(s) American Board of Internal Medicine, American Board of Internal
Medicine (Sub Rheumatology)
Age Requirement 18 years and older

Salach, Roderick H., DO *Gender Male*
Space Coast Rheumatology, PA
40 Fortenberry Rd, Merritt Island 32952(321) 453-0779
4332 S. Hopkins Ave, Titusville 32780(321) 264-1135
Certification(s) American Osteopathic Board of Internal Medicine (Rheum)
Hospital Privileges CCH

Thoracic Surgery

Laudito, Antonio, MD *Gender Male*
Health First Medical Group
1350 S. Hickory St, Ste 102, Me bourne 32901(321) 434-3455
Certification(s) American Board of Thoracic Surgery
Hospital Privileges HRMC
Additional language(s) spoken French, Italian, Portugese, Spanish

Urogynecology

Tieu, Aimee L., MD *Gender Female*
Health First Medical Group
8725 N. Wickham Rd, Ste 302, Melbourne 32940 (321) 434-9230
Certification(s) American Board of Obstetrics & Gynecology, American Board of
Obstetrics & Gynecology (Sub Fem Pelvic M
Hospital Privileges VH
Age Requirement 16 years and older

Urology

Borboroglu, Prodromos, MD *Gender Male*
Medical Associates of Brevard, LLC
575 S. Wickham Rd, Ste A, West Melbourne 32904 (321) 308-5060
Certification(s) American Board of Urology
Hospital Privileges HRMC, PBH, VH
Age Requirement 16 years and older

Burney, Tracy L., MD *Gender Male*
Health First Medical Group
1026 Pathfinder Way, Rockledge 32955 (321) 631-2070
699 W. Cocoa Bch Cswy, Ste 602, Cocoa Beach 32931 (321) 631-2070
Certification(s) American Board of Urology
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Eldaif, Bassem M., MD *Gender Male*
Rockledge HMA Medical Group, LLC
8055 Spyglass Hill Rd, Ste 102, Melbourne 329408564 (321) 255-8080
Certification(s) American Board of Urology
Hospital Privileges VH
Additional language(s) spoken French
Age Requirement 16 years and older

Fields, Thomas D., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Urology
Age Requirement 1 year and older

Glick, Seth H., MD *Gender Male*
Health First Medical Group
1026 Pathfinder Way, Rockledge 32955 (321) 631-2070
699 W. Cocoa Bch Cswy, Ste 602, Cocoa Beach 32931 (321) 631-2070
Certification(s) American Board of Urology
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Guss, Stephen P., MD *Gender Male*
Health First Medical Group
1421 Malabar Rd, Ste 245, Palm Bay 32907 (321) 434-8140
Certification(s) American Board of Urology

Joshi, Piyush N., MD *Gender Male*
Om Urology, LLC
3160 W. Eau Gallie Blvd, Ste 101, Melbourne 32934 (321) 241-6574
Certification(s) American Board of Urology
Hospital Privileges HRMC, SRMC
Additional language(s) spoken Gujarati, Hindi

Landry, Larry J., MD *Gender Male*
Osler HMA Medical Group, LLC
240 N. Wickham Rd, Ste 104, Melbourne 32935 (321) 253-1992
Certification(s) American Board of Urology
Hospital Privileges HRMC
Age Requirement 1 year and older

Liberman, Stuart N., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Urology
Hospital Privileges HRMC
Age Requirement 4 years and older

Sachdev, Yash V., MD *Gender Male*
Yash Sachdev, MD, PA
860 Century Medical Dr, Titusville 32796 (321) 267-8260
Certification(s) American Board of Urology

Saracino, Anthony, MD *Gender Male*
Medical Associates of Brevard, LLC
575 S. Wickham Rd, Ste A, West Melbourne 32904 (321) 253-2900
Certification(s) American Board of Urology
Hospital Privileges HRMC, PBH, VH
Additional language(s) spoken French, Spanish
Age Requirement 16 years and older

Wolff, Steven M., MD *Gender Male*
Health First Medical Group
1026 Pathfinder Way, Rockledge 32955 (321) 631-2070
699 W. Cocoa Bch Cswy, Ste 602, Cocoa Beach 32931 (321) 631-2070
Certification(s) American Board of Urology
Hospital Privileges CCH, VH
Age Requirement 18 years and older

Zabinski, Andrew T., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 729-6166
Certification(s) American Board of Urology
Hospital Privileges HRMC

Zabinski, Peter P., MD *Gender Male*
Health First Medical Group
1405 S. Pine St, Melbourne 32901 (321) 729-6135
Certification(s) American Board of Urology

Vascular Surgery

Dovgan, Peter S., MD *Gender Male*
Medical Associates of Brevard, LLC
655 S. Apollo Blvd, Ste 2, Melbourne 32901 (321) 751-2707
1395 N. Courtenay Pkwy, Ste 203, Merritt Island 32953 (321) 751-2707
Certification(s) American Board of Surgery, American Board of Surgery (Sub
General Vascular Surgery)
Hospital Privileges HRMC
Additional language(s) spoken Arabic, French

Imami, Irfan R., MD *Gender Male*
TEPAS Healthcare
1140 Broadband Dr, Melbourne 32901 (321) 733-1901
1250 S. Harbor City Blvd, Ste A, Melbourne 32901 (321) 725-8919
Certification(s) American Board of Surgery, American Board of Surgery (Sub
General Vascular Surgery)
Hospital Privileges HRMC, PBH

Moccia, Roger D., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901 (321) 725-4500
Certification(s) American Board of Surgery, American Board of Surgery (Sub
General Vascular Surgery)
Hospital Privileges HRMC
Age Requirement 18 years and older

Ramadan, Fuad M., MD *Gender Male*
Health First Medical Group
1250 S. Harbor City Blvd, Ste A, Melbourne 32901 (321) 725-8919
Certification(s) American Board of Surgery, American Board of Surgery (Sub
General Vascular Surgery)
Hospital Privileges HRMC
Additional language(s) spoken Arabic, French

Rosenbloom, Mark S., MD *Gender Male*
Health First Medical Group
1223 Gateway Dr, Melbourne 32901(321) 725-4500
Certification(s) American Board of Surgery (Sub General Vascular Surgery)
Hospital Privileges HRMC
Age Requirement 21 years and older

FLAGLER COUNTY

Allergy & Immunology

Mas, Juan C, MD *Gender Male*
Asthma & Allergy Specialists
9 Pine Cone Drive, Suite 105, Palm Coast 32164(386) 446-3006

McLaughlin, Edward T, MD *Gender Male*
Asthma & Allergy Specialists
9 Pine Cone Drive, Suite 105, Palm Coast 32164(386) 446-3006

Tsai, Yong Hsiung, MD *Gender Male*
Arthritis Autoimmune Allergy, LLC
9 Pine Cone Drive, Ste 101, Palm Coast 32164-8675(386) 676-0307
Certification(s) American Board of Internal Medicine

Cardiothoracic Surgery

Walsh, John A, MD *Gender Male*
John A. Walsh, MD, PA
61 Memorial Medical Parkway, Ste 1800B, Palm Coast 32164-5983(386) 586-0760
Age Requirement 18 and Up

Cardiovascular Diseases

Bianco, Robert C, MD *Gender Male*
Robert C Bianco, MD, PA
14 Office Park Drive, Ste 1, Palm Coast 32137-3830(386) 446-2305

Gonzalez, Melchor E, MD *Gender Male*
The Heart Center
61 Memorial Medical Pkwy, Ste 3816, Palm Coast 32164-5982(386) 586-1720
Certification(s) American Board of Internal Medicine
Additional language(s) spoken French, Spanish

Joiner, Thomas A., MD *Gender Male*
Thomas A. Joiner, MD
61 Memorial Medical Pkwy, Suite 2811, Palm Coast 32164-5999..(386) 586-1800
Certification(s) American Board of Internal Medicine
Age Requirement 20 and Up

Kurian, Kizhake C, MD *Gender Male*
Kizhake C. Kurian, MD
61 Memorial Medical Parkway, Suite 2811, Palm Coast 32164-5999(386) 586-1930
Certification(s) American Board of Internal Medicine

Marini, Domenic, MD *Gender Male*
Palm Coast Cardiovascular Institute. PL
19 Old Kings Road N, Suite C106, Palm Coast 32137-8261 ..(386) 446-6540
Certification(s) American Board of Internal Medicine

Quadrat, Otakar, MD *Gender Male*
Cardiology Physicians, PA
9 Pine Cone Drive, Suite 101, Palm Coast 32137-8683(386) 255-5331
Certification(s) American Board of Internal Medicine

Theilade, K. Christiane, MD *Gender Female*
Florida Heart & Vascular Care PLLC
26 Office Park Dr., Ste B, Palm Coast 32137-3808.....(386) 446-9966
Certification(s) American Board of Internal Medicine

Chiropractic

Matuszczak, Michael, DC *Gender Male*
Michael Matuszczak, DC, PA
3 Florida Park Drive N, Palm Coast 32137-8189.....(386) 445-4455

Reed, Patrick Gerald, DC *Gender Male*
Patrick Reed, DC, PA
4601 E Highway 100, Ste G4, Bunnell 32110-9002(386) 437-9990

Salvagio, Louis P, DC *Gender Male*
First Coast Pain Management
3 Boulder Rock Drive, Palm Coast 32137-8513(386) 445-9444

Struble, Michael D, DC *Gender Male*
Palm Coast Chiropractic Clinic
4883 Palm Coast Pkwy NW, Suite 4, Palm Coast 32137-3675.....(386) 445-6565

Dermatology

Bernard, James D., DO *Gender Male*
Advanced Dermatology and Cosmetic Surgery
3 Pine Cone Drive, Suite 102, Palm Coast 32137-8684.....(386) 864-6005
Certification(s) American Osteopathic Board of Dermatology

Cheiken, Mark S, DO *Gender Male*
Advanced Dermatology & Cosmetic Surgery
8 Office Park Drive, Palm Coast 32137-3808.....(386) 446-4466
Certification(s) American Osteopathic Board of Dermatology

Coppola, John C., MD *Gender Male*
Parks Dermatology Center, LLC
37 Old Kings Rd. N, Palm Coast 32137-8227(386) 437-8734

Foley, Michelle, DO *Gender Female*
Parks Dermatology Center, LLC
37 Old Kings Rd. N, Palm Coast 32137-8227(386) 437-8734

Moorhead, Christine E, MD *Gender Female*
Advanced Dermatology and Cosmetic Surgery
3 Pine Cone Drive, Suite 102, Palm Coast 32137-8684.....(386) 864-6005

Gastroenterology

Bratu, Beatrice D, MD *Gender Female*
Advanced Gastroenterology Health Care Centers
315 NE Palm Coast Parkway, Suite 5, Palm Coast 32137-3889 ... (386) 763-4920
Certification(s) American Board of Internal Medicine

Combs, Wallace M, MD *Gender Male*
Wallace Combs, MD
120 Pinnacles Drive, Ste 1, Palm Coast 32164-2322.....(386) 586-6611
Certification(s) American Board of Internal Medicine
Age Requirement 18 and Up

Hemaidan, Ammar, MD *Gender Male*
Advanced Gastroenterology Health Care Centers
315 NE Palm Coast Parkway, Suite 5, Palm Coast 32137-3889 ... (386) 763-4920
Certification(s) American Board of Internal Medicine

BREVARD

Health First's Cape Canaveral Hospital
*Accredited by The Joint Commission, rated 4 Stars by CMS**

701 W. Cocoa Beach Cswy
Cocoa Beach, FL 32931
(321) 799-7111
Health-First.org

Health First's Holmes Regional Medical Center
*Accredited by The Joint Commission, rated 3 Stars by CMS**

1350 S. Hickory Street
Melbourne, FL 32901
(321) 434-7000
Health-First.org

Health First's Palm Bay Hospital
*Accredited by The Joint Commission, rated 4 Stars by CMS**

1425 Malabar Rd NE
Palm Bay, FL 32907
(321) 434-8000
Health-First.org

Health First's Viera Hospital
*Accredited by The Joint Commission, rated 5 Stars by CMS**

8745 N. Wickham Rd
Melbourne, FL 32940
(321) 434-9000
Health-First.org

Kindred Hospital Melbourne
Accredited by The Joint Commission

765 W. Nasa Blvd.
Melbourne, FL 32901
(321) 733-5725

FLAGLER

Florida Hospital Flagler
*Accredited by The Joint Commission, rated 3 Stars by CMS**

60 Memorial Medical Parkway
Palm Coast, FL 32164
(386) 586-2000

HARDEE

Florida Hospital Wauchula
*Accredited by The Joint Commission, rated 4 Stars by CMS**

533 West Carlton Street
Wauchula, FL 33873
(863) 773-3101

HIGHLANDS

Florida Hospital Heartland Medical Center
*Accredited by The Joint Commission, rated 4 Stars by CMS**

4200 Sun 'n' Lake Blvd
Sebring, FL 33872
(863) 314-4466

Florida Hospital Lake Placid
*Accredited by The Joint Commission, rated 4 Stars by CMS**

1210 U. S. Hwy. 27 North
Lake Placid, FL 33852
(863) 465-3777

INDIAN RIVER

Indian River Memorial Hospital
*Accredited by The Joint Commission, rated 2 Stars by CMS**

1000 36th Street
Vero Beach, FL 32960
(772) 567-4311

Sebastian River Medical Center
*Accredited by The Joint Commission, rated 1 Star by CMS**

13695 US Highway 1
Sebastian, FL 32958
(772) 589-3186

ORANGE

Florida Hospital Apopka
*Accredited by DNV, rated 4 Stars by CMS**

201 North Park Avenue
Apopka, FL 32703
(407) 889-1000

Florida Hospital East Orlando
*Accredited by DNV, rated 4 Stars by CMS**

7727 Lake Underhill Road
Orlando, FL 32822
(407) 303-8110

Florida Hospital for Children
*Accredited by DNV, rated 4 Stars by CMS**

601 East Rollins Street
Orlando, FL 32803
(407) 303-6611

Florida Hospital Medical Center
*Accredited by DNV, rated 4 Stars by CMS**

601 East Rollins Street
Orlando, FL 32803
(407) 303-6611

Winter Park Memorial Hospital
*Accredited by DNV, rated 4 Stars by CMS**

200 N. Lakemont Avenue
Winter Park, FL 32792
(407) 646-7000

OSCEOLA

Florida Hospital Celebration Health
*Accredited by DNV, rated 4 Stars by CMS**

400 Celebration Place
Celebration, FL 34747
(407) 303-4000

Florida Hospital Kissimmee
*Accredited by DNV, rated 4 Stars by CMS**

2450 North Orange Blossom Trail
Kissimmee, FL 34744
(407) 846-4343

SEMINOLE

Florida Hospital Altamonte
*Accredited by DNV, rated 4 Stars by CMS**

601 East Altamonte Drive
Altamonte Springs, FL 32701
(407) 303-2200

VOLUSIA

Bert Fish Medical Center
*Accredited by The Joint Commission, rated 3 Stars by CMS**

401 Palmetto Street
New Smyrna, FL 32168
(386) 424-5000

Florida Hospital DeLand
*Accredited by The Joint Commission, rated 3 Stars by CMS**

701 West Plymouth Avenue
DeLand, FL 32720
(386) 943-4522

Florida Hospital Fish Memorial
*Accredited by The Joint Commission, rated 3 Stars by CMS**

1055 Saxon Blvd.
Orange City, FL 32763
(386) 917-5000

Florida Hospital Memorial Medical Center
*Accredited by The Joint Commission, rated 4 Stars by CMS**

301 Memorial Medical Parkway
Daytona Beach, FL 32117
(386) 231-6000

Florida Hospital Oceanside
*Accredited by The Joint Commission, rated 4 Stars by CMS**

264 South Atlantic Avenue
Ormond Beach, FL 32176
(386) 672-4161

Ancillary Services

AMBULATORY SURGERY CENTERS

Brevard

Ambulatory Surgical Care

1045 N Courtenay Parkway
Merritt Island, FL 32953 (321) 452-4448

ASC of Brevard

719 E New Haven Ave
Melbourne, FL 32901 (321) 984-4405

Atlantic Surgery & Laser Center

8040 N Wickham Rd
Melbourne, FL 32940 (321) 757-7276

Brevard Surgery Center

665 Apollo Blvd
Melbourne, FL 32901 (321) 984-0300

Melbourne Same Day Surgery Center

1035 S Apollo Blvd
Melbourne, FL 32901 (321) 434-7216

Merritt Island Surgery Center

For Ophthalmology and Otolaryngology
220 N Sykes Creek Pkwy, Ste 101
Merritt Island, FL 32953 (321) 459-0015

The Eye Institute Surgery Center

1995 W Nasa Blvd, Ste 100
Melbourne, FL 32904 (321) 722-4443

Titusville Center for Surgical Excellence

814 S Washington Ave
Titusville, FL 32780 (321) 567-6300

Flagler

Florida Hospital Flagler Town Center Surgery

21 Hospital Drive, Ste 220
Palm Coast, FL 32164 (386) 586-4230

Indian River

Advanced Eye Surgery Center

3500 US Hwy 1
Vero Beach, FL 32960 (772) 299-1445

Florida Eye Institute Surgicenter

2750 Indian River Blvd.
Vero Beach, FL 32960 (772) 569-9500

New Vision Surgical Center

1055 37th Place
Vero Beach, FL 32960 (772) 257-8700

Riverside Surgery Center

For Ophthalmology
14410 US Hwy 1
Sebastian, FL 32958 (772) 589-8111

Volusia

Atlantic Surgery Center

541 Health Blvd.
Daytona Beach, FL 32114 (386) 239-0021

Blue Springs Surgery Center

1053 Medical Center Dr., Ste 201
Orange City, FL 32763 (386) 878-8080

Physician's Ambulatory Surgery Center

300 Clyde Morris Blvd., Ste B
Ormond Beach, FL 32174 (386) 672-1080

Port Orange Endoscopy & Surgery Center

1185 Dunlawton Ave., Ste 100
Port Orange, FL 32127 (386) 672-0017

Tomoka Surgery Center

345 Clyde Morris Blvd., Ste 300
Ormond Beach, FL 32174 (386) 672-7575

Volusia Endoscopy and Surgery Center

550 Memorial Circle, Ste G
Ormond Beach, FL 32174 (386) 672-0017

AUDIOLOGY

Flagler

Beltone—Palm Coast

377 Palm Coast Pkwy., SW, Ste 1
Palm Coast, FL 32137 (386) 246-6260

Volusia

Beltone—New Smyrna Beach

431 Canal Street
New Smyrna Beach, FL 32168 .. (386) 427-2601

Beltone—Orange City

2751 Enterprise Rd., Ste 106
Orange City, FL 32763 (386) 775-0220

Beltone—Ormond Beach

290 Clyde Morris Blvd., Ste D-1
Ormond Beach, FL 32174 (386) 677-7384

Beltone—Port Orange

3959 S. Nova Rd., Ste 2
Port Orange, FL 32127 (386) 767-5990

CARDIAC AND PULMONARY REHABILITATION

Flagler

Florida Hospital Flagler

61 Memorial Medical Parkway, Ste 2803
Palm Coast, FL 32164 (386) 586-4480

Volusia

Florida Hospital DeLand Cardiopulmonary Wellness Center

701 West Plymouth Avenue
DeLand, FL 32720 (386) 943-4716

Florida Hospital Fish Memorial – The Wellness Center

1055 Saxon Boulevard
Orange City, FL 32763 (386) 917-5125

Florida Hospital Memorial Medical Center Cardiac and Pulmonary Rehab

305 Memorial Medical Pkwy., Ste 306
Daytona Beach, FL 32117 (386) 231-3690

COMMUNITY HEALTH CENTERS

Brevard

Brevard Health Alliance—Malabar

775 Malabar Rd., Ste 102
Malabar, FL 32950 (321) 722-8435

Brevard Health Alliance—Melbourne (Sarno)

2120 Sarno Rd.
Melbourne, FL 32935 (321) 241-6800

Brevard Health Alliance—Melbourne (Silver Palm)

17 Silver Palm Ave.
Melbourne, FL 32901 (321) 733-2021

Brevard Health Alliance—Palm Bay

5270 Babcock Street, NE, Ste 1
Palm Bay, FL 32905 (321) 722-5959

Brevard Health Alliance—Rockledge

22 Barton Blvd.
Rockledge, FL 32955 (321) 639-5177

Brevard Health Alliance—Titusville

500 N. Washington Ave.
Titusville, FL 32976 (321) 268-0267

DIABETES CENTERS

Flagler

The Diabetes Center at Florida Hospital Flagler

60 Memorial Medical Parkway
Palm Coast, FL 32164 (386) 231-3178

Orange

Florida Hospital Diabetes Center Diabetes Educational Services

2415 N. Orange Ave., Suite 501
Orlando, FL 32804 (407) 303-2822

Volusia

The Diabetes Center at Florida Hospital Memorial Medical Center
301 Memorial Medical Parkway
Daytona Beach, FL 32117 (386) 231-3178

The Diabetes Education Program at Florida Hospital DeLand
701 W. Plymouth Avenue
DeLand, FL 32720 (386) 943-4727

DIALYSIS CENTERS

Brevard

DSI Viera Dialysis
8041 Spyglass Hill Rd.
Melbourne, FL 32940 (321) 254-4553

Melbourne Kidney Center
1400 South Apollo Blvd
Melbourne, FL 32901 (321) 724-0431

North Melbourne Dialysis
14 Suntree Place, Ste 102
Melbourne, FL 32940 (321) 253-9033

Palm Bay Kidney Center
220 Medplex Pkwy NE,
Palm Bay, FL 32907 (321) 722-2649

RAI-S. Courtenay-Merritt Island
245 S. Courtenay Pkwy, Ste A
Merritt Island, FL 32952 (321) 452-0020

Renal Care Group Brevard
4940 Stack Blvd Ste C3-7
Melbourne, FL 32901 (321) 952-1181

Flagler

Palm Coast Dialysis
13 Kingswood Drive, Ste A
Palm Coast, FL 32137 (386) 445-4445

Indian River

Indian River Dialysis Center
2150 45th Street, Ste 102
Vero Beach, FL 32967 (772) 567-2529

Sebastian Dialysis Center
1424 US Hwy 1, Ste C
Sebastian, FL 32958 (772) 589-9182

Volusia

Daytona Beach Dialysis
578 Health Blvd.
Daytona Beach, FL 32114 (386) 258-7322

Daytona South Dialysis
1801 S. Nova Road, Ste 306
South Daytona, FL 32119 (386) 322-3625

DeLand Dialysis
350 E. New York Ave.
DeLand, FL 32724 (386) 738-2570

New Smyrna Beach Dialysis
110 S. Orange Street
New Smyrna Beach, FL 32168 .. (386) 409-0410

Ormond Beach Dialysis
495 S. Nova Road Ste 109
Ormond Beach, FL 32174 (386) 676-2405

DURABLE MEDICAL EQUIPMENT

Brevard

Health First Medical Equipment
129 W. Hibiscus Blvd, Ste A-1
Melbourne, FL 32901 (321) 434-3400
Health-First.org/MedicalEquipment

Mobility Medical Equipment
748 N. Harbor City Blvd
Melbourne, FL 32935 (321) 752-4041

Flagler

Central Mobility & Rehab Equipment
11433 US Hwy 441, Ste 2
Tavares, FL 32778 (352) 742-7878

Florida Hospital Respiratory and Equipment
556 Florida Central Pkwy., Suite 1060
Longwood, FL 32750 (407) 830-1938

Taffi Medical
145 Cypress Point Pkwy., Ste 207
Palm Coast, FL 32164 (386) 225-4700

Highlands

Lincare
4443 US HWY 27 South
Sebring, FL 33870 (863) 382-6665

Orange

Lincare
7066 Stapoint Ct
Winter Park, FL 32792 (407) 551-2900

Osceola

Lincare
3042 Michigan Ave
Kissimmee, FL 34744 (407) 846-4144

Seminole

Central Medical Systems
830 Eyrie Dr., Ste 6B
Oviedo, FL 32765 (800) 330-2313

Florida Hospital Respiratory and Equipment
556 Florida Central Pkwy., Ste 1060
Longwood, FL 32750 (407) 830-1938

Lincare
414 Live Oak Boulevard
Casselberry, FL 32707 (407) 682-6644

Volusia

Apria Healthcare
2381 Mason Ave., Ste 140
Daytona Beach, FL 32117 (386) 677-4554

BB Respiratory
2841 S. Nova Rd., Ste 2
S. Daytona, FL 32119 (386) 256-2800

Central Mobility & Rehab Equipment
11433 US Hwy 441, Ste 2
Tavares, FL 32778 (352) 742-7878

Florida Hospital Respiratory and Equipment
556 Florida Central Pkwy., Suite 1060
Longwood, FL 32750 (407) 830-1938

Majors Medical Supply
809 W. New York Ave.
DeLand, FL 32720 (386) 822-9909

Sweetwater Medical Center
1611 State Road 15A, Ste 3
DeLand, FL 32720 (386) 822-9223

Taffi Medical
795 Fentress Blvd., Ste H
Daytona Beach, FL 32114 (386) 238-1060

EMERGENCY DEPARTMENTS

Note: Emergency care is covered at any hospital, but only network hospitals are listed here.

Brevard

Health First's Cape Canaveral Hospital
701 W. Cocoa Beach Cswy
Cocoa Beach, FL 32931 (321) 799-7150
Health-First.org

Health First's Holmes Regional Medical Center
1350 S Hickory Street
Melbourne, FL 32901 (321) 434-7298
Health-First.org

Health First's Palm Bay Hospital
1425 Malabar Rd NE
Palm Bay, FL 32907 (321) 434-8015
Health-First.org

Health First's Viera Hospital
8745 N. Wickham Rd
Melbourne, FL 32940 (321) 434-9300
Health-First.org

Flagler

Florida Hospital Flagler
60 Memorial Medical Parkway
Palm Coast, FL 32164 (386) 586-2000

Indian River

Indian River Memorial Hospital
1000 36th Street
Vero Beach, FL 32960 (772) 567-4311

Sebastian River Medical Center

13695 US Highway 1
Sebastian, FL 32958 (772) 589-3186

Orange

Florida Hospital Medical Center

601 East Rollins Street
Orlando, FL 32803 (407) 303-5600

Volusia

Bert Fish Medical Center

401 Palmetto Street
New Smyrna, FL 32168 (386) 424-5152

Florida Hospital DeLand

701 West Plymouth Avenue
DeLand, FL 32720 (386) 943-4522

Florida Hospital Fish Memorial

1055 Saxon Blvd.
Orange City, FL 32763 (386) 917-5000

Florida Hospital Memorial Medical Center

301 Memorial Medical Parkway
Daytona Beach, FL 32117 (386) 231-6000

Florida Hospital Oceanside

264 South Atlantic Avenue
Ormond Beach, FL 32176 (386) 672-4161

EYEWEAR - DISCOUNTS
APPLY

Brevard

Aker Eye Center

338 S. Washington Ave.
Titusville, FL 32796 (321) 269-2021

Andreanos Jordanopoulos, OD

1573 S. Wickham Rd.
West Melbourne, FL 32904 (321) 723-8115

Art For Your Face

1478 Highland Ave.
Melbourne, FL 32935 (321) 255-7275

Atlantis Vision Center

2254 A1A, Ste 109
Indian Harbour Beach, FL 32937 (321) 777-2273

Brevard Eye Center—Melbourne

665 S. Apollo Blvd.
Melbourne, FL 32901 (321) 984-3200

Brevard Eye Center—Merritt Island

250 N. Courtenay Pkwy.
Merritt Island, FL 32953 (321) 453-5700

Brevard Eye Center—Palm Bay

190 Malabar Rd., Ste 105
Palm Bay, FL 32907 (321) 674-0200

Brevard Eye Center—Suntree

7775 N. Wickham Rd.
Suntree, FL 32940 (321) 255-5200

Brevard Vision Center—Melbourne

2420 S. Babcock St.
Melbourne, FL 32940 (321) 725-4755

Brevard Vision Center—Suntree

6450 N. Wickham Rd.
Melbourne, FL 32901 (321) 752-0100

C.E. Doughty, OD

1051 Port Malabar Blvd., Ste 14
Palm Bay, FL 32905 (321) 723-9350

Dan Cowling, OD

495 N. Courtenay Pkwy
Merritt Island, FL 32953 (321) 454-3100

Driftwood Vision Center

3830 S. Highway A1A, Ste 11
Melbourne, FL 32951 (321) 308-2015

Eye Care Associates of Brevard—Melbourne

3200 N. Wickham Rd.
Melbourne, FL 32904 (321) 253-3550

Eye Care Associates of Brevard—Rockledge

1858 S. US Highway 1
Rockledge, FL 32955 (321) 637-3440

Eye Care Associates of Brevard—Viera

8061 Spyglass Hill Rd. Ste 104A
Melbourne, FL 32940 (321) 751-6609

Eye Care Centers of Brevard

2229 W. Haven Ave.
Melbourne, FL 32904 (321) 726-6551

Eye Clinic—Cocoa

450 Townsend Rd.
Cocoa, FL 32926 (321) 639-9971

Eye Clinic—Melbourne

4255 W. New Haven Ave.
Melbourne, FL 32904 (321) 951-1216

Eye Clinic—Palm Bay

1326 Malabar Rd.
Palm Bay, FL 32907 (321) 726-3937

Family Vision Center

1982 S. Hwy 1, Ste 101
Rockledge, FL 32955 (321) 636-7200

Florida Eye Clinic

407 S. Washington Ave, Ste C
Titusville, FL 32796 (321) 269-3752

James W. Cobb Jr., OD, PA

2186 Harris Ave. NE
Palm Bay, FL 32905 (321) 724-2020

Michael K. Grofik, OD, PA

278 N. Wickham Rd.
Melbourne, FL 32935 (321) 253-9228

Physicians' Optical Lab—Cocoa Beach

Located inside Florida Eye Associates
2003 N. Atlantic Ave.
Cocoa Beach, FL 32931 (321) 727-2020

Physicians' Optical Lab—Melbourne

Located inside Florida Eye Associates
502 E. New Haven Ave.
Melbourne, FL 32901 (321) 727-2020

Physicians' Optical Lab—Palm Bay

Located inside Florida Eye Associates
161 Malabar Rd.
Palm Bay, FL 32907 (321) 727-2020

Physicians' Optical Lab—Viera

Located inside Florida Eye Associates
5510 Murrell Rd.
Melbourne, FL 32940 (321) 727-2020

Pinnacle Eye Care

1649 W. Eau Gallie Blvd. Ste 100
Melbourne, FL 32935 (321) 255-4949

Port St. John Eye Clinic

3720 Curtis Blvd. Ste 106
Port St. John, FL 32927 (321) 639-0910

The Eye Institute—Melbourne

1995 W. Nasa Blvd, Ste 101
Melbourne, FL 32904 (321) 722-4443

The Eye Institute—Palm Bay

5055 Babcock St., Ste 6
Palm Bay, FL 32905 (321) 722-2334

The Eye Institute—Rockledge

150 S. Woods Dr.
Rockledge, FL 32955 (321) 631-6443

Visionary Optometry

1941 Michigan Ave.
Cocoa, FL 32922 (321) 638-3931

Indian River

Florida Eye Institute

2750 Indian River Blvd.
Vero Beach, FL 32960 (772) 569-9500

Treasure Coast Eye Associates

333 17th Street, Ste G
Vero Beach, FL 32960 (772) 978-0845

FITNESS CENTERS

Brevard

Health First Pro—Health & Fitness Center—Melbourne

611 E. Sheridan Rd.
Melbourne, FL 32901 (321) 434-7149
myPHF.org

Health First Pro—Health & Fitness Center—Merritt Island

255 Borman Dr.
Merritt Island, FL 32953 (321) 434-5801
myPHF.org

Health First Pro—Health & Fitness Center—Palm Bay

5270 S. Babcock St. N.E., Ste. 17
Palm Bay, FL 32905 (321) 722-5943
myPHF.org

Health First Pro—Health & Fitness Center—Viera

8705 N. Wickham Rd.
Viera, FL 32940 (321) 434-9149
myPHF.org

Nationwide

Healthways Prime Fitness

Toll-free (877) 238-6240

GI CENTERS

Brevard

Melbourne GI Center

1051 S. Hickory St., Ste K
Melbourne, FL 32901 (321) 434-1919

Volusia

Florida Hospital DeLand Digestive Health Center

651 West Plymouth Avenue
DeLand, FL 32720 (386) 736-7295

HOME HEALTH

Brevard

Health First Home Care

200 S Courtenay Parkway
Merritt Island, FL 32952 (321) 434-5909
Health-First.org/HomeCare

Orange

ChildrenFirst Home Health Care Services

4448 Edgewater Drive
Orlando, FL 32804 (800) 207-0802

Volusia

Florida Hospital Home Health

770 W. Granada Blvd. Ste 319
Ormond Beach, FL 32174 (386) 673-3121

HOME INFUSION

Volusia

Florida Hospital Home Infusion

2450 Maitland Center Pkwy
Maitland, FL 32750 (407) 865-5489

Holly Hill Pharmacy

1702 Ridgewood Avenue, Ste C
Holly Hill, FL 32117 (386) 677-7377

HOSPICE

Brevard

Hospice of Health First

..... (321) 952-0494
Health-First.org/Hospice

Flagler

Florida Hospital HospiceCare

770 W. Granada Blvd., Ste 304
Ormond Beach, FL 32174 (800) 404-1133

Volusia

Florida Hospital HospiceCare

770 W. Granada Blvd., Ste 304
Ormond Beach, FL 32174 (800) 404-1133

INPATIENT REHABILITATION

Brevard

Health South Sea Pines Rehabilitation Hospital

101 E. Florida Ave.
Melbourne, FL 32901 (321) 984-4600

Flagler

Florida Hospital Flagler

60 Memorial Medical Parkway, Ste 900
Palm Coast, FL 32164 (386) 586-4420

Indian River

Health South Treasure Coast Rehabilitation Hospital

1600 37th Street
Vero Beach, FL 32960 (772) 778-2100

Volusia

Florida Hospital – DeLand

701 W. Plymouth Avenue
DeLand, FL 32720 (386) 943-4690

Florida Hospital Fish Memorial

1055 Saxon Blvd.
Orange City, FL 32763 (386) 917-5160

Florida Hospital Memorial Medical Center – Main Campus

301 Memorial Medical Parkway
Daytona Beach, FL 32117 (386) 231-3788

Florida Hospital Memorial Medical Center – Oceanside Campus (Peninsula Rehab Center)

CARF Accredited
264 South Atlantic Avenue
Ormond Beach, FL 32176 (386) 676-4222

LABORATORY SERVICES

Brevard

Health First's Cape Canaveral Hospital

701 W. Cocoa Beach Cswy
Cocoa Beach, FL 32931 (321) 799-7122
Health-First.org/Diagnostics

Health First Diagnostic Center–Melbourne

1051 S Hickory Street, Ste F
Melbourne, FL 32901 (321) 434-7100
Health-First.org/Diagnostics

Health First Diagnostic Center–Merritt Island

255 Borman Dr.
Merritt Island, FL 32953 (321) 434-5840
Health-First.org/Diagnostics

Health First's Holmes Regional Medical Center

1350 S Hickory Street
Melbourne, FL 32901 (321) 434-7120
Health-First.org/Diagnostics

Health First Medical Group–Malabar

730 Malabar Road.
Malabar, FL 32950 (321) 409-6800 x3474
Health-First.org/Diagnostics

Health First Medical Group–Melbourne

1130 S. Hickory Street
Melbourne, FL 32901 (321) 725-4500 x7640
Health-First.org/Diagnostics

Health First Medical Group–Melbourne (Gateway)

1223 Gateway Dr.
Melbourne, FL 32901 (321) 725-4500 x7172
Health-First.org/Diagnostics

Health First Medical Group–Seaside

1220 North A1A
Indianapolis, FL 32903 (321) 984-1333 x5223
Health-First.org/Diagnostics

Health First Medical Group–Viera

7125 Murell Rd.
Viera, FL 32940 (321) 242-8790
Health-First.org/Diagnostics

Health First's Palm Bay Hospital

1425 Malabar Rd NE
Palm Bay, FL 32907 (321) 434-8016
Health-First.org/Diagnostics

Health First Viera Hospital – Medical Office Building

8745 N. Wickham Rd, Ste 101
Melbourne, FL 32940 (321) 434-9240
Health-First.org

Flagler

Florida Hospital Flagler

60 Memorial Medical Parkway
Palm Coast, FL 32164 (386) 586-4350

Florida Hospital Flagler Laboratory Services – Parkway Medical Plaza

120 Cypress Edge Dr., Ste 102
Palm Coast, FL 32164 (386) 586-1732

Indian River

Indian River Memorial Hospital

1000 36th Street
Vero Beach, FL 32960 (772) 567-4311

Lab Express – IRMC Ambulatory Services Center

1000 36th Street
Vero Beach, FL 32960 (772) 567-4311

Sebastian River Medical Center

13695 US Highway 1
Sebastian, FL 32958 (772) 589-3186

Volusia

FHMMC Laboratory Services at Florida Hospital Imaging
335 Clyde Morris Blvd., Ste 250
Ormond Beach, FL 32174 (386) 671-4777

Florida Hospital DeLand
701 W. Plymouth Avenue
DeLand, FL 32720 (386) 943-4620

Florida Hospital Fish Memorial – Main Campus
1055 Saxon Blvd.
Orange City, FL 32763 (386) 917-5155

Florida Hospital Memorial Medical Center – Daytona Beach Shores Laboratory Services
3506 S. Atlantic Avenue
Daytona Beach Shores, FL 32118 (386) 231-3255

Florida Hospital Memorial Medical Center – Laboratory Services
290 Clyde Morris Blvd., Ste A2
Ormond Beach, FL 32174 (386) 677-3663

Florida Hospital Memorial Medical Center – Main Campus
301 Memorial Medical Parkway
Daytona Beach, FL 32117 (386) 231-3041

Florida Hospital Memorial Medical Center – Oceanside Campus
264 South Atlantic Avenue
Ormond Beach, FL 32176 (386) 676-4218

Florida Hospital Memorial Medical Center at the Pavilion
5535 S. Williamson Blvd., Ste 700
Port Orange, FL 32128 (386) 231-6300

Florida Hospital Memorial Medical Center New Smyrna Health Park
125 Florida Memorial Pkwy.
New Smyrna Beach, FL 32168 .. (386) 409-6808

Victoria Laboratory
151 Victoria Commons Blvd., Ste 106
DeLand, FL 32724 (386) 740-4040

LITHOTRIPSY

Orange

Kidney Stone Center at Florida Hospital
2501 North Orange Ave., Suite 121
Orlando, FL 32804 (407) 303-2860

ONCOLOGY

Flagler

Florida Hospital Flagler Cancer Institute
60 Memorial Medical Pkwy., Ste 1-700
Daytona Beach, FL 32164 (386) 586-2060

Orange

Cancer Care Center
2100 Glenwood Drive
Winter Park, FL 32792 (407) 646-7777

Florida Hospital Cancer Institute – East Orlando
7727 Lake Underhill Road
Orlando, FL 32822 (407) 303-6800

Florida Hospital Cancer Institute – Kissimmee
1300 West Oak Street
Kissimmee, FL 34741 (407) 944-5201

Florida Hospital Cancer Institute – Orlando
2501 N. Orange Ave., Ste. 181
Orlando, FL 32804 (407) 303-2030

Seminole

Florida Hospital Cancer Institute – Altamonte
601 East Altamonte Drive
Altamonte Springs, FL 32701 (407) 303-2271

Volusia

Florida Hospital DeLand Cancer Institute
680 Peachwood Drive
DeLand, FL 32720 (386) 943-7160

Florida Hospital Fish Memorial Cancer Institute
1055 Saxon Blvd.
Orange City, FL 32763 (386) 917-5850

Florida Hospital Memorial Medical Center Cancer Institute
224 Memorial Medical Pkwy.
Daytona Beach, FL 32117 (386) 231-4000

ORTHOTICS AND PROSTHETICS

Brevard

Brevard Prosthetics–Melbourne
1405 S. Valentine Street
Melbourne, FL 32901 (321) 733-7778

Brevard Prosthetics–Rockledge
966 US Hwy 1
Rockledge, FL 32955 (321) 638-0262

Brevard Prosthetics–Titusville
500 N Washington Ave, Ste 107
Titusville, FL 32796 (321) 638-0262

East Coast Orthotics
129 W. Hibiscus Blvd, Ste N
Melbourne, FL 32901 (321) 724-5411

Flagler

JSC Pedorthics
100 S. State St., Ste D
Bunnell, FL 32110 (386) 437-0272

Indian River

Treasure Coast Prosthetics & Orthotics
1645 20th St.
Vero Beach, FL 32960 (772) 567-5200

Seminole

Hanger Prosthetics & Orthotics–Sanford
819 E. 1st Street
Sanford, FL 32771 (407) 321-2053

Senior Medical Supplies, Inc.
1967 Longwood Lake Mary Rd., Ste 1007
Longwood, FL 32750 (888) 536-7516

Volusia

About You Brace & Limb
1255 Mason Avenue
Daytona Beach, FL 32117 (386) 323-7990

American Ortho–Tech–Daytona Beach
1320 Mason Ave.
Daytona Beach, FL 32117 (386) 258-0401

Hanger Prosthetics & Orthotics–Daytona Beach
1400 Mason Avenue, Ste C
Daytona Beach, FL 32117 (386) 274-4907

Hanger Prosthetics & Orthotics–Orange City
2754-A Enterprise Road
Orange City, FL 32763 (386) 774-5678

OUTPATIENT INFUSION/ CHEMOTHERAPY

Flagler

Florida Hospital Flagler Cancer Institute
60 Memorial Medical Parkway, Ste I-700
Palm Coast, FL 32164 (386) 586-2060

Volusia

Florida Cancer Specialists
125 Florida Memorial Pkwy., Ste 2200
New Smyrna Beach, FL 32168 .. (386) 409-6836

Florida Hospital DeLand Cancer Institute
680 Peachwood Drive
DeLand, FL 32720 (386) 943-7160

Florida Hospital Memorial Medical Center Cancer Institute
224 Memorial Medical Parkway
Daytona Beach, FL 32117 (386) 231-4000

**OUTPATIENT PHYSICAL,
OCCUPATIONAL, AND
SPEECH THERAPY**

Brevard

Ability Plus Therapy

4450 W Eau Gallie Blvd, Ste 130
Melbourne, FL 32934 (321) 255-6627

Advanced Physical Therapy

6050 Babcock Street, Ste 5
Palm Bay, FL 32909 (321) 676-2055

Advanced Rehab Center

4401 S. Hopkins Ave, Ste 105-106
Titusville, FL 32780 (321) 383-0889

Beachside Physical Therapy-Indialantic

1220 N A1A, Ste 117
Indialantic, FL 32903 (321) 727-2707

**Beachside Physical Therapy-Indian
Harbour Beach**

2030 South Patrick Drive, Ste 3
Indian Harbour Beach, FL 32937 (321) 773-5290

Beachside Physical Therapy-Melbourne

3680 North Wickham Road Ste B
Melbourne, FL 32935 (321) 255-5500

Beachside Physical Therapy-Viera

5445 Murrell Rd, Ste 105
Viera, FL 32955 (321) 690-6612

**Beachside Physical Therapy-West
Melbourne**

4270 Minton Road, Ste 120
West Melbourne, FL 32904 (321) 984-2933

Cora Rehabilitation Clinics-Melbourne

2222 South Harbor City Blvd., Ste 530
Melbourne, FL 32901 (321) 255-2818

Cora Rehabilitation Clinics-Palm Bay

1155 Malabar Road NE, Ste 13
Palm Bay, FL 32907 (321) 409-5777

Cora Rehabilitation Clinics-Rockledge

2316 Fiske Blvd Unit A & B
Rockledge, FL 32955 (321) 632-0081

**Cora Rehabilitation Clinics-Satellite
Beach**

1024 Highway A1A, Ste 142
Satellite Beach, FL 32937 (321) 772-3325

Cora Rehabilitation Clinics-Titusville

712 Cheney Hwy
Titusville, FL 32780 (321) 269-8155

**Florida Therapy Center-Indian Harbour
Beach**

2060 Hwy A1A, Ste 306
Indian Harbour Beach, FL 32937 (321) 773-1778

Florida Therapy Center-Melbourne

1698 W. Hibiscus Blvd. Ste A
Melbourne, FL 32901 (321) 768-6119

Florida Therapy Center-Palm Bay

4700 Babcock St., Ste 36
Palm Bay, FL 32905 (321) 726-4150

Florida Therapy Center-Suntree

6300 N. Wickham Rd., Ste 132-P
Melbourne, FL 32940 (321) 255-2084

Harbor City Physical Therapy

307 E. New Haven Ave, Ste 2
Melbourne, FL 32901 (321) 953-3991

Health First Medical Group

8725 N Wickham, Ste 301
Melbourne, FL 32940 (321) 434-9200

**Health First Medical Rehabilitation-
Cocoa Beach**

701 W. Cocoa Beach Cswy
Cocoa Beach, FL 32931 (321) 799-7133
HFrehab.org

**Health First Medical Rehabilitation-
Melbourne**

611 E Sheridan Road
Melbourne, FL 32901 (321) 434-5231
HFrehab.org

**Health First Medical Rehabilitation-
Merritt Island**

255 Borman Dr.
Merritt Island, FL 32953 (321) 434-5820
HFrehab.org

**Health First Medical Rehabilitation-
Palm Bay**

5270 Babcock Street, NE
Palm Bay, FL 32905 (321) 722-5950
HFrehab.org

Peoples Physical Therapy

494 N Harbor City Blvd
Melbourne, FL 32935 (321) 610-7978

Physical Therapy Professionals

8045 Spyglass Hill Rd., Ste 103
Melbourne, FL 32940 (321) 757-5515

The Hale Hand Center-Melbourne

689 Apollo Blvd
Melbourne, FL 32901 (321) 674-5035

The Hale Hand Center-Rockledge

3650 Murrell Rd., Ste 116
Rockledge, FL 32955 (321) 433-1500

Flagler

Cora Rehabilitation Clinics - Palm Coast

One Florida Park Drive, Ste 230
Palm Coast, FL 32137 (386) 447-5447

**Cora Rehabilitation Clinics - South
Flagler**

80 Pinnacles Dr. Bldg B, Ste 800
Palm Coast, FL 32164 (386) 586-3133

Florida Hospital Flagler

Physical Speech & Occupational Therapy
60 Memorial Medical Pkwy., Ste 900
Palm Coast, FL 32164 (386) 586-4420

**Florida Hospital Flagler - Freytag
Children's and Outpatient Rehabilitation
Center**

*Adult Physical & Speech Therapy and
Pediatric Physical, Occupational & Speech
Therapy*
120 Cypress Edge Dr., Ste 101
Palm Coast, FL 32164 (386) 586-1670

Palm Coast Sports Medicine and Rehab

35 Old Kings Rd. North
Palm Coast, FL 32137 (386) 445-5555

Indian River

Advanced Motion Therapeutic Massage

2965 20th St
Vero Beach, FL 32940 (772) 567-8585

Aspire Rehab

1131 7th Ave, Ste B
Vero Beach, FL 32960 (772) 257-6962

Coastal Physical Rehabilitation

13852 US Highway 1
Sebastian, FL 32958 (772) 589-3600

Indian River Hand & Upper Extremity

787 37th St., Ste E110
Vero Beach, FL 32960 (772) 562-6401

**Longevity Rehabilitation Center-
Sebastian**

13000 US Hwy 1
Sebastian, FL 32958 (772) 581-8326

**Longevity Rehabilitation Center-Vero
Beach**

115 Indian River Blvd, Ste A-135
Vero Beach, FL 32960 (772) 978-9750

Lymphedema Therapy Center

787 37th St., Ste E100
Vero Beach, FL 32960 (772) 569-9747

Orthopedic Center of Vero Beach

1285 36th St., Ste 100
Vero Beach, FL 32960 (772) 778-2009

Sebastian River Medical Center

13695 US Highway 1
Sebastian, FL 32958 (772) 589-3186

Sunshine Physical Therapy Clinic

1705 17th Ave.
Vero Beach, FL 32960 (772) 562-6877

Vero Orthopaedics-Sebastian

801 Wellness Way, Ste 100
Sebastian, FL 32958 (772) 388-9510

Vero Orthopaedics-Vero Beach

1155 35th Lane, Ste 100
Vero Beach, FL 32960 (772) 569-2330

Orange

Cora Rehabilitation Clinics - Apopka

1706 East Semoran Blvd., Ste. 107
Apopka, FL 32703 (407) 880-7772

**Cora Rehabilitation Clinics - Hunter's
Creek**

4125 Hunters Park Lane, Ste B
Orlando, FL 32837 (407) 855-0614

Cora Rehabilitation Clinics - Ocoee

8917 W. Colonial Dr.
Ocoee, FL 34761 (407) 822-7506

Cora Rehabilitation Clinics - Orlando

3861 Oakwater Circle, Ste 1
Orlando, FL 32174 (407) 481-8861

Cora Rehabilitation Clinics – Sandlake
5979 Vineland Rd., Ste 304
Orlando, FL 32819 (407) 354-3906

Cora Rehabilitation Clinics – South Semoran
5575 S. Semoran Blvd., Ste 39
Orlando, FL 32822 (407) 281-0228

Cora Rehabilitation Clinics – University
3451 Technological Ave., Ste 1
Orlando, FL 32817 (407) 681-2520

Cora Rehabilitation Clinics – Waterford Lakes
12184 Lake Underhill Rd.
Orlando, FL 32825 (407) 382-3777

Cora Rehabilitation Clinics – Winter Haven
1601 6th Street SE, Ste B
Winter Haven, FL 33880 (863) 294-0350

Cora Rehabilitation Clinics – Winter Park
811 S. Orlando Ave., Ste H
Winter Park, FL 32789 (407) 539-1792

Florida Hospital Rehabilitation and Sports Medicine: Apopka
205 North Park Avenue, Suite 110
Apopka, FL 32703 (407) 889-1039

Florida Hospital Rehabilitation and Sports Medicine: East Orlando Adult
7975 Lake Underhill Road, Suite 345
Orlando, FL 32822 (407) 303-8626

Florida Hospital Rehabilitation and Sports Medicine: East Orlando Pediatrics
7975 Lake Underhill Road, Suite 300
Orlando, FL 32822 (407) 303-6733

Florida Hospital Rehabilitation and Sports Medicine: Eden Spa
2501 N. Orange Ave., Suite 186
Orlando, FL 32803 (407) 303-9727

Florida Hospital Rehabilitation and Sports Medicine: Maitland–RDV Sportsplex
8701 Maitland Summit Blvd
Maitland, FL 32810 (407) 916-4500

Florida Hospital Rehabilitation and Sports Medicine: Orlando–Lee Road
5165 Adanson Street
Orlando, FL 32804 (407) 303-7600

Florida Hospital Rehabilitation and Sports Medicine: Pelvic Rehab
2520 N. Orange Ave., Suite 100
Orlando, FL 32804 (407) 303-8280

Florida Hospital Sports Medicine and Rehabilitation: MetroWest
1603 South Hiawasse Road Suite 105
Orlando, FL 32835 (407) 532-6815

Osceola

Cora Rehabilitation Clinics – Kissimmee
311 West Bass Street
Kissimmee, FL 34741 (407) 933-6470

Cora Rehabilitation Clinics – Poinciana
3350 West Southport Rd
Kissimmee, FL 34746 (407) 846-0152

Cora Rehabilitation Clinics – St. Cloud
1361 E. Irlo Bronson Memorial Highway
St. Cloud, FL 34771 (407) 957-1457

Florida Hospital Rehabilitation and Sports Medicine Celebration Health
400 Celebration Place, Suite C200
Celebration, FL 34747 (407) 303-4003

Florida Hospital Rehabilitation and Sports Medicine Celebration Health Hand Center
410 Celebration Place, Suite 300
Celebration, FL 34747 (407) 303-4042

Florida Hospital Rehabilitation and Sports Medicine: Kissimmee
201 Hilda Street, Suite 12
Kissimmee, FL 34741 (407) 933-6684

Seminole

Cora Rehabilitation Clinics – Lake Mary
934 Williston Park Point, Ste 1020
Lake Mary, FL 32746 (407) 829-7311

Cora Rehabilitation Clinics – Longwood
765 W. State Road 434 Ste A
Longwood, FL 32750 (407) 831-6801

Cora Rehabilitation Clinics – Oviedo
795 Executive Drive
Oviedo, FL 32765 (407) 365-1198

Darrell Armstrong Center at Florida Hospital for Children Pediatric Rehabilitation
615 E Princeton St Suite 104
Orlando, FL 32803 (407) 303-1575

Florida Hospital Rehab UCF
4098 Libra Drive Room 114
Orlando, FL 32816 (407) 303-6610

Florida Hospital Rehabilitation and Sports Medicine: Altamonte
711 East Altamonte Drive, Suite 200
Altamonte Springs, FL 32701 (407) 303-5465

Florida Hospital Rehabilitation and Sports Medicine: Lake Mary
100 Waymont Court, Ste 120
Lake Mary, FL 32746 (407) 323-0399

Florida Hospital Rehabilitation and Sports Medicine: Oviedo
8000 Red Bug Lake Road suite 140
Oviedo, FL 32765 (407) 359-5211

Florida Hospital Sports Medicine and Rehabilitation: YMCA Crosby Wellness
2005 Mizell Avenue
Winter Park, FL 32792 (407) 646-7711

Volusia

Cora Rehabilitation Clinics – Deland
1590 SR 15A, Ste 2
Deland, FL 32720 (386) 734-9400

Cora Rehabilitation Clinics – Orange City
1119 Saxon Blvd.
Orange City, FL 32763 (386) 774-4404

Cora Rehabilitation Clinics – Ormond Beach
1275W. Granada Blvd., Ste 4 B2
Ormond Beach, FL 32174 386-615-1112

Cora Rehabilitation Clinics – Port Orange
1525 Herbert St, Ste 103
Port Orange, FL 32129 (386) 756-0424

Daytona Beach Hand Clinic
3635 S. Clyde Morris Blvd., Ste 300
Port Orange, FL 32129 (386) 258-8080

Florida Hospital – DeLand Speech Therapy
701 W. Plymouth Avenue
DeLand, FL 32720 (386) 943-4692

Florida Hospital DeLand Sports Medicine and Rehabilitation – Stetson University (Wilson Athletic Center) Physical Therapy Only
141 E. Pennsylvania Ave.
DeLand, FL 32724 (386) 822-5649

Florida Hospital DeLand Sports Medicine and Rehabilitation – Victoria Medical Park Physical & Occupational Therapy
151 Victoria Commons Blvd., Ste 107
DeLand, FL 32724 (386) 943-4690

Florida Hospital Fish Memorial Rehab Services
1061 Medical Center Drive, Ste 111
Orange City, FL 32763 (386) 917-5160

Florida Hospital Memorial Medical Center – Daytona Beach Shores Outpatient Rehabilitation
3506 S. Atlantic Ave.
Daytona Beach Shores, FL 32118 (386) 231-3235

Florida Hospital Memorial Medical Center – New Smyrna Health Park
125 Florida Memorial Parkway
New Smyrna Beach, FL 32168 (386) 898-0270

Florida Hospital Memorial Medical Center – Rehabilitation Services
305 Memorial Medical Pkwy., Ste 100
Daytona Beach, FL 32117 (386) 231-6039

Florida Hospital Memorial Medical Center at the Pavilion
5535 S. Williamson Blvd., Ste 700
Port Orange, FL 32128 (386) 231-6327

Florida Hospital Oceanside Rehabilitative Services
264 South Atlantic Avenue
Ormond Beach, FL 32176 (386) 671-5080

University Rehabilitation
733 Dunlawton Ave., Ste 103 & 104
Port Orange, FL 32127 (386) 756-0077

OUTPATIENT SURGERY

Brevard

Health First's Cape Canaveral Hospital

701 W. Cocoa Beach Cswy
Cocoa Beach, FL 32931..... (321) 799-7111
Health-First.org

Health First's Holmes Regional Medical Center

1350 S Hickory Street
Melbourne, FL 32901 (321) 434-7000
Health-First.org

Health First's Palm Bay Hospital

1425 Malabar Rd NE
Palm Bay, FL 32907..... (321) 434-8000
Health-First.org

Health First's Viera Hospital

8745 N. Wickham Rd
Melbourne, FL 32940 (321) 434-9000
Health-First.org

Flagler

Florida Hospital Flagler

60 Memorial Medical Parkway
Palm Coast, FL 32164..... (386) 586-2090

Indian River

Indian River Memorial Hospital

1000 36th Street
Vero Beach, FL 32960 (772) 567-4311

Sebastian River Medical Center

13695 US Highway 1
Sebastian, FL 32958 (772) 589-3186

Orange

Florida Hospital – Medical Plaza

2501 North Orange Ave., Suite 439
Orlando, FL 32804 (407) 303-3660

Florida Hospital Outpatient Surgery Winter Park

200 North Lakemont Avenue
Winter Park, FL 32759 (407) 646-7000

Florida Hospital Surgery Center at Florida Hospital East Orlando

258 S. Chickasaw Trail #100
Orlando, FL 32825 (407) 303-6580

Seminole

Florida Hospital Outpatient Surgery Center Altamonte

661 E. Altamonte Drive Suite 112
Altamonte Springs, FL 32701..... (407) 303-2345

Volusia

Florida Hospital DeLand Same Day Surgery

701 W. Plymouth Avenue
DeLand, FL 32720..... (386) 943-4580

Florida Hospital Fish Memorial

1055 Saxon Boulevard
Orange City, FL 32763..... (386) 917-5196

Florida Hospital Memorial Medical Center

301 Memorial Medical Parkway
Daytona Beach, FL 32117..... (386) 231-3088

RADIOLOGY

Brevard

Atlantic Mobile Imaging Services

115 Mason Avenue
Daytona Beach, FL 32117..... (386) 239-8270

Health First's Cape Canaveral Hospital

For appointments, call 321-434-6100.
701 W. Cocoa Beach Cswy
Cocoa Beach, FL 32931..... (321) 434-6100
Health-First.org/Diagnostics

Health First Diagnostic Center–Melbourne

For appointments, call 321-434-6100.
1051 S Hickory St. Ste F
Melbourne, FL 32901 (321) 434-7100
Health-First.org/Diagnostics

Health First Diagnostic Center–Merritt Island

For appointments, call 321-434-6100.
255 Borman Dr.
Merritt Island, FL 32953 (321) 434-5840
Health-First.org/Diagnostics

Health First Diagnostic Center–Merritt Island HealthPlex

For appointments, call 321-434-6100.
270 Sykes Creek, Ste 100
Merritt Island, FL 32953 (321) 454-6670
Health-First.org/Diagnostics

Health First's Holmes Regional Medical Center

For appointments, call 321-434-6100.
1350 S Hickory Street
Melbourne, FL 32901 (321) 434-6100
Health-First.org/Diagnostics

Health First's Palm Bay Hospital

For appointments, call 321-434-6100.
1425 Malabar Rd NE
Palm Bay, FL 32907..... (321) 434-6100
Health-First.org/Diagnostics

Health First's Viera Hospital

For appointments, call 321-434-6100.
8745 N. Wickham Rd
Melbourne, FL 32940 (321) 434-6100
Health-First.org/Diagnostics

Rockledge MRI & PET Center

1910 Rockledge Blvd.
Rockledge, FL 32955 (321) 636-6599

Flagler

Florida Hospital Flagler

60 Memorial Medical Parkway
Palm Coast, FL 32164..... (386) 586-4370

Florida Hospital Flagler – Parkway Medical Imaging

120 Cypress Edge Dr., Ste 103
Palm Coast, FL 32164..... (386) 586-1650

Women's Health Center

60 Memorial Medical Pkwy., Ste 1-400
Palm Coast, FL 32164..... (386) 586-4402

Indian River

Indian River Memorial Hospital

1000 36th Street
Vero Beach, FL 32960 (772) 567-4311

Sebastian River Medical Center

13695 US Highway 1
Sebastian, FL 32958 (772) 589-3186

Vero Radiology Associates

3725 11th Circle
Vero Beach, FL 32960 (772) 552-0163

Orange

Advance Nuclear Imaging

328 Spruce Street
Orlando, FL 32803 (407) 303-3233

Florida Hospital Altamonte – Outpatient Imaging Services

894 E. Altamonte Dr
Altamonte Springs, FL 32701..... (407) 303-5455

Florida Hospital Kissimmee – PET/CT

1300 West Oak Street
Kissimmee, FL 34744..... (407) 944-5206

Osceola

Florida Hospital Celebration Health Outpatient Imaging Services

380 Celebration Place
Celebration, FL 34747..... (407) 303-4846

Seminole

Florida Hospital Oviedo Outpatient Services

8000 Red Bug Lake Road
Oviedo, FL 32765..... (407) 977-7460

Volusia

Florida Hospital DeLand

701 West Plymouth Avenue
DeLand, FL 32720..... (386) 943-4613

Florida Hospital Fish Imaging

1053 Medical Center Drive, Ste 151
Orange City, FL 32763 (386) 917-7500

Florida Hospital Fish Memorial

1055 Saxon Blvd.
Orange City, FL 32763 (386) 917-7500

Florida Hospital Imaging

335 Clyde Morris Blvd., Ste 250
Ormond Beach, FL 32174 (386) 671-9090

Florida Hospital Memorial Medical Center

301 Memorial Medical Parkway
Daytona Beach, FL 32117 (386) 231-3027

Florida Hospital Memorial Medical Center – Oceanside Campus

264 South Atlantic Avenue
Ormond Beach, FL 32176 (386) 672-4216

Florida Hospital Memorial Medical Center at the Pavilion

X-rays only

5535 S. Williamson Blvd., Ste 700
Port Orange, FL 32128 (386) 231-6300

New Smyrna Health Park

125 Florida Memorial Parkway
New Smyrna Beach, FL 32168 .. (386) 898-0270

Open MRI of Daytona

201 Bill France Blvd.
Daytona Beach, FL 32114 (386) 254-6800

Victoria Imaging

151 Victoria Commons Blvd., Suite 100
DeLand, FL 32724 (386) 740-4020

Victoria Women's Center

151 Victoria Commons Blvd., Ste 101
DeLand, FL 32724 (386) 943-4682

SKILLED NURSING FACILITIES

Brevard

Anchor Care & Rehabilitation Center

1515 Port Malabar Blvd., NE
Palm Bay, FL 32905 (321) 723-1235

Atlantic Shores Nursing and Rehab Center

4251 Stack Blvd
Melbourne, FL 32901 (321) 953-2219

Avante at Melbourne

1420 Oak St
Melbourne, FL 32901 (321) 723-3215

Consulate Healthcare of Melbourne

3033 Sarno Rd
Melbourne, FL 32934 (321) 255-9200

Huntington Place Care & Rehabilitation Center

1775 Huntington Lane
Rockledge, FL 32955 (321) 632-7341

Indian River Center

7201 Greensboro Dr
West Melbourne, FL 32904 (321) 727-0990

Island Health & Rehab Center

125 Alma Blvd.
Merritt Island, FL 32953 (321) 453-0202

Life Care Center of Melbourne

606 E Sheridan Rd
Melbourne, FL 32901 (321) 727-0984

Life Care Center of Palm Bay

175 Villa Nueva Avenue
Palm Bay, FL 32907 (321) 952-1818

Melbourne Terrace Restorative Care Center

251 Florida Ave
Melbourne, FL 32901 (321) 725-3990

Rockledge Health and Rehabilitation Center

587 Barton Blvd
Rockledge, FL 32955 (321) 632-6300

Royal Oaks Nursing and Rehabilitation Center

2225 Knox McRae Dr
Titusville, FL 32780 (321) 267-0060

The Health Center of Merritt Island

500 Crocket Blvd
Merritt Island, FL 32953 (321) 454-4035

The Palms Rehabilitation & Healthcare Center

5405 Babcock St NE
Palm Bay, FL 32905 (321) 722-0660

Viera Health and Rehabilitation Center

8050 Spyglass Hill Road
Viera, FL 32940 (321) 752-1000

Vista Manor

1550 Jess Parrish Ct
Titusville, FL 32796 (321) 269-2200

West Melbourne Health and Rehabilitation Center

2125 West New Haven Avenue
West Melbourne, FL 32904 (321) 725-7360

Flagler

Flagler Health & Rehabilitation Center

300 Dr. Carter Blvd.
Bunnell, FL 32110 (386) 437-4168

Grand Oaks Health and Rehabilitation Center

3001 Palm Coast Parkway
Palm Coast, FL 32137 (386) 446-6060

Indian River

Consulate Healthcare of Vero Beach

1310 37th Street
Vero Beach, FL 32960 (772) 569-5107

Grace Rehabilitation Center of Vero Beach

2180 10th Ave
Vero Beach, FL 32960 (772) 567-5166

Volusia

Avante at Ormond Beach

170 North Kings Road
Ormond Beach, FL 32174 (386) 677-7955

Carlton Shores Health and Rehabilitation Center

1350 S. Nova Road
Daytona Beach, FL 32114 (386) 258-5544

Coquina Center, LLC

170 N. Center Street
Ormond Beach, FL 32174 (386) 672-7113

DeBary Health and Rehabilitation Center

60 N. Highway 17-92
DeBary, FL 32713 (386) 668-4426

Deltona Health Care

1851 Elcam Boulevard
Deltona, FL 32725 (386) 789-3769

Indigo Manor

595 N. Williamson Blvd.
Daytona Beach, FL 32114 (386) 257-4400

Ridgecrest Nursing and Rehabilitation Center

1200 N. Stone Street
Deland, FL 32720 (386) 734-4334

SKILLED NURSING FACILITIES

Volusia

Sandalwood Nursing Center

1001 S. Beach St.
Daytona Beach, FL 32114 (386) 258-3334

SKILLED NURSING FACILITIES

Volusia

The Alliance Community

130 W. Armstrong Ave.
DeLand, FL 32720 (386) 734-6401

The Gardens Health and Rehabilitation Center

1704 Huntington Village Circle
Daytona Beach, FL 32114 (386) 255-6571

Villa Health and Rehabilitation Center

120 West Chipola Avenue
DeLand, FL 32720 (386) 738-3433

SLEEP STUDIES

Flagler

Advanced Sleep and Respiratory Institute–Palm Coast

50 Leanni Way, Unit D-2
Palm Coast, FL 32137 (386) 615-0900

First Coast Sleep Disorder Center–Palm Coast

6 Florida Park Drive, N., Ste B
Palm Coast, FL 32137 (386) 986-1422

Sleep–Wake Disorder Center of Daytona–Palm Coast

4869 Palm Coast Pkwy., NW, Unit 4
Palm Coast, FL 32137 (386) 258-7100

Volusia

Advanced Sleep and Respiratory Institute—Ormond Beach

26 N. Beach St., Ste C
Ormond Beach, FL 32174 (386) 615-0900

Florida Hospital DeLand Sleep Disorders Center

701 W. Plymouth Avenue
DeLand, FL 32720 (386) 943-4777

Florida Hospital Fish Memorial Sleep Disorders Center

1061 Medical Center Drive, Ste 301
Orange City, FL 32763 (386) 917-7600

Ocean Sleep Disorders Center—New Smyrna Beach

405 Downing Street
New Smyrna Beach, FL 32168 .. (386) 673-2500

Ocean Sleep Disorders Center—Ormond Beach

8 Mirror Lake Dr., Ste B
Ormond Beach, FL 32174 (386) 673-2500

Sleep—Wake Disorder Center of Daytona—Daytona Beach

810 Wildwood St., Ste 1
Daytona Beach, FL 32117 (386) 258-7100

Sleep—Wake Disorder Center of Daytona—New Smyrna Beach

263 N. Causeway
New Smyrna Beach, FL 32169 .. (386) 258-7100

Sleep—Wake Disorder Center of Daytona—Ormond Beach

621 S. Nova Road
Ormond Beach, FL 32174 (386) 258-7100

Sleep—Wake Disorder Center of Daytona—Port Orange

3949 Nova Road
Port Orange, FL 32127 (386) 258-7100

URGENT CARE

Brevard

Atlantis Urgent Care Center Walk-In Clinic

2254 Highway A1A, Ste 106
Indian Harbour Beach, FL 32937 (321) 777-2273

Dairy Road Urgent Care

2107 Dairy Road, Unit B
Melbourne, FL 32904 (321) 956-8224

Medfast Urgent Care—Cocoa Beach

275 W. Cocoa Beach Cswy.
Cocoa Beach, FL 32931 (321) 799-7777

Medfast Urgent Care—Melbourne

7925 N. Wickham Road, Ste A
Melbourne, FL 32940 (321) 752-7222

Medfast Urgent Care—Palm Bay

490 Centre Lakes Drive NE
Palm Bay, FL 32907 (321) 821-4950

Medfast Urgent Care—Port St. John

5005 Port St. John Pkwy
Port St. John, FL 32927 (321) 633-6820

Medfast Urgent Care—Rockledge

1400 US Highway 1
Rockledge, FL 32955 (321) 735-8960

Medfast Urgent Care—Titusville

3045 Columbia Blvd., Ste 108A
Titusville, FL 32780 (321) 821-4955

Palm Bay Urgent Care

1155 Malabar Rd, NE # 10
Palm Bay, FL 32907 (321) 723-3627

Premier Urgent Care at Suntree/Viera

6300 N. Wickham Rd., Ste 109
Melbourne, FL 32940 (321) 253-2169

Royal Oaks Medical Center—Port St. John

7227 N. US Hwy 1
Port St. John, FL 32927 (321) 637-1595

Royal Oaks Medical Center—Titusville

1855 Knox McRae Dr.
Titusville, FL 32780 (321) 269-2028

Surfside Urgent Care

325 5th Ave.
Indianapolis, FL 32903 (321) 821-4889

Indian River

Pointe West Urgent Care

1960 Pointe West Drive
Vero Beach, FL 32960 (772) 226-4250

Sebastian Urgent Care

801 Wellness Way
Sebastian, FL 32958 (772) 226-4200

Volusia

Florida Hospital Centra Care—Daytona Beach

1014 W. International Speedway Blvd.
Daytona Beach, FL 32114 (386) 872-5044

Florida Hospital Centra Care—Port Orange

1208 Dunlawton Avenue
Port Orange, FL 32127 (386) 304-8320

PrimeCare at Twin Lakes

1890 LPGA Blvd., Ste 130
Daytona Beach, FL 32117 (386) 274-2212

WALK-IN CLINICS

Brevard

Health First NOW—Cocoa Beach

Check in online and choose an estimated treatment time.

105 S. Banana River Blvd.
Cocoa Beach, FL 32931 (321) 868-8313
HFnow.org

Health First NOW—Malabar

Check in online and choose an estimated treatment time.

730 Malabar Road
Malabar, FL 32950 (321) 725-4505
HFnow.org

Health First NOW—Melbourne

Check in online and choose an estimated treatment time.

1223 Gateway Drive
Melbourne, FL 32901 (321) 725-4505
HFnow.org

Health First NOW—Seaside

Check in online and choose an estimated treatment time.

1220 Highway A1A, Suite 147
Indianapolis, FL 32903 (321) 984-1333
HFnow.org

Health First NOW—Titusville

Check in online and choose an estimated treatment time.

603 N. Washington Ave. Ste. 101
Titusville, FL 32796 (321) 268-5008
HFnow.org

QuickCare of Brevard

1350 S. Hickory St., Ste 103
Melbourne, FL 32901 (321) 434-1735

Flagler

Florida Hospital Flagler Prompt Care

120 Cypress Edge Dr., Ste 102
Palm Coast, FL 32164 (386) 586-4280

Palm Harbor Family Practice

9 Pine Cone Dr., Ste 102A
Palm Coast, FL 32137 (386) 445-6191

Indian River

HMA Family Walk-In Care

13840 Highway 1
Sebastian, FL 32958 (772) 589-2992

Indian River Walk-In Care

1880 37th Street, Ste 4
Vero Beach, FL 32960 (772) 778-1400

WOUND CARE

Orange

Hyperbaric Medicine/Wound Healing Center

601 E. Rollins St.
Orlando, FL 32803 (407) 303-1549

Kidney Stone / Urology Surgery Center

2501 N. Orange Ave. Suite 121
Orlando, FL 32804 (407) 303-2860

Volusia

The Center for Wound Healing and Hyperbaric Medicine

305 Memorial Medical Parkway, Ste 101
Daytona Beach, FL 32117 (386) 231-3615

The Wound Care and Hyperbaric Center

1061 Medical Center Drive, Ste 101
Orange City, FL 32763 (386) 917-5547

Exhibit M



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We are Improving Lives and Giving Hope to Our Communities

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Melbourne-Pine Melbourne-Wickham Merritt Island Palm Bay Rockledge Sebastian Titusville Suntree - Viera

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Titusville

500 N. Washington Ave.
Suite 103
Titusville, FL 32796
Tel: 321.383.2210
Fax: 321.383.7388

[Giuseppe Palermo, MD](#)

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From: [Leopold, Matt](#)
To: [Heekin, Jack](#)
Subject: FW: Privileged and confidential
Date: Thursday, June 19, 2014 3:09:28 PM
Attachments: [S. 119.071\(1\)\(d\)1 F.S.](#)

From: Sunding, David [mailto:David.Sunding@brattle.com]
Sent: Tuesday, June 17, 2014 7:50 PM
To: Tom Wilmoth (tom@aqualawyers.com); Don Blankenau (don@aqualawyers.com)
Cc: Leopold, Matt
Subject: RE: Privileged and confidential
[S. 119.071\(1\)\(d\)1 F.S.](#)

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From: Sunding, David
Sent: Tuesday, June 17, 2014 4:22 PM
To: Tom Wilmoth (tom@aqualawyers.com); Don Blankenau (don@aqualawyers.com)
Subject: Privileged and confidential
[S. 119.071\(1\)\(d\)1 F.S.](#)

[Redacted]

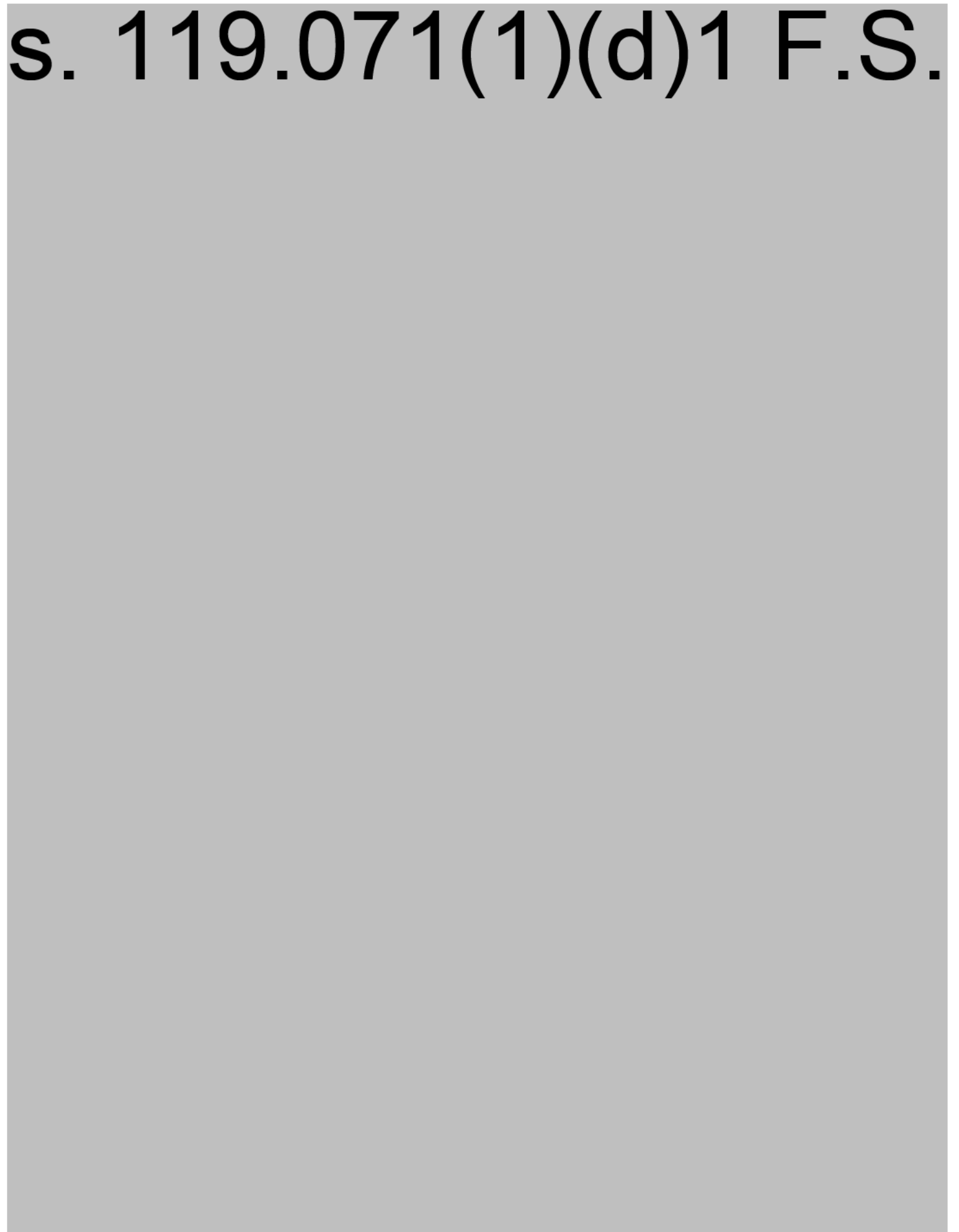
Dave

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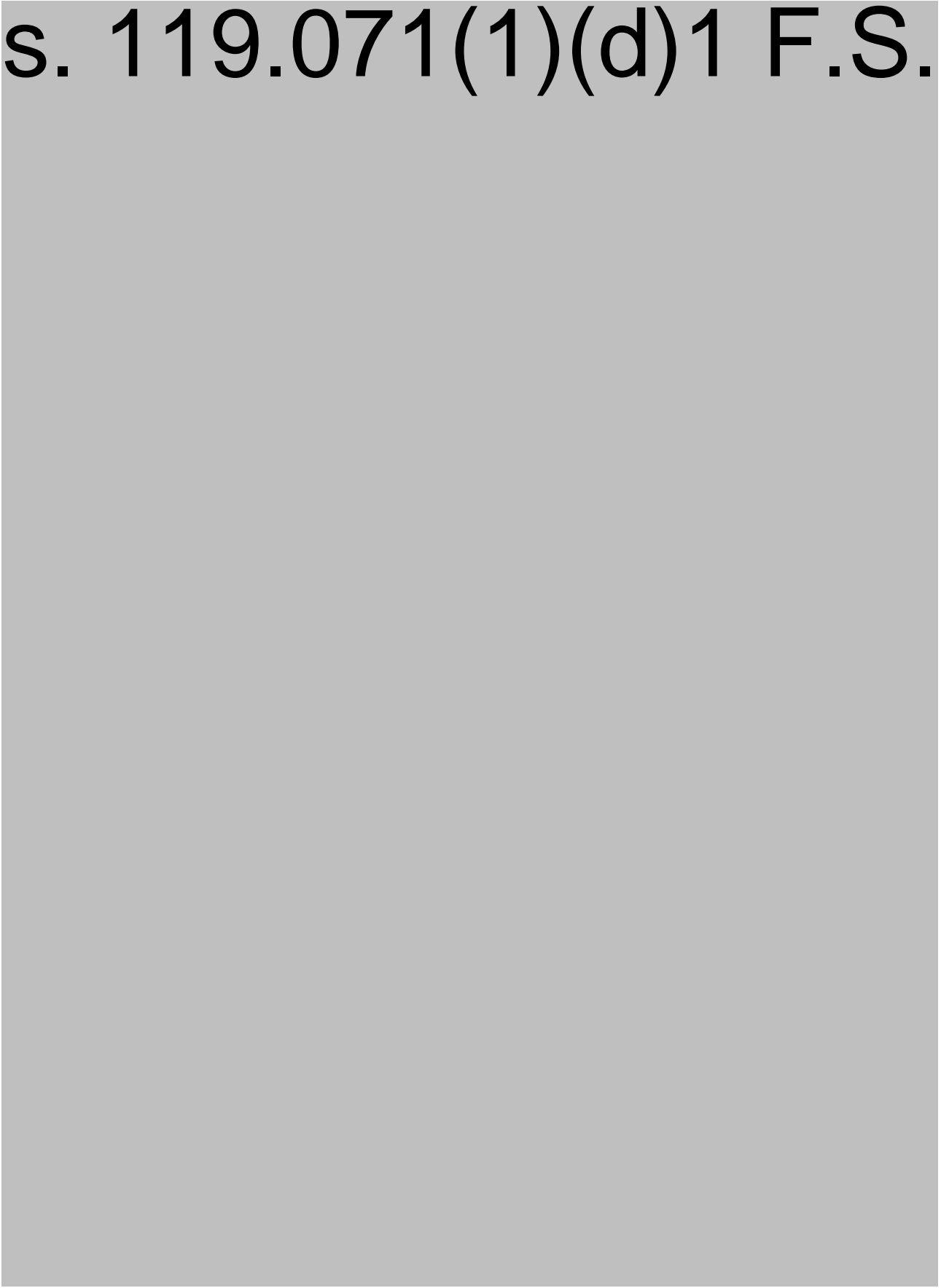
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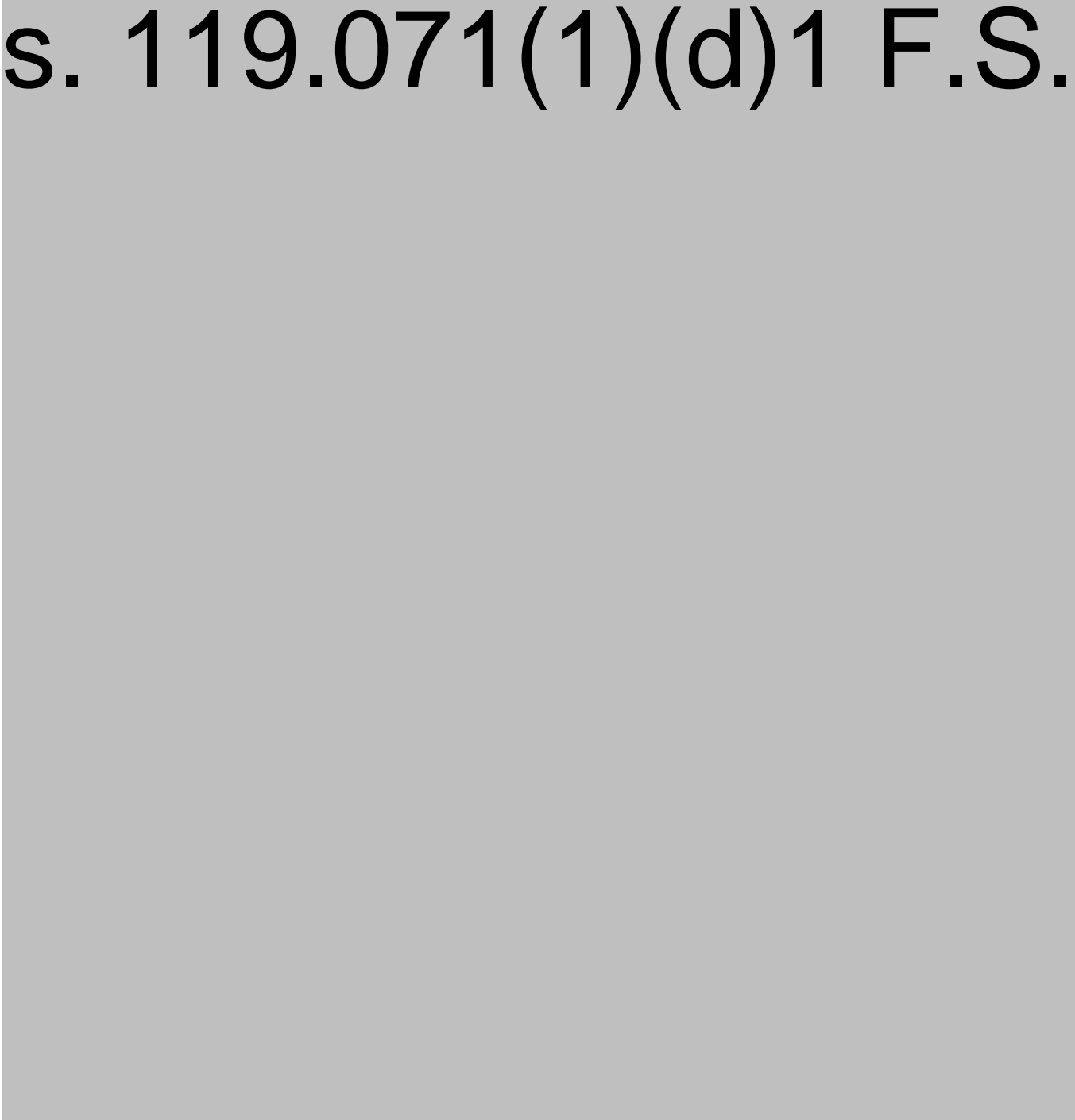
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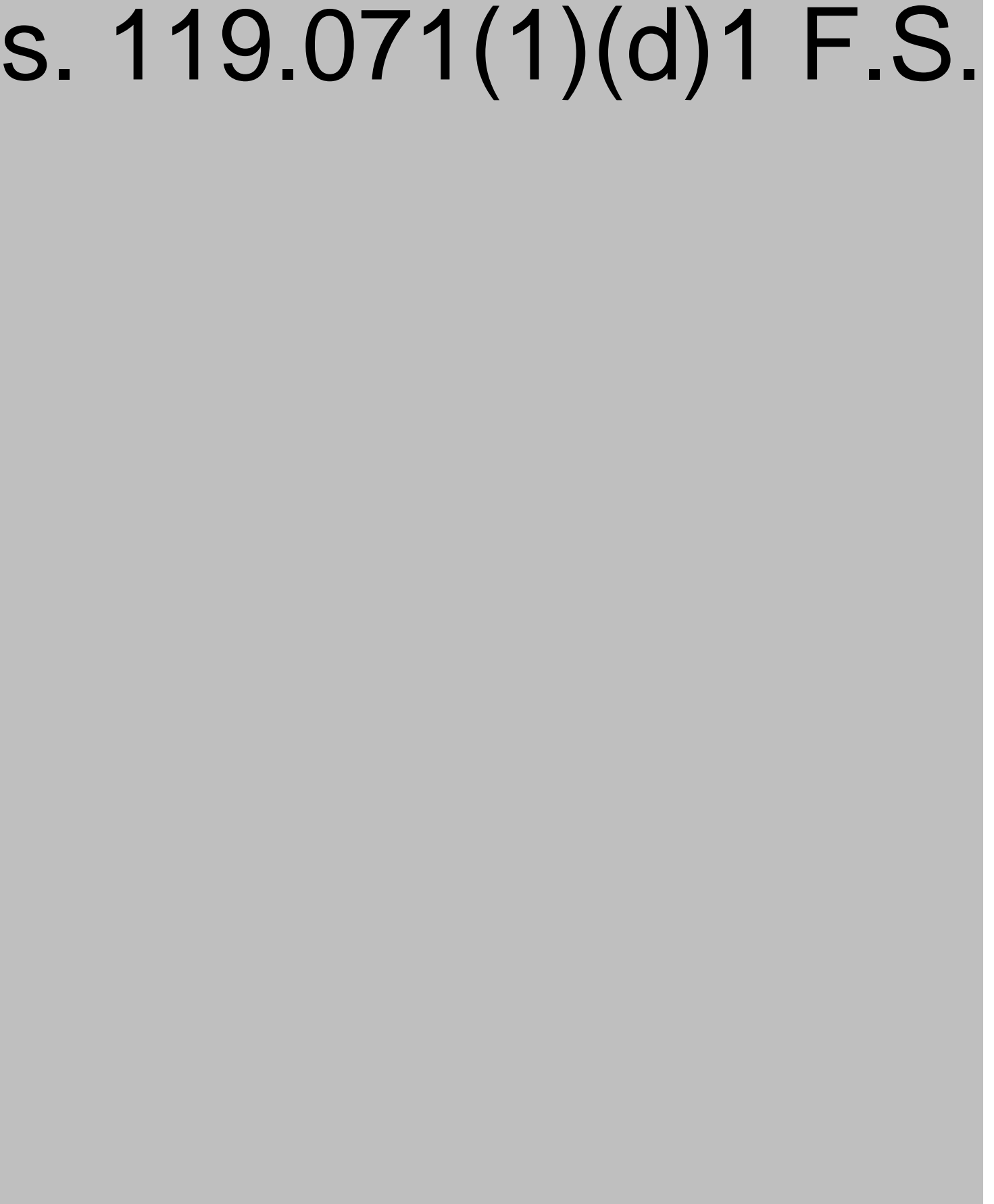
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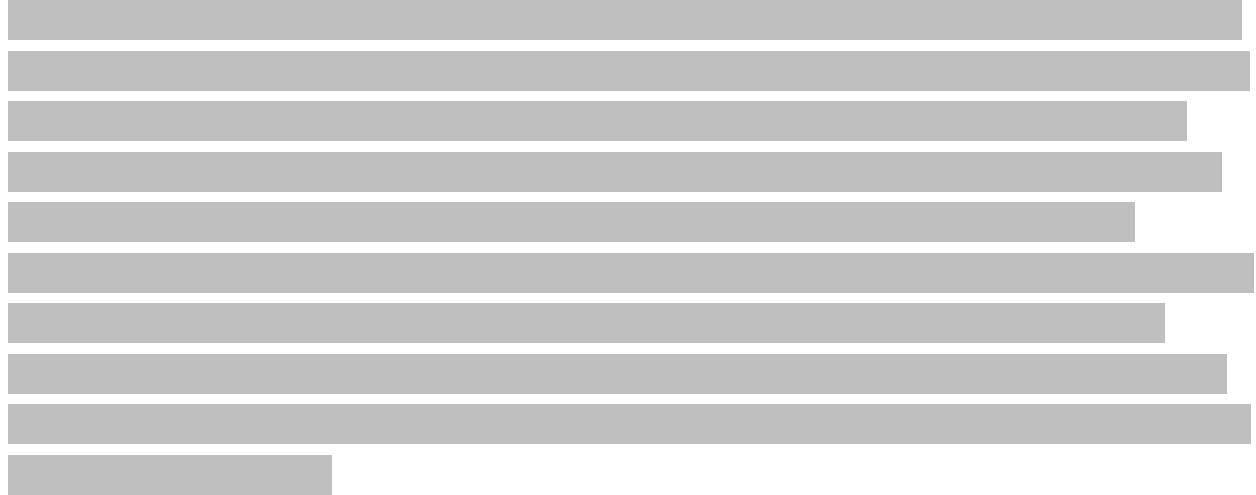
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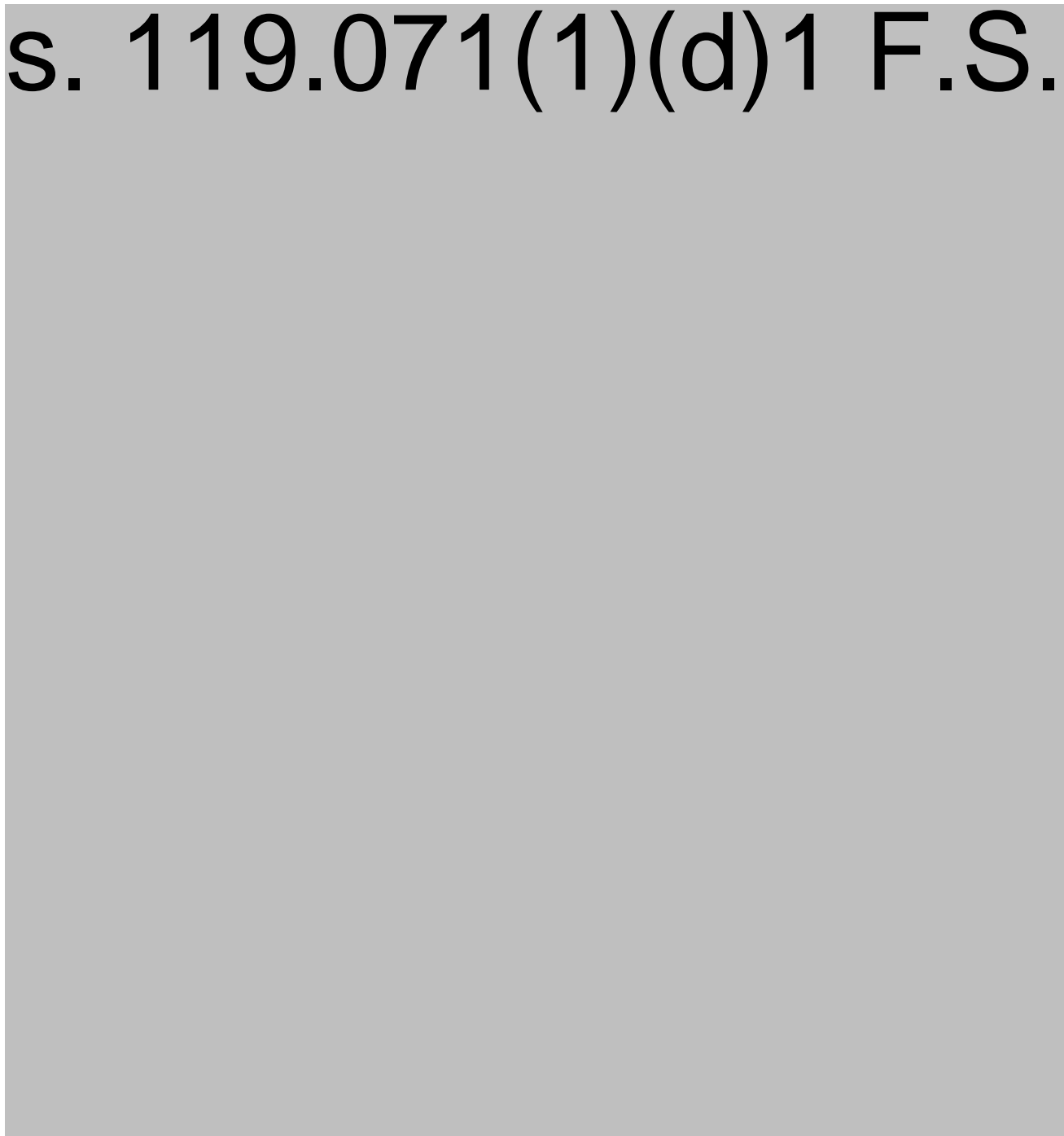
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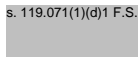
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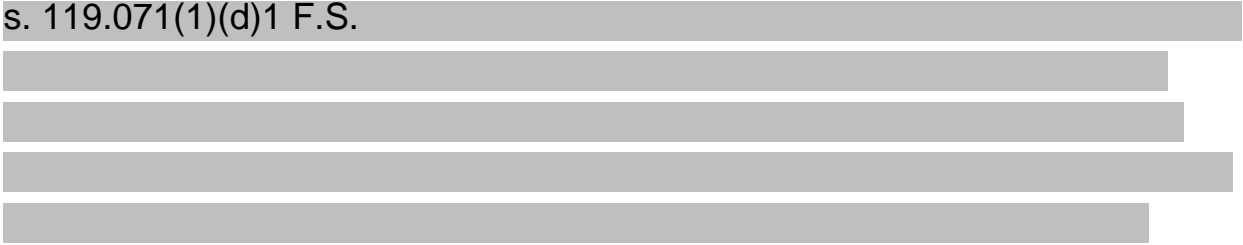
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A large rectangular gray block covering the majority of the page, representing a large redacted section of text.

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s. 119.071(1)(d)1 F.S.

From: [Cerio, Tim](#)
To: [Gibson, Ben](#)
Subject: FW: SB 604
Date: Tuesday, May 12, 2015 8:33:49 AM
Attachments: [R Street SB604 Letter.pdf](#)

From: Christian Camara [mailto:ccamara@rstreet.org]

Sent: Monday, May 11, 2015 2:56 PM

To: Governor Rick Scott

Cc: McDougal, Kim; Cerio, Tim

Subject: SB 604

Please see attached letter from the R Street Institute regarding Senate Bill 604.

Thanks, and best regards,



Christian R. Cámara

Florida Director

R Street Institute

Post Office Box 10577

Tallahassee, Florida 32302

305.608.4300 – Telephone



1050 17th Street, N.W.
Suite 1150
Washington, DC 20036
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Free Markets. Real Solutions.
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May 8, 2015

The Honorable Rick Scott
Governor of Florida
The Capitol
400 S. Monroe Street
Tallahassee, FL 32399-0001

RE: Senate Bill 604

Dear Gov. Scott:

I am writing to respectfully request that you veto Senate Bill 604, related to “Consumer Protection.”

Despite its given subject title, this bill has nothing to do with protecting consumers. It is an Internet regulation bill that forces owners of any website that hosts music or video files to publish their “true names,” addresses, telephone numbers, and emails, regardless of whether or not such a website is engaging in commerce or transacting business.

As a free-market public-policy research organization (“think tank”) we believe this both sets a dangerous precedent and is bad policy. Requiring website owners to disclose their personal information would discourage many who prefer to remain anonymous due to fear of retribution or other reasons from exercising their freedom of speech.

Anonymity and the use of pseudonyms have been key threads in the fabric of American life since the Colonial Era. From arts to politics, from the Revolutionary Era-tracts known as Cato's Letters to the street art of the elusive Banksy, there is a long tradition, respected in practice and protected by the First Amendment, of publishing or distributing material while concealing all or part of one's identity. Since our nation's independence, our courts have recognized that the First Amendment requires protections for anonymity to protect speakers from fear of retaliation as well as to encourage all speakers to engage in open discourse. (See, e.g., the U.S. Supreme Court's 1960 decision in *Talley v. California*, 362 U.S. 60.)

Governor Rick Scott
May 8, 2015
Page 2

This measure would allow big record labels, movie studios and other “aggrieved” copyright holders to file suits against and go after website owners simply for failing to provide the adequate disclosures, without needing to separately prove that those websites had actually infringed their rights or caused injury.

Even if this bill were truly about enforcing copyright and protecting intellectual property, it quite simply is not the proper role of the states to do so. The U.S. Constitution enumerated that specific power to Congress, and none other than James Madison himself opined in The Federalist No. 43 that, when it comes to copyright, “the states cannot separately make effectual provision.”

But this isn't just a matter of ancient constitutional wisdom. Congress explicitly enjoined the states from legislating in this area as part of the Copyright Act of 1976. That law prohibits states from offering any additional copyright protections or remedies that aren't already provided under federal law.

Proponents of this bill will note that they have a precedent from 46 states and the District of Columbia that already require manufacturers of CDs, DVDs and other forms of audio-visual media to publish their name on the item's label. However, the courts have upheld such laws only because they serve additional functions beyond simply enforcing copyrights – namely that they protect consumers from fraud. Not only is there no similar nexus to consumer concerns in this bill, but it would apply across the board even to sites that do not engage in commerce.

Also notable is something this bill does not contain – the words “fair use.” There is no carve-out or exemption for the fair use of material. The mere act of sharing audio-visual files is deemed sufficient to sacrifice one's privacy or risk a lawsuit. Thus, Cuban and Venezuelan dissidents now living in Florida who published videos critical of the government back home would be required to reveal their true names and addresses, even if that might endanger the lives of family left behind.

This bill is a solution in search of a problem. The federal Digital Millennium Copyright Act already provides a process for copyright owners to obtain the contact information of those they believe have infringed their rights. Florida does not need new laws to enrich trial lawyers, increase litigation in this state, or further sacrifice our privacy to Hollywood and the rest of the Copyright Lobby.

I respectfully request that you veto this bad bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Christian R. Cámara", with a stylized, cursive script.

Christian R. Cámara
Florida State Director
R Street Institute

From: [Gibson, Ben](#)
To: [Heekin, Jack](#)
Subject: FW: SB 604
Date: Tuesday, May 12, 2015 8:58:40 AM
Attachments: [R Street SB604 Letter.pdf](#)

FYI

From: Cerio, Tim
Sent: Tuesday, May 12, 2015 8:34 AM
To: Gibson, Ben
Subject: FW: SB 604

From: Christian Camara [<mailto:ccamara@rstreet.org>]
Sent: Monday, May 11, 2015 2:56 PM
To: Governor Rick Scott
Cc: McDougal, Kim; Cerio, Tim
Subject: SB 604

Please see attached letter from the R Street Institute regarding Senate Bill 604.

Thanks, and best regards,



Christian R. Cámara
Florida Director
R Street Institute
Post Office Box 10577
Tallahassee, Florida 32302
305.608.4300 – Telephone



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Suite 1150
Washington, DC 20036
202.525.5717

Free Markets. Real Solutions.
www.rstreet.org

May 8, 2015

The Honorable Rick Scott
Governor of Florida
The Capitol
400 S. Monroe Street
Tallahassee, FL 32399-0001

RE: Senate Bill 604

Dear Gov. Scott:

I am writing to respectfully request that you veto Senate Bill 604, related to “Consumer Protection.”

Despite its given subject title, this bill has nothing to do with protecting consumers. It is an Internet regulation bill that forces owners of any website that hosts music or video files to publish their “true names,” addresses, telephone numbers, and emails, regardless of whether or not such a website is engaging in commerce or transacting business.

As a free-market public-policy research organization (“think tank”) we believe this both sets a dangerous precedent and is bad policy. Requiring website owners to disclose their personal information would discourage many who prefer to remain anonymous due to fear of retribution or other reasons from exercising their freedom of speech.

Anonymity and the use of pseudonyms have been key threads in the fabric of American life since the Colonial Era. From arts to politics, from the Revolutionary Era-tracts known as Cato's Letters to the street art of the elusive Banksy, there is a long tradition, respected in practice and protected by the First Amendment, of publishing or distributing material while concealing all or part of one's identity. Since our nation's independence, our courts have recognized that the First Amendment requires protections for anonymity to protect speakers from fear of retaliation as well as to encourage all speakers to engage in open discourse. (See, e.g., the U.S. Supreme Court's 1960 decision in *Talley v. California*, 362 U.S. 60.)

Governor Rick Scott
May 8, 2015
Page 2

This measure would allow big record labels, movie studios and other “aggrieved” copyright holders to file suits against and go after website owners simply for failing to provide the adequate disclosures, without needing to separately prove that those websites had actually infringed their rights or caused injury.

Even if this bill were truly about enforcing copyright and protecting intellectual property, it quite simply is not the proper role of the states to do so. The U.S. Constitution enumerated that specific power to Congress, and none other than James Madison himself opined in The Federalist No. 43 that, when it comes to copyright, “the states cannot separately make effectual provision.”

But this isn't just a matter of ancient constitutional wisdom. Congress explicitly enjoined the states from legislating in this area as part of the Copyright Act of 1976. That law prohibits states from offering any additional copyright protections or remedies that aren't already provided under federal law.

Proponents of this bill will note that they have a precedent from 46 states and the District of Columbia that already require manufacturers of CDs, DVDs and other forms of audio-visual media to publish their name on the item's label. However, the courts have upheld such laws only because they serve additional functions beyond simply enforcing copyrights – namely that they protect consumers from fraud. Not only is there no similar nexus to consumer concerns in this bill, but it would apply across the board even to sites that do not engage in commerce.

Also notable is something this bill does not contain – the words “fair use.” There is no carve-out or exemption for the fair use of material. The mere act of sharing audio-visual files is deemed sufficient to sacrifice one's privacy or risk a lawsuit. Thus, Cuban and Venezuelan dissidents now living in Florida who published videos critical of the government back home would be required to reveal their true names and addresses, even if that might endanger the lives of family left behind.

This bill is a solution in search of a problem. The federal Digital Millennium Copyright Act already provides a process for copyright owners to obtain the contact information of those they believe have infringed their rights. Florida does not need new laws to enrich trial lawyers, increase litigation in this state, or further sacrifice our privacy to Hollywood and the rest of the Copyright Lobby.

I respectfully request that you veto this bad bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Christian R. Cámara", with a stylized, cursive script.

Christian R. Cámara
Florida State Director
R Street Institute

From: [Richard Tritschler](#)
To: [Stearns, Heather](#)
Subject: FW: Shutts & Bowen Proposal to APD re iBudget Fair Hearings
Date: Tuesday, December 17, 2013 1:27:19 PM
Attachments: [APD.pdf](#)
[ATT00001.txt](#)
[ATT00002.htm](#)

Heather, I did receive a proposal from Shutts and Bowen. See attached.

From: Joseph M. Goldstein [mailto:JGoldstein@shutts.com]
Sent: Tuesday, December 17, 2013 10:01 AM
To: Richard Tritschler
Subject: Shutts & Bowen Proposal to APD re iBudget Fair Hearings

Richard

Thank you for the opportunity to work with you, your team, and the Agency for Persons with Disabilities. We would be honored to represent APD in this important matter and look forward to other opportunities to work together.

Please call me if you have any questions.

Joe



Joseph M. Goldstein

Board Certified, Business Litigation

Shutts & Bowen LLP

200 East Broward Boulevard, Suite 2100 | Fort Lauderdale, FL 33301

Direct: (954) 847-3837 | Fax: (954) 888-3066

Mobile: (954) 478-1603

[E-Mail](#) | [Biography](#) | [V-Card](#) | [Website](#)

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JOSEPH M. GOLDSTEIN
PARTNER
(954) 847-3837 Direct Telephone
(954) 888-3066 Direct Facsimile

E-MAIL ADDRESS:
jgoldstein@shutts.com

December 17, 2013

VIA E-MAIL RICHARD.TRITSCHLER@APDCARES.ORG

Richard Tritschler
General Counsel
Agency for Persons with Disabilities
Office of the General Counsel
4030 Esplanade Way, Suite 380
Tallahassee, FL 32399-0950

**Re: Legal Representation for Florida Agency for Persons with Disabilities
regarding iBudget Fair Hearings**

Dear Richard:

Shutts & Bowen LLP submits this response to your request for informal (noncompetitive) proposals for outside counsel representation of the Florida Agency for Persons with Disabilities (APD) regarding the iBudget Fair Hearings. Shutts & Bowen can represent APD throughout the State of Florida subject to clearance of conflict checks upon identification of the requisite parties, which we do not contemplate will be an issue, and approval of a written engagement agreement.

Shutts & Bowen is a Florida focused law firm with approximately 250 attorneys in offices in major cities throughout Florida. We have been in business since 1910. Our long term success is based upon the following principle: the employment of highly competent attorneys, who are well-rounded and active in their communities, and who make the sustained success of their clients their primary goal.

Our team has the necessary administrative and litigation experience, including experience under Chapter 120, Florida Statutes, and Florida Administrative Code, to efficiently and effectively represent APD.

Rates and Maximum Amount

We propose the following alternative fee arrangement.

- For phase one, which will include training, planning, and general preparations leading up to the establishment of the iBudget Fair Hearings, we will bill you at the following significantly, discounted, blended rates: Partners/Lead Attorneys - \$385 per hour; Associates - \$285 per hour; Paralegals - \$170 per hour, and our ordinary and standard costs per State guidelines (collectively “Discounted Rates”).
- For iBudget Fair Hearings that settle without an administrative hearing, we will bill you a flat fee of \$2,500.00 plus any ordinary and standard costs per State guidelines.
- For iBudget Fair Hearings that are resolved after the commencement of an administrative hearing (without oral discovery), we will bill you a flat fee of \$7,500.00 plus any ordinary and standard costs per State guidelines.
- For iBudget Fair Hearing that are resolved after the commencement of an administrative hearing with oral discovery, we will bill you a flat fee of \$7,500.00 plus our time for handling any oral discovery billed at our Discounted Rates, including any ordinary and standard costs per State guidelines.
- APD agrees to retain Shutts & Bowen for any Circuit Court, District Court, or Appellate Court Litigation arising from any of the iBudget Fair Hearings we are handling at our Discounted Rates, including any ordinary and standard costs per State guidelines.

The Shutts & Bowen APD

Our APD team will be chaired by Joe Goldstein, who will also serve as one of the Lead Attorneys. Joe’s combination of business litigation and administrative experience is unmatched, and will ensure that all of our Lead Attorneys will have the benefit of his experience. The Lead Attorneys will also be supported by Stephen Maher, who is a Board Certified appellate attorney specializing in Administrative Law.

Joe will be the point person for APD and its leaders during phase one and will appear in Tallahassee as necessary to support the APD’s mission of success in the iBudget Fair Hearing Process. During phase one of the engagement, the Lead Attorneys, Deputy Lead Attorneys, and Assigned Staff will participate in weekly planning and strategy sessions with APD in Tallahassee, by phone, or by video teleconferencing. After some initial planning sessions, to increase efficiency, we contemplate that these sessions would only involve the Lead and Deputy Attorneys, who then in turn will debrief the remaining Team. The Shutts & Bowen APD Team

will share all materials electronically, and will be supported by its in-house Technology Services Group (TSG) through the use of internal document sharing websites and other litigation support technologies.

We will staff the iBudget Fair Hearing Team with at least one Lead Attorney in each of the Six Regions and with one Deputy Lead Attorney in the Four Largest Regions. Each Lead and Deputy Attorney will be supported by the requisite number of Associates, Paralegals, and Administrative Staff to sufficiently resolve the iBudget Fair Hearings. The Shutts & Bowen iBudget Fair Hearings Team will establish written policies, procedures, and electronic forms for the intake, processing, prosecution, and resolution of the cases to ensure high standards, consistency, and swift resolution.

The Shutts & Bowen iBudget Fair Hearings Team is ready, willing, and able to handle as many regions as APD should choose to assign to us. To increase efficiencies, while each Lead Attorney will be responsible for his or her own Region, we will maximize responsibilities by issue to ensure that there will be no duplication of work, and each Region will benefit from the work product of any other Region (and from the work product of inside counsel).

As in previous similar multiple party, document extensive cases, Shutts & Bowen will use a secure file transfer protocol (FTP) to facilitate the exchange of materials within the team and with outside parties and has the resources to use sophisticated litigation support software, such as Summation. In addition to its in-house TSG, the Shutts & Bowen APD team has access to its in-house marketing representative and its retained outside public relations firm, Wragg & Casas, that can assist with media relations as necessary.

Below is a brief summary of some of our APD Team Members who may serve as Lead or Deputy Lead Attorneys. Attached to this letter are detailed biographies of each Team Member. In selecting our team, we have focused on attorneys who have extensive trial and administrative experience and who have experience with government practice.

Chair and Lead Attorney: Joseph M. Goldstein

Joe literally has written the book on Florida Administrative/Procurement Law – the Florida Procurement Law Handbook, published by West-Thomson-Reuters. Joe has been recognized in *The Best Lawyers in America*®, for Administrative Law since 2011. In addition, Joe is an experienced trial attorney, having obtained Board Certification in Business Litigation by the Florida Bar since 2004, among numerous other business litigation honors. Joe has been lead counsel in thousands of administrative matters at the federal, state, and local levels. Joe recently led the Shutts & Bowen team that was retained by the Agency for Health Care Administration to assist it in the defense of its hundred billion dollar Managed Medicaid Procurement.

As a former government attorney, Joe was lead counsel to the United States Air Force in bid protests, including at the time the largest bid protest (the \$2 Billion Desktop IV Procurement,

which was the first government wide acquisition for desktop computers). Since entering private practice, in addition to representing companies in administrative and other litigation matters, Joe has often served as special counsel to the government in administrative matters, most recently on behalf of the Alliance for Aging, involving a multiple award bid protest, which was denied, as to the award for the Lead Agencies to provide services under the Community Care for the Elderly Program in Miami-Dade and Monroe Counties.

Administrative Law Expert: Stephen Maher

We call him the professor at Shutts & Bowen because of his authoritative knowledge of administrative law. During his more than 30 years in administrative law, litigation, and appellate review, Steve has experience as both a litigator and a legal educator. At Shutts & Bowen, he helps clients pursue their goals in court and before government agencies. He also serves as counsel in judicial reviews of litigation and administrative action by local, state and federal government. Having handled cases that set significant precedents in Florida, especially in administrative law, Mr. Maher tackles issues in diverse areas. His work includes agency proceedings, including those before DOAH, as well as appearances before state and local boards and commissions, licensing, professional discipline, permitting, petitions to initiate rulemaking, rulemaking hearings, rule challenges, rule waivers and variances, general regulatory matters, and judicial review of agency actions.

Steve has handled numerous appellate matters regarding administrative law, including *Diaz v. State, Agency for Health Care Administration*, 65 So. 3d 78 (Fla. 3d DCA 2011); *Board of Medicine v. Vazquez*, 11 So.3d 994 (Fla. 1st DCA 2009) (affirming DOAH Order under Florida APA); *CNL Resort Hotel, L.P. v. City of Doral*, 991 So.2d 417 (Fla. 3d DCA 2008) (interlocutory administrative appeal, revering DOAH Order); *Coastal Fuels Marketing, Inc. v. Canaveral Port Authority*, 962 So.2d 942 (Fla. 5th DCA 2007) (involved jurisdictional issue under Florida APA); *Simmons v. State, Agency for Health Care Administration*, 950 So.2d 431 (Fla. 1st DCA 2007); and *Barfield v. Department of Health*, 805 So.2d 1108 (Fla. 1st DCA 2001) (First District clarified the substantive jurisdiction limitation on board action within the Department of Health. The case was voted the second most important Florida administrative law case in the last ten years at a recent Pat Dore Administrative Law Conference) (a complete list of his relevant appeals is included in his biographical information).

Lead Attorney: Sidney C. Calloway

Sidney is the Co-Chair of the Firm's Government Law Practice Group. Like Joe, he combines extensive knowledge of the government administrative process with a sophisticated litigation practice. He has served as lead counsel in litigation for public agencies and private sector clients in procurement, land use, and construction related matters. Prior to entering private practice, Sidney honed his litigation skills in the Florida Attorney General's Office, as Bureau Chief for Eminent Domain. Sidney has been recognized by *Florida Super Lawyers* for his trial skills in the area of Civil Litigation Defense. As a result of his superior litigation skills, has

served as an adjunct professor at the University of Miami Law School, Litigation Skills Department.

Lead Attorney: Suzanne M. Driscoll

Suzanne is an attorney in the Eminent Domain Inverse Condemnation Practice Group. Having served as a senior attorney with both the Florida Department of Transportation and the Attorney General's Office, she has valuable experience in eminent domain law specifically and trial law in general. As a litigator with more than 50 bench and jury trials on record, Suzanne is a perfect choice to represent APD in these hearings.

Lead Attorney: Brent C. Bell

Like Bill, Brent has first-chair experience as a trial lawyer focusing his practice in commercial, real estate, and construction law. Board Certified by the Florida Bar in Construction Law, Brent has been recognized for his extensive litigation experience by *Best Lawyers in America*® for Litigation-Construction, by *Chambers USA: America's Leading Lawyers for Business*, Construction Law, and by *Florida Super Lawyers*, for Business Litigation.

Lead Attorney: Lonnie L. Simpson

Lonnie is a seasoned complex commercial trial lawyer with significant experience in financial services, securities, intellectual property, and technology matters. He has conducted bench and jury trials in courts across the United States and he has arbitrated significant matters internationally. In the administrative law context, Lonnie has represented clients in bid-protests at the federal level and in plenary proceedings before the United States Court of Federal Claims. Similarly, he has represented national business entities in special proceedings before administrative law courts in several states. Lonnie's litigation skills have been recognized by his selection in the *Best Lawyers in America*® for Commercial Litigation in 2013.

Lead Attorney: Mark Thomson

Mark combines the trial skills of an experienced litigator with the practical skills of a transactional attorney. As a partner in the Real Estate and Business Litigation Practice Groups (and a licensed Landscape Architect and former Vice President of Operations for one of the nation's largest production home builders), Mark has extensive litigation experience in a wide array of matters, including zoning and land use and complex business, corporate and construction litigation matters.

Lead Attorney: Suzanne Labritt

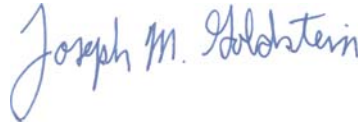
Suzanne Labrit has over 25 years of legal experience and focuses on appeals and complex

commercial litigation, including the health care field. From 2008 to 2010, Ms. Labrit served as national litigation coordinating counsel for an institutional pharmacy company and has participated in the statewide defense of thousands of diet drug litigation cases for a pharmaceutical manufacturer.

We look forward to serving as counsel for APD in these iBudget Fair Hearings and establishing a long-term beneficial relationship.

Sincerely,

SHUTTS & BOWEN LLP



Joseph M. Goldstein

Enclosures

| a/s



Joseph M. Goldstein

Partner

200 East Broward Boulevard, Suite 2100
Fort Lauderdale, Florida 33301
jgoldstein@shutts.com
T: 954-847-3837 T: (Tallahassee) 850-521-0600



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Businesses involved in disputes or government bid protests turn to Joseph M. Goldstein for several reasons: his expertise, trial experience and government background. He is the Managing Partner of the Fort Lauderdale office, where he is a member of the Litigation Department. Mr. Goldstein holds an office in Tallahassee as well.

Mr. Goldstein is among the less than one percent of attorneys who are Florida Bar Board Certified in Business Litigation. His qualifications in this area enhance his practice, which focuses on commercial litigation; government contracts, including bid protests; employment litigation, especially involving noncompetition agreements; and real estate disputes. He generally represents defense companies, technology firms, construction firms and government service providers.

REPRESENTATIVE CASES

- As the result of a bid protest trial, Mr. Goldstein successfully helped a technology company receive a government contract after its proposal was initially rejected.
- He reversed a potential debarment from government contracting for a construction services company that was under allegations of improper conduct.
- He successfully defended a business in a dispute involving alleged theft of proprietary materials and noncompete agreements. This was done through prosecution of evidentiary hearing and settlement negotiations, including overturning an injunction prohibiting competition.

AUTHOR

- Author, Practitioner Insights, "Government Employee May be qui tam Relator Under Federal but not State False Claims Act"
- Florida State Procurement Handbook
- Author, Chapter on Florida Procurement Law, American Bar Association, Section of Public Contract Law, "Guide to State Procurement, a 50-State Primer on Purchasing Laws, Processes and Procedures."

RECOGNITION

- Martindale Hubbell A-V Rated
- *The Best Lawyers in America*®, selected for inclusion in Administrative Law, 2011, 2012, 2013
- *South Florida Legal Guide* - "Top Lawyers in South Florida," selected for inclusion, 2011, 2012
- *Florida Super Lawyers*, selected for inclusion in Business Litigation in 2006, 2008, 2009, 2010, 2011, 2012





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Joseph M. Goldstein (*cont.*)

BACKGROUND

A former Assistant General Counsel for the federal government, Mr. Goldstein has experience in government contracting law and is well known within local and state procurement divisions. He has also been a part-time hearing officer for Broward County, presiding over bid protests and debarment hearings under the Broward County Procurement Code. He is a member of the City of Plantation Planning & Zoning Board as well.

Within the American Bar Association, he is the Florida State Co-Chairman for the Section of Public Contract Law, State and Local Contracting Division. He also acts as Vice-Chairman of the ABA's State and Local Procurement Division, as well as its State and Local Division Bid Protest Committee.

After graduating from law school, Mr. Goldstein served from 1989 to 1991 as a law clerk for Judge Patricia Fawsett on the U.S. District Court, Middle District of Florida. Following his clerkship, Mr. Goldstein fulfilled his military commitment arising from his ROTC scholarship. He was selected to serve in the Air Force General Counsel's Honors Program at the Pentagon, where he served on active duty from 1991 until 1994. There he represented the Air Force in more than 150 bid protests before the General Services Board of Contract Appeals and the General Accounting Office. He conducted legal reviews and negotiations with major defense contractors and assisted the Department of Justice in prosecuting fraud and qui tam suits. He later retired as a Captain and was awarded the Meritorious Service Medal.

Mr. Goldstein is a member of Leadership Broward and a member of its Board of Directors. He also formerly served as a Manager for the Plantation Eagles Soccer Club Athletic League.

The American Bar Association, Public Contract Law Section, has appointed Mr. Goldstein to the following leadership position: Vice-Chair of the State and Local Procurement Division for the 2012-2013 year.

EDUCATION

- Georgetown University Law Center, LL.M., Tax, with distinction, 1994
- Nova University, J.D., *magna cum laude*, 1989
- Cornell University, B.S., Urban and Regional Studies, 1986

AFFILIATIONS

- American Bar Association - State and Local Procurement Division, Vice Chair; State and Local Bid Protest Committee, Vice Chair; State Law Database Coordination, Co-Chair
- Florida Bar Board Certified, Business Litigation
- Fellow of the American Bar Association





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Joseph M. Goldstein (*cont.*)

- Chair, Florida Bar 17th Judicial Circuit Grievance Committee "D"
- Chair, Leadership Broward Foundation
- Board Member, Broward Public Library Foundation

BAR ADMISSIONS

- The Florida Bar

COURT ADMISSIONS

- U.S. District Court, Southern, Middle and Northern Districts of Florida
- U.S. Tax Court
- U.S. Court of Federal Claims





Sidney C. Calloway

Partner

200 East Broward Boulevard, Suite 2100
Fort Lauderdale, Florida 33301
scalloway@shutts.com
T: 954-847-3833



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Sidney Calloway, a husband and father of four, received his J.D. from Washington University. He is a partner and Co-Chair of Shutts & Bowen Government Law Practice Group. His prominent expertise as lead trial counsel for both public agencies and private sector clients encompasses jury trial litigation experience in cases involving land use and zoning, eminent domain, CERCLA, telecommunications and construction defects. He has been recognized by *Florida Super Lawyers* for his trial skills and professional expertise in the area of Civil Litigation Defense. Mr. Calloway is also a past President of the T.J. Reddick Bar Association, a former adjunct professor at the University of Miami Law School, Litigation Skills Department, and former chair of a Florida Bar Grievance Committee for the 17th Judicial Circuit. He is also a Florida Supreme Court certified circuit civil court mediator.

AFFILIATIONS

Mr. Calloway served on the Florida Transportation Commission from 2001 through 2009. He also served on the State Commission on Legislative Reform of Judicial Administration. In 2010, the Delta Sigma Theta sorority presented Mr. Calloway with its Distinguished Service Award. In 2008, Onyx Magazine awarded Mr. Calloway the Onyx Award for community service. In 2007, the Urban League of Broward County presented Mr. Calloway with its Margaret Roach Humanitarian Award. Mr. Calloway is a member of the Regional Business Alliance. He is former Chair of the Greater Fort Lauderdale Chamber of Commerce and currently chairs the Chamber's Committee on Transportation & Infrastructure. In June, 2011, Mr. Calloway completed almost nine years of public service as a member of the Board of Directors for the Early Learning Coalition of Broward County, where he also served as Vice-Chair and Treasurer of that organization. Mr. Calloway also formerly served on the Board of Directors of the Urban League of Broward County, the City of Fort Lauderdale Economic Development Advisory Board, and the Fort Lauderdale NAACP.

EDUCATION

- Washington University/St. Louis, J.D., 1988
- Florida State University, B.A., 1985

AFFILIATIONS

- American Bar Association
- Broward County Bar Association
- National Bar Association
- American Association for Justice
- Leadership Florida



Sidney C. Calloway (*cont.*)



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BAR ADMISSIONS

- The Florida Bar

COURT ADMISSIONS

- U.S. District Courts, Southern & Middle Districts of Florida
- U.S. Court of Appeals, 11th Circuit





Brent C. Bell

Partner

300 South Orange Avenue, Suite 1000
Orlando, Florida 32801
bbell@shutts.com
T: 407-835-6725



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Experienced in commercial and real estate litigation and Board Certified by The Florida Bar in Construction Law, Brent Bell aggressively pursues his clients' goals while maintaining a focus on cost effectiveness. His practice spans issues related to the construction industry and his clients include homebuilders, contractors, professionals and suppliers throughout the state. He is a partner in the firm's Orlando office.

As a partner in the Shutts & Bowen Construction Practice Group, Mr. Bell uses powerful legal strategies to pursue a cost-effective outcome for his clients. He counsels them with litigation avoidance and also handles disputes through negotiation, mediation, administrative proceedings and arbitration.

Whether a client's project is large or small, Mr. Bell represents the client's interests in court to, ultimately, protect the business overall. He handles cases involving construction defects, real estate disputes, lien and bond law, defective products and product liability claims. He also works on contracts, drafting and enforcement.

Mr. Bell is a frequent lecturer to audiences in the construction industry. He often speaks on bond and lien laws, construction defects, project delivery systems, the anatomy of construction lawsuits, the fundamentals of construction law and collections.

RECOGNITION

- Martindale-Hubbell A-V Rated
- *Chambers USA: America's Leading Lawyers for Business*, selected for inclusion in Construction Law: 2007, 2008, 2009, 2010, 2011, 2012
- *Florida Super Lawyers*, selected for inclusion, *Rising Star* in Business Litigation: 2009; Super Lawyer 2011, 2012
- *Best Lawyers in America*, selected for inclusion Litigation-Construction 2013

EDUCATION

- University of Florida, J. D., with honors, 1994
- Emory University, B.A., Economics, 1991

BAR ADMISSIONS

- The Florida Bar

COURT ADMISSIONS

- U.S. District Court for the Northern, Middle and Southern Districts of Florida





Suzanne M. Driscoll

Partner

200 East Broward Boulevard, Suite 2100
Fort Lauderdale, Florida 33301
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Suzanne Driscoll is an attorney in the Eminent Domain Inverse Condemnation Practice Group. Having served as a senior attorney with both the Florida Department of Transportation and the Attorney General's Office, she has valuable experience in eminent domain law specifically and trial law in general. A litigator with more than 50 jury trials on record, Ms. Driscoll is based in the Fort Lauderdale office.

EXPERIENCE

Working with clients ranging from small, privately-owned businesses to national chains in oil, drugs and consumer products, Ms. Driscoll is committed to getting full compensation for clients whose property is being taken by the government. She works closely with clients to understand their goals and concerns, while acting to protect their property and access rights. She also applies her inside knowledge of the system to negotiate or file actions against the Florida Department of Transportation and other agencies.

Ms. Driscoll's practice also extends to appellate work, including a recent case that set important precedents for the industry. She successfully helped defend Tire Centers (a subsidiary of Michelin) in *FDOT v. Tire Centers LLC*. This case of first impression presented an issue that had never been specifically addressed by an appellate court. The 4th District Court of Appeals upheld an award of more than \$1.7 million in business damages to Tire Centers LLC, setting a precedent on whether a business' ability to relocate should offset the damages to which it would otherwise be entitled to from the condemning authority.

PROFESSIONAL INVOLVEMENT

A member of the Florida Bar Association's Eminent Domain Committee, Ms. Driscoll frequently speaks before various groups, including the Florida Bar Association, the Association of Eminent Domain Professionals and Continuing Legal Education (CLE) International. Based on the recent success with the case for Tire Centers LLC, she recently presented a paper on business damage mitigation for CLE International.

RECOGNITION

- Martindale-Hubbell A-V Rated

EDUCATION

- University of Miami School of Law, J.D., 1989
- University of Miami, B.A., Sociology, 1986

AFFILIATIONS

- Florida Bar Association, Eminent Domain Committee



Suzanne Driscoll (*cont.*)



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- Association of Eminent Domain Professionals
- Continuing Legal Education (CLE) International, Speaker

BAR ADMISSIONS

- The Florida Bar

COURT ADMISSIONS

- U.S. District Court, Southern District of Florida

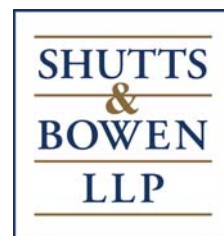




Suzanne Labrit

Partner

4301 West Boy Scout Boulevard, Suite 300
Tampa, Florida 33607
slabrit@shutts.com
T: 813-227-8113



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Suzanne Labrit has over 25 years of experience and focuses on appeals and complex commercial litigation for clients in various sectors, primarily financial services, healthcare and entertainment. She is a partner in the Litigation Department, based in the firm's Tampa office. Ms. Labrit holds the highest rating available from Martindale Hubbell (AV preeminent).

APPEALS

Ms. Labrit has extensive appellate experience and has handled well over a hundred appeals on diverse legal issues, including numerous arguments in the Florida Supreme Court, the Eleventh Circuit Court of Appeals and all the district courts of appeal in the State of Florida. She is experienced in all aspects of appellate advocacy and procedure, and routinely prepares briefs, jurisdictional petitions, extraordinary writs and related filings. She provides appellate support during trial and pretrial activities, assisting in development of legal theories and proper record establishment, as well as identifying and preserving error.

CLASS ACTIONS/COMMERCIAL LITIGATION

Ms. Labrit is well-versed in all aspects of class certification, merits determination and class action settlement/administration in state and federal courts. She is currently defending several putative class actions involving consumer-based claims in the insurance and finance industries.

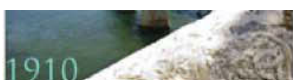
Ms. Labrit also counsels clients on issues that affect their ability to operate and compete fairly. She litigates contract disputes, whistleblower/false claims cases and has substantial experience with temporary restraining orders and injunctions to enforce/defend restrictive covenants and protect trade secrets.

HEALTHCARE LITIGATION

Ms. Labrit's healthcare background includes several years as a partner in the Miami office of McDermott, Will & Emery. A Shutts & Bowen partner since 2003, she represents diagnostic and treatment facilities, pharmacy companies, hospitals, payors, physicians, and group practices. She counsels clients in disputes over contract performance/termination, compliance and reimbursement issues, peer review, credentialing and related matters. She handles internal investigations, administrative proceedings, arbitrations, trials and appeals. From 2008 to 2010, Ms. Labrit served as national litigation coordinating counsel for an institutional pharmacy company; prior to that, she participated in the statewide defense of thousands of diet drug litigation cases for a pharmaceutical manufacturer.

ENTERTAINMENT LITIGATION

Entertainment-related litigation is another area of focus for Ms. Labrit. She represents motion picture companies, recording studios and publishers in enforcing and defending their copyrights, trademarks,





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Suzanne Labrit (*cont*)

licenses and other intellectual property. She also handles contractual, production and licensing disputes throughout Florida.

EDUCATION

- Nova Law Center, J.D., 1987
- University of Florida, B.A., English Literature, 1981

AFFILIATIONS

- American Health Lawyers Association

BAR ADMISSIONS

- The Florida Bar
- The Tennessee Bar

COURT ADMISSIONS

- U.S. District Court for the Southern and Middle Districts
- U.S. Court of Appeals, Eleventh Circuit
- U.S. Supreme Court

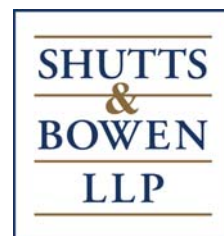




Lonnie L. Simpson

Partner

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Tampa, Florida 33607
lsimpson@shutts.com
T: 813-227-8168



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Lonnie L. Simpson is a partner at Shutts & Bowen, resident in the firm's Tampa office. Mr. Simpson is a member of Shutts & Bowen's Business Litigation Group.

For over 20 years, Mr. Simpson has focused his complex commercial-dispute-resolution practice on financial markets, commercial and corporate finance, intellectual property and technology. Financial services providers from commercial and investment banks to individual broker-dealers have engaged Mr. Simpson for securities litigation matters in state and federal courts, before state and federal regulatory authorities and securities arbitration matters before self-regulatory organizations. Similarly, financial services providers, telecommunications service providers, product manufacturers and product distributors have engaged Mr. Simpson for litigation before the state and federal courts and arbitration before domestic and international private arbitration panels. Mr. Simpson's work has included appeals to the Florida District Courts of Appeal and the United States Court of Appeals for the Eleventh Circuit.

RELEVANT EXPERIENCE

- Prosecution and defense of customer and industry-related claims before FINRA Dispute Resolution across the United States, where the claims arbitrated varied from margin call and account liquidation issues to corporate and individual broker-dealer auction rate securities sales;
- Defense of a national corporate broker-dealer in registration revocation proceedings before a state administrative securities regulator, requiring in-depth internal investigation, legal analysis under an array of federal and state law, coordination of defense against similar claims across the United States;
- Prosecution and defense of Internet-related matters including domain name dispute proceedings before the World Intellectual Property Association, litigation under the Digital Millennium Copyright Act;
- Prosecution of copyright infringement and unfair competition matters on behalf of a national technical-education-provider and for computer software development companies;
- Advising national and international business entities as to information privacy, protections against unauthorized disclosure and remedial measures in the event of unauthorized disclosure;
- Advising national employers of skilled professionals as to compensation structures, trade secret protection, non-competition agreements preparation and enforcement;
- Prosecution of patent infringement and trademark infringement matters on behalf of an international product manufacturer and distributor;
- Defense of a domestic investment advisor, its principals, an offshore investment fund and its director against purported "death spiral" securities fraud and unlawful market manipulation claims asserted by a public company and arising out of a securities purchase agreement for future priced securities;





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- Defense of an individual investor, market-maker and CBOE seat-holder in defense against purported “naked short-selling, death spiral financing” securities fraud claims, civil conspiracy claims and claims based on state and federal securities regulation statutes;
- Direction and management of electronically-stored-data acquisition, analysis and production projects involving billions of records, along with supervision of staffs of attorney-reviewers across the United States to meet extremely short discovery deadlines;
- Defense of a multiple patent-owner in the general field of computer network communications against patent infringement claims and demand for preliminary injunctive relief in the federal courts;
- Defense of an international telecommunications service provider against improper provisioning, illegal billing, and deceptive trade practice claims before a Florida circuit court, requiring compilation and analysis of over one billion call-data-records and electronic communications over a five-year period to advise the client, to develop and execute litigation strategy and to comply with significant discovery requirements;
- On a pro bono basis, prosecution of claims under the International Child Abduction Remedies Act and the Hague Convention on Civil Aspects of International Child Abduction on behalf of parents of foreign-national children attempting to re-establish contact with their children following wrongful removal of the children from their home-countries.

RECOGNITION

- *Best Lawyers in America*, selected for inclusion in Commercial Litigation, 2013

EDUCATION

- Fredrick G. Levin College of Law, University of Florida, J.D., 1989
- Warrington College of Business Administration, University of Florida, Master of Business Administration, 1989
- College of Arts and Sciences, University of Alabama, Bachelor's Degree in Criminology and Political Science, *magna cum laude*, 1985
 - Phi Beta Kappa, Alpha Chapter, University of Alabama, 1984
 - Pi Sigma Alpha, University of Alabama, 1984

BAR ADMISSIONS

- The Florida Bar
- The District of Columbia Bar
- Hillsborough County Bar Association
- St. Petersburg Bar Association



Lonnie Simpson (*cont*)



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COURT ADMISSIONS

- U.S. District Courts for the Middle, Northern and Southern Florida Districts
- U.S. Bankruptcy Courts for the Middle, Northern and Southern Florida Districts
- U.S. District Court for the District of Arizona
- U.S. Court of Federal Claims
- U.S. Court of Appeals for the Eleventh Circuit





Mark D. Thomson

Partner

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Orlando, Florida 32801
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Mark Thomson is a partner and works in the Real Estate and Business Litigation Practice Groups in the Shutts & Bowen Orlando office. He is also a licensed Landscape Architect and former Vice President of Operations for one of the nation's largest production home builders. His combined areas of experience include an extensive background in:

- Zoning and Land Use, including Time Share, Interval Ownership, and Short-Term Rental
- Real Estate Transactions
- Commercial and Residential Development and Construction
- Creation of Governing Homeowner Association Documents
- Commercial Leasing
- Complex business, corporate and construction litigation matters
- Business Entity Formation and Corporate Transactions

Mr. Thomson has experience and background in time share, interval ownership, and short-term rental land use entitlement and development. He has established and expanded time share developments for such industry leaders as Wyndham (formerly, Fairfield Resorts) and Central Florida Investments in Central and South Florida. Mr. Thomson also has extensive experience in time share unit mortgage foreclosures to provide his clients, as purchase money lenders with recovered resale unit inventory where purchase money borrowers are in default with their borrowing obligations.

Mr. Thomson is a former Member of the Board of Directors of the Greater Orlando Business Network and has served as Past President. He has also served as Past Chairman of the Federal Emergency Management Association Legal Assistance Program of the Broward County Bar Association, Past Chairman of the Ft. Lauderdale Community Appearance Board, and Past Chairman of the Ft. Lauderdale Unsafe Structures and Housing Appeals Board. He has several published articles and treatises in the areas of title insurance, commercial real estate financing, real estate transactions, and has been a featured speaker at Continuing Legal Education seminars in the areas of title insurance, commercial real estate financing, and land surveying.

EDUCATION

- University of Miami School of Law, J.D., 1989
- Syracuse University, Bachelor of Landscape Architecture, *cum laude*, 1981
- State University of New York, College of Environmental Science and Forestry, B.S., Environmental Sciences, emphasis in Civil Engineering, *cum laude*, 1980





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Mark Thomson (*cont*)

AFFILIATIONS

- American Bar Association
- Orange County Bar Association

BAR ADMISSIONS

- The Florida Bar

COURT ADMISSIONS

- U.S. District Court for the Middle and Southern Districts of Florida
- U.S. Court of Appeals for the Eleventh Circuit
- U.S. Supreme Court





Stephen T. Maher

Partner

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PRACTICE AREAS

Appellate
Administrative Law
International Dispute
Resolution

INDUSTRIES

Health Care
Insurance
Real Estate

BAR ADMISSIONS

The Florida Bar
District of Columbia
Bar

COURT ADMISSIONS

U.S. District Court for
the Northern, Middle
and Southern
Districts of Florida
U.S. Court of
Appeals, Fifth and
Eleventh Circuits
U.S. Supreme Court

Stephen Maher offers clients the experience of a skilled lawyer and the communications skills of an accomplished educator. He represents clients in cases that need in-depth analysis and strategic counsel. He practices in the Miami office.

EXPERIENCE

During more than 30 years in administrative law, litigation and appellate review, Mr. Maher gained experience as both a litigator and a legal educator. At Shutts & Bowen, he helps clients pursue their goals in court and before government agencies. He also serves as counsel in judicial reviews of litigation and administrative action by local, state and federal government.

Having handled cases that set significant precedents in Florida, especially in administrative law, Mr. Maher tackles issues in diverse areas. His work includes agency proceedings, including those before the Division of Administrative Hearings, as well as appearances before state and local boards and commissions, licensing, professional discipline, permitting, petitions to initiate rulemaking, rulemaking hearings, rule challenges, rule waivers and variances, general regulatory matters, and judicial review of agency actions.

An experienced litigator, Mr. Maher also counsels clients and represents them at trial, on appeal and in arbitration. He has decades of appellate experience and has appeared in courts at the state and federal levels. He has handled cases in every Florida District Court of Appeal, the Supreme Court of Florida, the United States Court of Appeals for the Fifth, Eighth, and Eleventh Circuit, and has filed for certiorari in the United States Supreme Court.

SIGNIFICANT APPELLATE DECISIONS

Mr. Maher has participated in a number of cases that have established significant legal precedents. These include:

Topol v. Polokoff, 88 So. 3d 341, 2012 WL 1605310 (Fla. 4th DCA 2011)
(Dissolution of marriage action was brought. After husband's death during the proceedings, one of husband's daughters sought declaratory decree that husband's redesignation of wife as the beneficiary of an individual retirement account (IRA), pursuant to an interlocutory order requiring him to do so, was invalid. The Circuit Court awarded summary judgment to daughter. Wife appealed. The Fourth District held that the trial court's interlocutory order, in the dissolution action, requiring husband to





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redesignate wife as the beneficiary of the IRA did not survive abatement of the dissolution action after his death, and as matter of first impression in the state, husband's redesignation of wife as the beneficiary pursuant to the interlocutory order did not survive abatement of the action.

Rainess v. In re: Estate of Machida, 81 So. 3d 504 (Fla. 3d DCA 2012) (Bank petitioned to reopen estate administration and brought as adversary proceeding interpleader action to determine rightful beneficiary of decedent's individual retirement account (IRA), and it named the decedent's widower and nephew as respondents. Widower and nephew filed cross-claims against one another. Widower filed counter-petition against bank for conversion, breach of fiduciary duty, negligence, and breach of contract. Following trial, the Circuit Court entered judgment awarding widower and nephew equal shares of the IRA and finding in favor of bank on widower's claims. Widower appealed and bank cross-appealed seeking attorney's fees. The Third District affirmed in part and reversed in part and held that the bank could interplead decedent's entire individual retirement account (IRA), that widower was not entitled to prejudgment interest, that an alleged photocopy of IRA simplifier was not admissible to the same extent as an original under best evidence rule, that that trial court's decision that decedent designated respondents as co-equal 50% beneficiaries of IRA was supported by substantial, competent evidence, that bank was not entitled to attorney fees and that widower was not entitled to post-judgment interest.

Rothman v. Marshall, 83 So. 3d 859 (Fla. 4th DCA 2011) (Co-trustee of trust benefiting ward filed objection to guardianship plan filed by guardian of ward's person 30 days after the plan was filed. The Circuit Court, which had already approved the plan, denied the objection as untimely. The Co-trustee appealed, claiming that the objection was timely because it had been filed within the 30 day period for filing of objections set out in the statute. The Fourth District reversed and remanded, holding that the objection was timely and the co-trustee was entitled to a hearing on her objection.

National City Bank v. Accent Marketing Associates, LLC, 82 So. 3d 1060 (Fla. 4th DCA 2011) (Contractor brought action against homeowners to foreclose a construction lien, and homeowners brought third-party complaint against bank for improperly disbursing money from a construction loan directly to contractor. After entry of default judgment against bank, the Fifteenth Judicial Circuit Court, Palm Beach County granted bank's motion to set aside the default on the basis of excusable neglect. Homeowners appealed, and the District Court of Appeal, 46 So.3d 1199, reversed and remanded. On remand, bank moved for a hearing on its alternative argument that it had a due process entitlement to a hearing on unliquidated damages. The Circuit Court, denied the motion and the Bank appealed. The Fourth District Court of Appeal reversed and remanded and held that: (1) the doctrine of res judicata did not bar trial court from considering bank's alternative argument on remand, and (2) the doctrine of law of the case did not bar trial court from considering bank's alternative argument on remand.)

Hock v. Legacy Bank of Florida, 82 So.3d 845 (Fla. 4th DCA 2011), (Mortgagee brought action to foreclose home equity mortgage, and mortgagors asserted affirmative defenses and a counterclaim, including an affirmative defense of rescission pursuant to the Truth in Lending Act (TILA). The Fifteenth Judicial Circuit Court, Palm Beach County, entered order requiring mortgagors to post a \$400,000 bond into the court registry as a condition of maintaining the rescission affirmative defense. Mortgagors sought review of that





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order by a petition for writ of certiorari. The Fourth District Court of Appeal refused to grant certiorari and held that mortgagors failed to show that trial court's order would cause irreparable harm not remediable on appeal.)

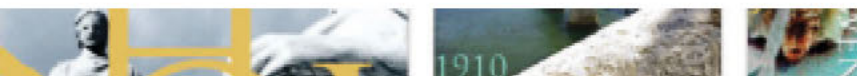
SR Acquisitions—Florida City, LLC v. San Remo Homes at Florida City, LLC, 78 So.2d 636 (Fla. 3d DCA 2011) (Mortgagee, which was formed by two of the three members of mortgagor in order to purchase the mortgage loan from the original lender, filed petition for writ of mandamus seeking to compel trial court in its underlying foreclosure action against mortgagor to set a foreclosure sale and deny any further requests for postponements of the date. The Third District held that mortgagee was entitled to writ of mandamus compelling trial court to rule on pending motion by non-party third member of mortgagor for relief from the foreclosure judgment.)

Schwartz v. Guardian Life Ins. Co. of America, 73 So. 3d 798 (Fla. 4th DCA 2011) (When insurer filed complaint for interpleader and declaratory relief, naming insured's widow and insured's sister as defendants, seeking to determine who was entitled to life insurance proceeds, insured's widow brought counterclaim for breach of contract. The Circuit Court denied the widow's motion for summary judgment, granted insurer's motion for summary judgment, and entered a final judgment. The widow appealed. The Fourth District reversed the judgment because it found a fact question, but, as a matter of first impression, determined that the facility of payment statute applies equally to claims that a change of beneficiary was obtained by fraud or by undue influence, and determined that a good faith requirement is not imputed to the application of the facility of payment statute and that the facility of payment statute does not impose a duty on insurer to investigate whether a change of owner or beneficiary has been procured by forgery.)

Diaz v. State, Agency for Health Care Administration, 65 So. 3d 78 (Fla. 3d DCA 2011) (Group homes for developmentally disabled Medicaid recipients. and the operator of the group homes, appealed from an order of the Agency for Health Care Administration (AHCA) dismissing, with prejudice, their petition for formal administrative hearing, and an order of the Agency for Persons with Disabilities (APD) denying their petition for formal administrative hearing, arising out of APD's termination without cause of its Medicaid provider agreement with operator, and AHCA's resulting termination of operator's Medicaid provider number. The Third District Court of Appeal held that: (1) no contractual provision or legal authority required resolution of the dispute to occur in a forum other than the circuit court, and (2) termination of the provider agreement without cause did not implicate operator's substantial interests, so as to warrant resolution of the dispute by administrative proceedings.)

Genovese v. Provident Life and Accident Insurance Company, 74 So. 3d 1064 (Fla. 2011) (Supreme Court of Florida, answering question certified to it by the Fourth District Court of Appeal, held that attorney-client privileged communications are not discoverable in an action by a first-party insured against insurer for bad faith).

PNC Bank v. Progressive Employer Services II, 55 So. 3d 655 (Fla. 4th DCA 2011) (Borrowers brought action against lender alleging that lender breached credit agreement entered into by the parties. The Circuit Court granted summary judgment in favor of borrowers. Lender appealed. The Fourth District





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reversed, holding that the lender did not breach the agreement, that the early termination fee provision did not constitute a liquidated damages provision, and that the trial court abused its discretion in denying lender's motion to amend to add a counterclaim.)

Bristol West Insurance Company v. MD Readers, Inc., 52 So. 3d 48 (Fla. 4th DCA 2010) (Provider of magnetic resonance imaging (MRI) services brought declaratory judgment action against automobile insurer, seeking a declaration as to the proper calculation for reimbursement of MRI services under personal injury protection (PIP) coverage. The Circuit Court certified class of MRI service providers who sought reimbursement from insurer, and Insurer appealed. The Fourth District held that the provider was not required to serve insurer with pre-suit notice, and thus its failure to do so did not disqualify it from serving as class representative. However, and the concurring Judge noted "since this is already 2010, any subsequently-filed cause of action for benefits due, either pursuant to contract or statute, would be barred by relevant statutes of limitations. See §§ 95.11(2)(b) and (3)(f), Fla. Stat. Therefore, I cannot envision that a declaration of the proper calculations of fees for services rendered in 2004 and 2005 serves any useful purpose, because the class's rights are no longer affected by a dispute, see § 86.021, Fla. Stat. (2010), as the time has long since passed for making a claim for benefits under the statute and/or contract.").

Vidal v. SunTrust Bank, 41 So. 3d 401 (Fla. 4th DCA 2010) (reversing order denying Vidal's motion to quash service and holding, as matter of first impression, that process server's failure to note time of service of bank's complaint on copy of complaint that was served on debtor rendered service of complaint defective, and that bank's re-service of summons and complaint on debtor while debtor's appeal from denial of motion to quash was pending did not render debtor's appeal moot).

Miami-Dade County v. Concrete Structures, 36 So. 3d 762 (Fla. 3^d DCA 2010) (The Third District affirmed, concluding that the trial court did not abuse its discretion and properly considered the purpose and underlying intent of the Settlement Agreement, which was to bring CSI into compliance with federal, state and local permitting requirements within a reasonable period, not to put them out of business.)

World Fuel Corp. v. Geithner, 568 F.3d 1345 (11th Cir. 2009) (Dismissing an appeal by the Treasury Secretary and others from a remand order entered by the District Court on the basis that it was not reviewable. The District Court had, over the government's objections, remanded the matter to the Office of Foreign Assets Control to reconsider an earlier decision denying the client a license).

Board of Medicine v. Vazquez, 11 So.3d 994 (Fla. 1st DCA 2009) (Affirming, in all respects, an order of the Division of Administrative Hearings Administrative Law Judge determining that, under the provisions of the Florida Administrative Procedure Act, a Board of Medicine Order could not be relied upon because it constituted an unpromulgated rule).

CNL Resort Hotel, L.P. v. City of Doral, 991 So.2d 417 (Fla. 3^d DCA 2008)(In an interlocutory administrative appeal, Third District reversed an order of the Division of Administrative Hearings that struck allegations of reverse spot planning and special use planning from a challenge to a proposed comprehensive plan, finding that such allegations were not allegations of a taking of property without due process of law and





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were thus properly raised before the Division, and noting that: "Private property rights have long been viewed as sacrosanct and fundamentally immune from government interference.")

Merrill Lynch & Co. Inc., v. Valat International Holdings, Ltd., 987 So.2d 703 (Fla. 3d DCA 2008) (On appeal from a judgment and an order refusing to vacate the judgment entered against a garnishee, Third District vacated a substantial default judgment and held that the judgment creditor in the garnishment action who obtained a default on writs of garnishment served on the garnishee "accepted the risks associated with being limited to the allegations contained on the faces of the writs" and, since the writs did not mention the corporation that the garnishor subsequently contended was connected to debtors, default judgment was improperly entered against the garnishee based on its failure to withhold funds held in the corporation's name.)

Weisser v. PNC Bank, 967 So.2d 327 (Fla. 3d DCA 2007) (Third District affirmed order dismissing action by borrower based upon improper venue where mandatory forum selection clauses in loan application and in subsequent interest rate lock agreement between borrower and lender selected different states as the exclusive forum for resolution of disputes between the parties. The fact that each agreement selected a different state did not create an ambiguity rendering the forum selection clauses permissive rather than mandatory where interest rate lock agreement provided that nothing in it could modify the loan application, making the conflicting forum selection clause in such interest rate lock agreement unenforceable and of no effect.)

Coastal Fuels Marketing, Inc. v. Canaveral Port Authority, 962 So.2d 942 (Fla. 5th DCA 2007) (Fifth District determined that the Canaveral Port Authority is not an agency as that term is defined in the Florida Administrative Procedure Act and that it therefore had no jurisdiction to review an Authority decision pursuant to that Act, so it transferred the case to circuit court for review.)

Simmons v. State, Agency for Health Care Administration, 950 So.2d 431 (Fla. 1st DCA 2007) (The First District issued a writ of mandamus, as requested by client, and held that a state agency has a duty to enter an order granting or denying an administrative petition filed under the Florida Administrative Procedure Act, and may not merely send a letter refusing to entertain the petition).

5220 Biscayne Blvd., LLC v. Stebbins, 937 So.2d 1189 (Fla. 3d DCA 2006) (prohibition raising issue of first impression concerning the meaning of 30-day time limit in Section 113.3215(3), Florida Statutes).

Blinco v. Green Tree Servicing LLC, 400 F.3d 1308 (11th Cir. 2005) (United States Court of Appeals held that arbitration clause was binding on a non-signatory of the arbitration agreement under the particular facts of the case, and ordered arbitration, as requested by client).

Blinco v. Green Tree Servicing LLC, 366 F.3d 1249 (11th Cir. 2004) (United States Court of Appeals held, as a matter of first impression, that since appeal was not frivolous, appellant seeking arbitration that had been denied below was entitled to a stay of the district court proceedings below, as requested by client, pending resolution of the appeal from that denial).





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Barfield v. Department of Health, 805 So.2d 1108 (Fla. 1st DCA 2001)(First District clarified the substantive jurisdiction limitation on board action within the Department of Health. The case was voted the second most important Florida administrative law case in the last ten years at a recent Pat Dore Administrative Law Conference).

Plante v. Department of Business and Professional Regulation, 716 So.2d 790 (Fla. 4th DCA 1998)(Fourth District reversed imposition of professional discipline by a state agency that had refused to consider its own precedents before imposing discipline, as requested by client, and remanded for reconsideration to state agency to consider agencies own precedents before imposing discipline).

Arias v. State, Department of Business and Professional Regulation, 710 So.2d 655 (Fla. 3d DCA 1998) (Third District held that the state agency's failure to adopt penalty guidelines as required by Legislature required reversal of a professional discipline penalty imposed in the absence of such guidelines, and Court allowed no remand for the imposition of any penalty, as requested by client).

Son v. Department of Professional Regulation, 608 So.2d 75 (Fla. 3d DCA 1992)(Third District allowed licensee to avoid professional discipline by rebutting presumption of guilt raised by plea of nolo contendere in criminal case, as requested by client).

McArthur v. Firestone, 817 F.2d 1548 (11th Cir. 1987) (rejecting mootness of challenge to unconstitutionality of election disclosure requirements as applied).

State v. Powell, 497 So.2d 1188 (Fla. 1986) (deciding constitutionality of Section 732.9185, Florida Statutes).

Guerra v. Department of Labor and Employment Security, 427 So.2d 1098 (Fla. 3d DCA 1983)(Third District required rulemaking by a state agency to correct procedurally deficient agency practice rules, as client requested).

Lamm v. Chapman, 413 So.2d 749 (Fla. 1982) (finding that Sections 409.2561(1)-(3) do not infringe on the constitutional right to be free from imprisonment for debt).

Curtis v. Taylor, 625 F.2d 645 *on rehearing*, 648 F.2d 946 (5th Cir. 1980) (determining adequacy of remedies under Florida Administrative Procedure Act and ruling on exhaustion and abstention issues).

Garrido v. State, Department of Health and Rehabilitative Services, 386 So.2d 811 (Fla. 1st DCA 1980)(First District required state agency to hold fact finding proceedings on petition to initiate rulemaking where agency disputed material facts in petition, as client requested).

Williams v. Florida Department of Commerce, 374 So.2d 1158 (Fla. 3d DCA 1979)(Third District found that refusal to issue subpoenas in state administrative proceedings was reversible error, as client requested).





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Stephen T. Maher (cont.)

State, Department of Health and Rehabilitative Services v. Florida Project Directors, 368 So.2d 954 (Fla. 1st DCA 1979)(First District affirmed proposed rule challenge's invalidation of state agency rule incorporating forms by reference only, as client requested).

Balino v. Department of Health and Rehabilitative Services, 362 So.2d 21 (Fla. 1st DCA 1978)(First District provided an early interpretation of Florida Administrative Procedure Act participation requirements in state agency rulemaking proceedings).

Balino v. Department of Health and Rehabilitative Services, 348 So.2d 349 (Fla. 1st DCA 1977)(First District imposed the burden of proof in state administrative proceedings under new Florida Administrative Procedure Act that was requested by clients).

LEGAL WRITING

Mr. Maher has written a variety of law review articles centered in four areas, Clinical Legal Education, lawyers and lawyering, Florida Administrative Law and other topics in Florida law. These articles include:

- *Beyond Notice and Comment: An Examination of the Rulemaking Process in Florida*, Virginia Bar Association News Journal, July, 2002 at 12, 14-17;
- *How the Glitch Stole Christmas: The 1997 Amendments to the Florida Administrative Procedure Act*, 25 FLA. ST. U. L. REV. 235-72 (1998);
- *The Death of Rules: How Politics is Suffocating Florida*, 8 ST. THOMAS L. REV. 313-347 (1996);
- *Lawfutures, or, Will You Still Need Me, Will You Still Feed Me, When I'm Sixty-Four*, 1 U. RICH. J.L. & TECH.6 (April, 1995) (essay in the first issue of the first law journal to be published entirely on the Internet);
- *Five Easy Pieces on Changing the Florida Administrative Procedure Act: An Introduction to the Symposium*, 22 FLA. ST. U. L. REV. 243-245 (1994)(and organized the Symposium on the Florida Administrative Procedure Act in that issue);
- *Getting Into The Act*, 22 FLA. ST. U. L. REV. 277-306 (1994);
- *The Florida Cabinet: Is it Time for Remodeling?* 18 NOVA L. REV. 1123-1132 (1994);
- *Emergency Decisionmaking During the State of Florida's Response to Hurricane Andrew*, 17 NOVA L. REV. 1009-1027 (1993);
- *The 1991 and 1992 Amendments to the Florida Administrative Procedure Act*, 20 FLA. ST.U.L. REV. 367-439 (1992);
- *Clinical Legal Education in the Age of Unreason*, 40 BUFF. L. REV. 809-834 (1992);
- *No Easy Walk to Freedom*, 1 DIST. COL. L. REV. 243 267 (1992);
- Patricia Ann Dore and *The Florida Administrative Procedure Act*, 19 FLA. ST. U. L. REV. 951 956 (1992);
- *The Seventh Administrative Law Conference Chairman's Introduction To the Symposium Issue*, 18 FLA. ST. U. L. REV. 607 616 (1991)(and organized symposium);
- *We're No Angels: Rulemaking and Judicial Review in Florida*, 18 FLA. ST. U. L. REV. 767 853 (1991);
- *Clinical Legal Education — Past, Present and Future*, THE FLORIDA BAR JOURNAL, July/August 1991, at 28 (and organized Journal theme issue on clinical legal education and served as guest editor);





Stephen T. Maher (cont.)

- *The Praise of Folly: A Defense of Practice Supervision in Clinical Legal Education*, 69 U. NEB. L. REV. 537 663 (1990);
- *A Strategy For Increasing the Mental and Emotional Fitness of Bar Applicants*, 23 IND. L. REV. 821 861 (1990)(co-authored with Dr. Lori Blum).

SPEAKING ENGAGEMENTS

Mr. Maher has lectured on administrative law and other legal issues for dozens of years. He has appeared before groups including various bar associations, the International Legislative Drafting Institute at Tulane Law School, the National Association of Secretaries of State, and Price Waterhouse Legal Tech (in Miami, New York, Chicago, Los Angeles, Atlanta and Washington).

OTHER PROFESSIONAL ACTIVITIES

Mr. Maher's international experience has included trips to South Africa after the end of apartheid as part of a delegation from the International Legislative Drafting Institute. There he lectured on administrative law and the Internet and consulted on proposed changes to South African law as that country worked to create its first administrative procedure act.

In Florida, Mr. Maher has been active in the organized bar. He served as Chair of the Administrative Law Section of The Florida Bar and as Chair of the Council of Sections of The Florida Bar. He also served as a director and member of the Executive Committee of The Florida Bar Foundation, where he is a Life Member.

RECOGNITION

- Martindale Hubbell A-V Rated
- *Florida Super Lawyers*, selected for inclusion in Appellate Law 2006, 2007, 2008, 2009, 2010, 2011, 2012

BACKGROUND

Before joining the firm, Mr. Maher was a full-time faculty member at the University of Miami Law School. There he taught a variety of subjects, directed the school's Clinical Program and coached the school's moot court teams. Before that, he practiced law with a national law firm.

EXPERIENCE IN LEGAL TRAINING

Mr. Maher used his experience in higher education to train lawyers throughout the country on discovery and trial practice. Through work as a consultant with the Practising Law Institute, he trained lawyers in-house at large law firms, using courses and materials he designed. He trained others on trial evidence, tactics and skills at the U.S. Court of Appeals for the Third Circuit Conference, the New York Legal Aid Society, the University of Pennsylvania Law School Center on Professionalism, and George Washington University, using interactive training materials developed at Stanford Law School.





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EDUCATION

- University of Miami, J.D., 1975
- New York University, B.A., Psychology, 1971

AFFILIATIONS

- Fellow, American Bar Foundation
- Former Chair, The Florida Bar, Administrative Law Section
- Former Chair, The Florida Bar, Council of Sections
- Former Member of the Executive Committee, Former Director & Life Member, The Florida Bar Foundation
- Member, Southern District Trial Bar



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Thank you.

From: [Woodburn, Jeff](#)
To: [Gibson, Ben](#)
Subject: FW: Spectrum Report
Date: Monday, July 01, 2013 12:10:22 PM
Attachments: [Spectrum Gaming Group Report for State of Florida Part 1-A Draft.pdf](#)

From: GUTHRIE.JOHN [mailto:GUTHRIE.JOHN@flsenate.gov]
Sent: Monday, July 01, 2013 8:47 AM
To: Woodburn, Jeff
Cc: Nordby, Daniel; LEVESQUE.GEORGE
Subject: RE: Spectrum Report

Dear Jeff:

The email thread below refers to the SECOND DRAFT that was provided to Mary Ellen Klas. A copy of the SECOND DRAFT is attached.

The final version will include many changes. We expect to receive a copy sometime today and to post it at [Gaming Study webpage](#) as soon as it is delivered.

Sincerely,

John Guthrie

(850) 487-5811

From: Woodburn, Jeff [mailto:Jeff.Woodburn@LASPBS.STATE.FL.US]
Sent: Monday, July 01, 2013 8:30 AM
To: GUTHRIE.JOHN
Subject: Spectrum Report

John,

Would it be possible to forward me a copy of the first part of the Spectrum gaming study.

Thanks,

Jeff

Jeffrey S. Woodburn

Deputy Policy Director

Executive Office of the Governor

Office of Policy and Budget

www.flgov.com

Office: (850) 717-9510

jeff.woodburn@laspbs.state.fl.us

@itsWorkingFL



From: GUTHRIE.JOHN
Sent: Thursday, June 27, 2013 4:34 PM
To: PERSAK.LAQUISHA; Duffy, Ryan; BETTA.KATHERINE
Subject: RE: Request for Spectrum draft

The attached DRAFT report was sent to Dan Nordby and me Wednesday, June 26, 2013 at 6:52 PM.

We are on schedule to publish the "Part I.A." report on the [Gaming Study webpage](#) Monday, July 1.

The DRAFT is not the final version. It will be revised.

John Guthrie
(850) 487-5811

From: PERSAK.LAQUISHA
Sent: Thursday, June 27, 2013 4:23 PM
To: GUTHRIE.JOHN
Subject: FW: Request for Spectrum draft
From: Mary Ellen Klas [<mailto:meklas@miamiherald.com>]
Sent: Thursday, June 27, 2013 2:37 PM
To: Katie Betta; Ryan Duffy; PERSAK.LAQUISHA
Subject: Request for Spectrum draft
Katie, Ryan and LaQuisha --

Please provide me with an electronic copy of the draft report to the Legislature from Spectrum Gaming Group related to the following: [Part I.A. Assessment of the Florida gaming industry and its economic effects](#)

Since your staff is in receipt of this draft, it should be possible to forward me a copy by the end of the day today. I do not plan to post or publish the report, but will refer to it generally for a story on the gaming industry for the weekend. I plan to write about the report only when the final draft is submitted on July 1.

Thank you,
~ Mary Ellen

--

Mary Ellen Klas
Herald/Times Tallahassee Bureau
Miami Herald Bureau Chief
cell: 850-524-4488
office: 850-222-3095
meklas@MiamiHerald.com
Twitter: @MaryEllenKlas



GAMBLING IMPACT STUDY:

Part 1, Section A: Assessment of the Florida Gaming Industry and its Economic Effects

Prepared for the State of Florida Legislature
June 26, 2013



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Linwood, NJ 08221 USA
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Executive Summary

Introduction

The Florida Legislature commissioned Spectrum Gaming Group to undertake a three-party study of legalized gambling, focusing on its economic effects (including the social costs). This report, the first in the series, is divided into two primary parts:

- The first provides overviews of many aspects of gambling generally, both nationally and as they pertain to Florida (as relevant). Because this part consists of summaries existing data and research, we have not attempted to summarize the content in this Executive Summary.
- The second provides the economic impacts of Florida's existing gambling industry as it stands now – including the Florida Lottery, the pari-mutuel industry including slot machines and cardrooms, and Indian casinos. We provide the key performance data by sector and, working in concert with project partner Regional Economic Models Inc. ("REMI"), we provide the economic and fiscal impacts of these gambling sectors. The key findings are provided below in this Executive Summary.

This report is the product of a far-reaching scope of research and analysis. In many respects, it is a collection of several reports. We have provided a detailed Table of Contents that allows readers to easily find the topics of greatest interest to them.

While reading this report, it is important that readers understand the Legislature's instructions:

- Spectrum will not make recommendations in any of its reports. The Legislature commissioned Spectrum to undertake an economic and academic study for the purpose of educating the state's policymakers and other stakeholders so that they may make enlightened decisions regarding the future of gambling in their state.
- This is the first of three reports due to the Legislature. The two additional reports will be delivered by Spectrum on or before October 1, 2013, are as follows: Part 1, Section B: *Assessment of potential changes and economic effects*; and Part 2: *Statistical relationships between gaming and economic variables for communities*.
- It is also important to note that Spectrum was tasked with analyzing the social costs of associated with gambling in the second report. While this initial report provides a discussion of the many social costs of gambling, in Part 1B, as part of our next report, we will determine the costs as they relate to expanded gambling in Florida.

Key Gambling Sector Findings

First, we review the key performance data for each of Florida's three primary gambling sectors – pari-mutuel (including the subsectors of slots, cardrooms and pari-mutuel wagering) lottery, and Indian casinos.

Pari-Mutuel

Three distinct types of gambling take place under the umbrella of Florida's pari-mutuel industry, only one of which actually involves pari-mutuel wagering. Because state-regulated slot machines and cardrooms must be coupled with a pari-mutuel license, these activities are offered only at racetracks and jai alai frontons. All three types of gambling are regulated by the Department of Pari-Mutuel Wagering, a unit of the Business & Professional Regulation.

Racetrack Slots

- The racetrack slot industry, which is legally restricted to Broward and Miami-Dade counties, has steadily grown since inception in 2006. The six racinos in 2012 reported gross slot revenue of \$489.2 million and are set for continued growth with the opening of slots at Hialeah Park in summer 2013.
- The racinos in 2012 had 3,319 employees and generated \$149.8 million in taxes directly from slot revenue. Gross slot revenue is taxed at 35 percent.

Cardrooms

- Twenty-four pari-mutuel facilities operate cardrooms, which are restricted to poker and dominoes (which is rarely offered or played). Cardrooms last year generated \$131 million gross receipts and paid a tax of \$13.1 million.
- Cardrooms pay a state tax of 10 percent on gross receipts. Additionally, at jai alai and greyhound facilities 4 percent of cardroom gross receipts are used to fund purses and player awards; the figure is 50 percent at horse race facilities.

Pari-Mutuel Wagering

Most pari-mutuel facilities lose money on their pari-mutuel operations and need cardroom and/or casino revenue to subsidize those losses.

It is important to note that the total handle numbers cited below are understated because the Department of Pari-Mutuel Wagering does not collect data on out-of-state generated handle, which is the single largest component of handle.

- *Greyhound racing:* Total handle for the 13 facilities that ran greyhound racing fell from \$933.8 million in FY 1990 to \$265.4 million in FY 2012, a decline of 67 percent – mirroring the decline nationally. The number of Florida greyhound performances (a racing card of at least eight races) fell from 3,853 to 3,636, a decline of only 6

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percent. One of the reasons for the relatively small decline is because of the 90 percent rule: Operators with cardrooms are required to conduct at least 90 percent of the live performances that were held the year before their cardrooms opened, which for many of them was 1996. Although attendance has declined precipitously since 1990, reliable figures are unavailable because most tracks no longer charge for admission.

- *Thoroughbred racing:* Thoroughbred racing is the dominant pari-mutuel sector in Florida, with the three tracks accounting for 61 percent of total Florida handle in FY 2012. A Florida thoroughbred operator must run a minimum of 40 performances a year. From FY 1990 to FY 2012, Florida thoroughbred performances fell from 348 to 327, a decline of 6 percent; paid attendance fell from 653,206 to 97,738, a decline of 85 percent. Total handle in FY 2012 was \$530.7 million and live handle was \$78.6 million; both figures are in decline, although they have somewhat stabilized since slots were introduced at two of the tracks. Purses increased from \$78.1 million to \$81.1 million, a rise of 16 percent. The three tracks generated a combined operating profit of \$13 million for FY 2012. Much of the profit, \$10.6 million, came from pari-mutuel operations, with the rest from slots and/or cardrooms.
- *Harness racing:* Florida's sole harness track, Isle Casino and Racing at Pompano, accounted for 5 percent of total Florida handle in FY 2012. The Pompano track must run at least 140 performances a year but it can seek a one-time, 10 percent reduction from the 140-performance minimum. Attendance has declined such that Isle Pompano no longer charges admission and attendance figures are not kept. Total handle in FY 2012 was \$49.5 million and live handle was \$4.4 million; both figures are about the same as the year earlier.
- *Quarter horse racing:* Quarter horse racing returned to Florida in November 2009 at Hialeah Park after an 18-year absence. Quarter horse racing accounted for less than 1 percent of total Florida handle in FY 2012. Quarter horse racing had 76 performances in FY 2012. It generated a live handle of \$1.7 million, total handle of \$2.1 million and purses of \$3.8 million. Almost all of the traditional quarter horse activity was at Hialeah, where the operator subsidized purses as part of its contract with horsemen.
- *Jai alai:* Of all the pari-mutuel sectors, jai alai has sustained the steepest cuts in attendance and popularity. Since 1990, total handle has fallen 91 percent, live handle 96 percent, player awards 63 percent and performances, 63 percent. In 1990, 3.9 million people paid to watch the sport. In 2012, total paid attendance was 9,068. From pari-mutuel operations, the jai alai sector sustained an operating loss of \$14 million. Their cardrooms were able to generate an operating profit of \$1 million. Miami Jai Alai had the highest handle at \$6.6 million in FY 2012.

Lottery

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The Florida Lottery reported FY 2012 sales of a record \$4.45 billion, up 11 percent over the previous year, ranking third in the nation in total sales revenue (FY 2011), behind New York and Massachusetts. On a per-capital basis, Lottery sales were \$233, also a state record.

Since its inception in 1988, the Lottery has provided a total of \$24 billion to the Educational Enhancement Trust Fund (“EETF”). In the past fiscal year the EETF has allocated \$317 million for construction bonds, provided \$271 million for public school finding, \$130 million for state colleges, and \$254 million for state universities. Since 1997 the Florida Lottery has also provided scholarships to more than 600,000 students through the Bright Futures Scholarship Program, funded primarily through Lottery financial transfers. Lottery tickets are sold at 13,300 retail locations throughout the state.

Indian Casinos

The Seminole Tribe of Florida operates six casinos and the Miccosukee Tribe operates one casino. The Seminole Tribe advised Spectrum that in 2012 its gaming facilities employed 9,562 total employees, or 7,725 full-time-equivalent employees. Another 4,000 are employed by Seminole casino tenants, such as retailers who operate on-site outlets. The Miccosukee Tribe, declined to participate in this study, though a Miccosukee Gaming & Resort employee advised Spectrum that its gaming property employs “over 800.”

The Seminole Gaming enterprise generated \$1.96 billion in GGR in 2012 at its six properties, and we estimate statewide GGR at Indian casinos \$2.2 billion.

At least two other Indian tribes/nations are trying to operate casinos:

- The Poarch Band of Creek Indians, based in Atmore, AL, has land in Escambia County, which is held in trust by the US government, and also owns, or has options to own, or agreements to control 10 pari-mutuel permits along the Interstate 10 corridor between Pensacola and Jacksonville. It is seeking to negotiate an agreement, which could include revenue-sharing, with the State to operate Class II gaming.
- For the past decade the Muscogee Nation of Florida has been pursuing federal recognition by act of Congress in order to initiate gaming operations as a means of economic development. Tribal landholdings are well positioned to offer casino gaming in the Florida panhandle.

Fiscal Impacts

Our analysis examines the total economic and fiscal impacts of the gambling industry by subsectors in 2012. The results show that there are, or would be:

- Racinos/Pari-mutuels:
 - 4,953 direct racinos/pari-mutuels jobs in 2012.

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- These direct jobs support an additional 1,062 indirect jobs.
- The induced jobs impact is minus-1,399; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
- The total economic activities from racinos/pari-mutuels generated \$194 million in tax revenue for Florida.
- Lottery:
 - 394 direct lottery jobs in 2012.
 - These direct jobs support an additional 8,277 indirect jobs.
 - The induced jobs impact is minus-14,960; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Households have a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery.
 - The total economic activities from the lottery generated \$1.9 billion in tax revenue for Florida.
- Retail Lottery:
 - 39,900 direct retail lottery jobs in 2012.
 - These direct jobs support an additional 4,206 indirect jobs and 14,042 induced jobs
 - The total economic activities from the retail lottery generated \$124 million in tax revenue for Florida.
- Native American Casinos:
 - 10,387 direct Native American casinos jobs in 2012.
 - These direct jobs support an additional 3,646 indirect jobs.
 - The induced jobs impact is minus-7,506; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos.

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- The total economic activities from the Native American casinos generated \$238 million in tax revenue for Florida.
- Floridian Out-of-State Gaming
 - No direct employment because we did not use an employment variable to model the reallocation of the gaming spending.
 - 693 indirect jobs and 3,143 induced jobs.
 - The total economic activities from the out-of-state gaming spending generated \$15.4 million in tax revenue for Florida.

The third section (“Assessment of Economic, Fiscal Impacts Over Time”) evaluates the total economic and fiscal impacts of the gambling industry by subsectors over between 2012 and 2060 under three different economic growth assumptions. Under normal economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,268 indirect jobs.
 - The average annual induced jobs impact is minus-3,611; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities generated an annual average \$561 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 12,510 indirect jobs.
 - The average annual induced jobs impact is minus-4,151; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector.

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- The total economic activities generated \$3.7 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 9,775 indirect jobs and 27,674 induced jobs.
 - The total economic activities generated an annual average \$590 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 3,952 indirect jobs.
 - The average annual induced jobs impact is minus-8,852; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$280 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 455 indirect jobs and 2,239 induced jobs.
 - The total economic activities generated an annual average \$27.1 million in tax revenue for Florida between 2012 and 2060.

Under slower economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,397 indirect jobs.
 - The average annual induced jobs impact is minus-3,030; There is a negative change in induced jobs primarily because for every dollar

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Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.

- The total economic activities generated an annual average \$544 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 13,645 indirect jobs and 147 induced jobs.
 - The total economic activities generated an annual average \$3.5 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 10,148 indirect jobs and 29,918 induced jobs.
 - The total economic activities generated an annual average \$581 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 4,429 indirect jobs.
 - The average annual induced jobs impact is minus-7,918; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$283 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 488 indirect jobs and 2,334 induced jobs.

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- The total economic activities generated \$28.6 billion in tax revenue for Florida between 2012 and 2060.

Under stronger economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,159 indirect jobs.
 - The average annual induced jobs impact is minus-4,119; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities generated an annual average \$534 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 11,525 indirect jobs.
 - The average annual induced jobs impact is minus-7,778; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector.
 - The total economic activities generated an annual average \$3.6 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 9,418 indirect jobs and 26,330 induced jobs.
 - The total economic activities generated an annual average \$551 million in tax revenue for Florida between 2012 and 2060.

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- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 3,542 indirect jobs.
 - The average annual induced jobs impact is minus-9,660; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$257 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 428 indirect jobs and 2,157 induced jobs.
 - The total economic activities generated \$24.5 million in tax revenue for Florida between 2012 and 2060.

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I. Introduction

The study of gambling's economic and social impacts is a never-ending process that will only grow more critical over time: Some form of gambling is legal in 48 states, and debates over gambling expansion seem to be an annual event at statehouses across the country. Moreover, the effective legalization of Internet gambling at the state level has magnified such debates. At the same time, illegal and/or unregulated gambling is proliferating through such channels as so-called Internet cafes, gray-market electronic gaming devices, skill games, amusement games, and online games.

There is no debating that most Americans like to gamble. Some 53 percent of American adults played the lottery last year and 32 percent gambled in a casino.¹ As gambling historian David G. Schwartz notes, the activity is nearly as old as civilization itself. In America, colonial legislatures authorized 157 lotteries from the 1740s through 1776 to assist governments and other institutions.²

Legalized gambling as we know it today is relatively young. The first legal casinos of the modern era opened in Nevada in 1931. The country's first lottery, in New Hampshire, began in 1964. Betting on horse races has a longer history, dating to colonial days in the US but grew rapidly after the Civil War.³

Although popular in one form or another with most Americans, gambling remains controversial. On the one hand, regulated gambling can provide substantial revenues to governments and, in many markets, a substantial number of direct, indirect and inducted jobs; on the other hand, it can lead to compulsions that result in financial, familial and mental-health costs, as well as governmental costs ranging from gambling-addiction treatment centers to additional law enforcement. The arguments on both sides are strong – and usually impassioned.

This report will not resolve the debate over the merits of legalized gambling, nor is it the assignment of Spectrum Gaming Group to attempt to do so (nor has the Florida Legislature tasked Spectrum with recommending any course of action). Rather, the Legislature commissioned an economic and academic study for the purpose of educating the state's policymakers and other stakeholders so that they may make enlightened decisions regarding the future of gambling in their state.

This analysis relies on the experience of Spectrum professionals in various disciplines, many of whom have studied this issue for decades, and is supported by additional research and interviews with numerous stakeholders in Florida who care deeply about this issue, and about the

¹ American Gaming Association, *2013 State of the States*, p. 25
http://www.americangaming.org/sites/default/files/uploads/docs/aga_sos2013_fnl.pdf.

² David G. Schwartz, *Roll The Bones: The History of Gambling*, p. 144.

³ *Ibid.*, p. 332.

future of their state. Our experience is tempered and governed by certain observations and principles:

- The gaming industry is uniquely intertwined with government, arguably as much as any other industry, particularly any industry that is dependent on discretionary spending. Government can legislate gaming into – or out of – existence, which underscores this relationship.
- Gaming is a privilege granted to those who meet affirmative obligations for demonstrating their good character, honesty and integrity. That principle is largely universal, and is shared by federal, state and tribal governments.
- Governments not only authorize legalized gambling, but often grant regional monopolies for operators. The corollary to that is that operators have a responsibility to operate in the public interest.
- With proper planning and coordination, the public and private sectors are more likely to identify common goals, and to achieve those goals.

Methodology

The State of Florida on April 16, 2013, retained Spectrum Gaming Group (“Spectrum,” “we” or “our”) to complete a two-party study of the state’s gambling industry, pursuant to Invitation to Negotiate #859 (“the ITN”).⁴ This report is Part 1, Section A: *Assessment of the Florida gaming industry and its economic effects*. Two additional reports as part of this engagement will be delivered by Spectrum to the Legislature on or before October 1, 2013: Part 1, Section B: *Assessment of potential changes and economic effects*; and Part 2: *Statistical relationships between gaming and economic variables for communities*.

Following is the assigned scope of this report, as published in the ITN:

A. Assessment of the Florida gaming industry and its economic effects.

1. An assessment of gambling generally, including:
 - a. A general description of gambling in terms of popularity, profitability, regulatory considerations, and cost mitigation, including not only industries currently operating in Florida but also other gambling activities such as table games, Internet poker, destination resort casinos, and sports betting.
 - b. A general description of gambling regulatory schemes, including: State-operated, consolidated agency oversight, multi-agency oversight, and the use of local and state commissions; Authorizing and revocation mechanisms; Taxation schemes.
 - c. A general description of trends and best practices in governance and regulation of gambling activities.

⁴ See http://www.leg.state.fl.us/GamingStudy/docs/ITN_859_Invitation.pdf.

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- d. A general description of gambling as a public funding source, including: Comparison of states' reliance on and uses of gambling as a public funding source; Reliability and predictability of gambling revenues; Direct and indirect costs to the state.
 - e. A general description of gambling impacts, including: Social, criminal, and personal; Short- and long-term fiscal.
2. An economic assessment of the structure and performance of Florida's existing gaming industry, including:
 - a. An analysis of gaming subsectors and their size and economic importance.
 - b. A description of the direct, indirect, and induced components of the economic and fiscal impact of each of the subsectors. Impacts associated with facility construction should be distinguished from impacts associated with ongoing operation of a facility.
 - c. An assessment of the changes in those impacts over time until the present day, historically, and projections for the future.

In each section of the report, we provide the relevant ITN language (highlighted in gray) to provide an understanding of the scope of research with which Spectrum was tasked for this first report.

Our task was to study the impacts of legalized gambling. Like many other states, Florida had (and perhaps still has) illegal and/or unregulated gaming in the form of Internet cafes and slot-like arcade games. While we discuss the nature and issues involving such gambling, it is beyond the scope of this study to examine its performance and impacts.

Many of the topics covered herein are worthy of their own reports, but the broad, multi-subject scope of this report – and the directive of providing “an assessment of gambling generally” – limits the extent to which we could reasonably treat such topics. It is important to note, however, that in-depth analysis of several topics will be provided in the second and third reports of Spectrum's engagement. Further, our footnotes herein provide dozens of excellent document references – many available online, with the URLs included – where readers can find more information about these important topics.

Spectrum employed 16 project professionals for this report, all of whom are staff experts or associates, assisted by support staff as needed. We relied on publicly available data, as well as data requested from gambling operators and government sources, interviews with various Florida stakeholders (both in person, by telephone and by email), site visits, existing documents and research reports, and our own expertise in having studied gambling for more than three decades.

For the second part of this report, which assesses the economic structure of Florida's existing gaming industry, we teamed with Regional Economic Models Inc., a globally respected economic modeling firm based in Amherst, MA, that works with numerous state governments, including the State of Florida. REMI's goal in this report was to establish, as best the data would allow, a baseline of the economic contributions of the existing gaming industry in Florida. To this end, REMI relied on its Tax-PI model, data from the US Census Bureau, and data from the

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other project team members. REMI used each source of data to compliment the others in order to produce the best picture the data would support. Once a base year was established, REMI used an index of the growth in the relevant industry sectors in Tax-PI to forecast growth for the gaming industry into the future. With this baseline established, REMI then conducted a counterfactual study that removed the existing gaming industry from the economy in order to calculate its contribution.

II. General Assessment of Gambling

A general description of gambling in terms of popularity, profitability, regulatory considerations, and cost mitigation, including not only industries currently operating in Florida but also other gambling activities such as table games, Internet poker, destination resort casinos, and sports betting.

A. Growth and Evolution of Gambling in United States

Florida is not an emerging gambling state. In terms of revenue, employment, number of gaming locations and other important measures, it already is a major gambling state, with a wide array of options. Florida is arguably a microcosm of US gaming, with all of the forces that are shaping the industry in other states at play here. Absent a plan for growth, these forces will continue unabated in shaping the industry in both Florida and elsewhere. Moreover, the presence of such forces will also constrict the ability of lawmakers to chart the future of gaming. These forces can be segmented into the following broad areas:

- **Legal:** Within the bounds of the state Constitution and federal law, the Florida Legislature has significant ability to craft its own laws and policies in areas ranging from tax rates to governing Internet cafes, among many examples. The boundaries that limit legislative authority, however, are significant. Florida is bound by a compact with the Seminole Tribe of Florida, and that compact is, in turn, bound by federal laws and regulations, most notably by the Indian Gaming Regulatory Act (“IGRA”). Other states, such as Connecticut, have found themselves in a similar position, having learned that compacts can represent missed opportunities that are difficult to revise after the fact. The same holds true for constitutional amendments.
- **Market:** As with any gaming jurisdiction, the future size of the gaming industry will be partly dependent on the size of the resident population, as well as on the size of the existing and future tourism markets. Those markets will, in turn, be dependent on the number of gaming and other entertainment options, both inside and outside Florida. As gaming expands within the home markets of Florida visitors, as well as within markets that compete for those visits, it will impact the growth of gaming in Florida, as well as the ability of lawmakers to guide that growth.
- **Historic:** The two federally recognized tribes in Florida lay claim to a longstanding history of gaming in Florida, as well as other rights and privileges granted to sovereign governments. Historic claims to sovereignty are at the root of IGRA and various court decisions that have supported and bolstered the concept of sovereignty and gaming rights. At the same time, the pari-mutuel industry – in particular, horse racing – has a long history within the state as well, and extends into various geographic regions and

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economic interests, from breeding and training to racing. This factor is arguably more acute in Florida, but is not unprecedented.

- **Political:** Among various private industries, gaming is uniquely dependent on the political process for its success, and in many instances, for its very existence. In Florida, as in other states, this essential connection with government and the political process means that gaming operators and their allied interests have devoted – and will continue to devote – considerable resources toward influencing that process. At the same time, other interests that oppose the expansion of gaming, for reasons ranging from moral to economic, will play a role in that process.
- **Technological:** Gaming is hardly immune to changes in technology that are whipsawing many industries and changing business models around the world. The development of the Internet, and offshoots of that, including the expanded use of mobile technologies, have created new gaming opportunities, while presenting new challenges for lawmakers and regulators. In turn, as other states – and the federal government – adapt their own gaming laws, it will inevitably have an impact on the future of gaming in Florida.
- **Competitive:** While states compete against other states, in-state competition is also common. Lotteries and casinos can view each other as threats (even though arguably the experience is quite different, as is the demographics of the player base). Similarly, within the casino sub-sector itself, in-state competition can occur, and that can include competition for legislative and regulatory attention and resources. In Indiana, for example, the state's two racinos⁵ operate under different rules than the riverboats. For example, riverboats are allowed live table games, which are barred from racinos, while the tax rates also differ.

As these macro trends combine, a number of smaller yet still significant trends have emerged. For example, states that first legalized gaming with slots or video lottery terminals are evolving into full-service casinos, with both slots and table games. In part, this has been facilitated by political pressures for more gaming revenue and to create additional employment opportunities, but it has also been advanced through technology as well. Various companies, most notably Shuffle Master and International Game Technology, have developed popular electronic table games that mimic live table games, sometimes with virtual dealers, but can be governed like slot machines.

That is an example of how political and technological trends can combine to effect changes. The technology that created electronic table games was largely unanticipated when slots were initially authorized in many states, and as the technology developed, new questions arose, such as: Are the electronic games tables or slots?

⁵ "Racino" is a widely used portmanteau formed by the combination of two words, racing and casino. It is a synonymous term for racetrack casino.

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With that in mind, this interim step of electronic table games has made it easier from both a management and a government standpoint to take the next step of live table games. Moreover, in such instances, states are often responding to what other states are doing. This has clearly been the case with West Virginia first adding live tables to its slots-only mix, followed by Delaware and then by Pennsylvania.

Similarly, within the private sector, various operators are taking advantage of expansion by developing a “hub and spoke” business model, in which smaller properties that are generally in markets with a higher gaming tax can feed business to hub properties in destination markets where the tax rates are generally lower. This trend is explained in more detail later in the report.

With these factors combined, Florida is also emblematic of national trends. In-state competition is intense, not just on a geographic basis, but in terms of fighting for parity on issues ranging from the type of offerings allowed to the effective tax rate. Florida is arguably more heightened on the competitive front than other states.

As more than one stakeholder told us during the course of our research for this study, the pari-mutuel industry resembles a “circular firing squad.” Horse racing interests have little in common with their dog-racing counterparts, and both have little in common with jai alai. Even within horse racing, there are warring camps between those who favor racing as the principal line of business and those who favor the casino offerings.

The various parties that comprise the pari-mutuel industry have different agendas as well, with some favoring the addition of table games to pari-mutuels as the principal goal with others favoring a lower effective tax rate, for example. Pari-mutuels will generally find some common ground among themselves on the issue of a perceived “unlevel playing field” with the Indian gaming operations, as well as in opposition to Internet cafes. Going further, the pari-mutuels will also find common cause with the tribal operations in their shared opposition to proposals to authorize additional destination gaming resorts under a competitive bidding process.

On that latter issue, they all find common ground with business interests in the Orlando region and others, such as No Casinos, in their uniform opposition to the introduction of new destination resorts.

Such shifting alliances and differing agendas are not uncommon within gaming, and highlight two other truisms:

- The status quo always has its adherents, and can make for some unusual political bedfellows.
- Gaming will continue to evolve, with or without guidance or planning from public officials.

The former point is best exemplified by how gaming has evolved in different states. For example, Nevada – the state that is most dependent on gaming revenues for government operations – has no state lottery. At the same time, Internet gambling is just beginning to emerge

in the United States while it is a mature industry in Europe. In both instances, the same explanation applies: Those whose interests are tied to the status quo are more likely to resist.

That does not mean that the industry will stop changing and evolving. Change will continue, whether public officials play a lead role or not. The factors leading to change, as outlined in this section, will not render any effort to develop a gaming policy as moot. In fact, the presence of these critical factors heightens the need for a comprehensive policy. Based on our research and experience in Florida and elsewhere, gaming will evolve in Florida whether or not the Florida Legislature develops a plan and puts that plan into action. Absent any plan, however, that evolution would be haphazard and would be far less likely to address or advance any public-policy goals.

5. How Governments Respond to Gambling Expansion

Gaming has been expanding for decades and continues to do so. Even when limits are enshrined in the state Constitution, it does not preclude serious expansion efforts. Constitutional limitations, as well as tribal compacts, can be viewed as obstacles to expansion, but in a real-world sense, do not serve as permanent barriers. The best example of this can be found in New York, where the state constitution prohibits commercial gambling, yet it has a highly successful lottery, nine racinos and five Indian casinos – all operating through a variety of exemptions, rulings and legal interpretations. Today, New York Governor Andrew Cuomo is pushing to outright amend the state constitution to allow full-blown commercial casinos; i.e., those with true slot machines (as opposed to video lottery terminals) and live table games.

States place all sorts of limits on their gaming industry, from geographic locations (as with New Jersey, which restricts casinos to Atlantic City), to limits on the number of licenses (Pennsylvania, Illinois, Massachusetts and others), to limiting gaming to pari-mutuel facilities (as with many states, such as Delaware and New York), to limits on the number of gaming positions per property (Illinois, for example), to requirements that casinos be on riverboats (several Midwest states).

The following macro factors are driving the expansion of gaming:

- As states need more revenue, particularly in periods of economic recession, gaming bills and referenda are more likely to be introduced, and to be viewed favorably. This trend hails back to 1931, when Nevada introduced gambling in the midst of the Great Depression. In 1976, New Jersey voters approved casinos in large measure to assist economically depressed Atlantic City. Economic downturns in the 1990s prompted a number of Midwestern states, from Illinois down to Mississippi, to create riverboat casino industries.
- As related industries such as pari-mutuels see their own revenues and profitability decline, this prompts calls for subsidies, usually in the form of adding slot machines (often followed by table games) to pari-mutuel operations. Consequently, as racetracks

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use some of this additional funding to increase purses, that trend is further fueled as tracks that compete for horses and export signals are pressured to increase their purses in response.

- States respond to what occurs in other states. One political argument that often gains traction with legislatures and the general public is the notion that one state's residents are spending their dollars in neighboring states rather than at home. This argument has been used in a variety of states in the last decade including Kentucky, Massachusetts, Ohio and Pennsylvania.
- In the battles between pro-gaming and anti-gaming political campaigns, the playing field is not level in one important sense: Those who oppose gaming's expansion often succeed, but in many instances they have to continue doing battle in subsequent years. They have to win every time. Those who favor the expansion of gaming need to win only once.

That latter point can be illustrated in various states. For example, Ohio voters turned down four referenda between 1990 and 2008 that would have legalized casinos in various locations.⁶ In only one of those votes – a 2006 measure to approve two casinos in Cuyahoga County, plus slot machines at seven racetracks – did the measure gain support from more than 40 percent of the voters. Yet, a fifth ballot measure in 2009 to authorize one casino in each of four Ohio cities – Cleveland, Cincinnati, Columbus and Toledo -- was supported by 53 percent of Ohio voters.⁷ Consequently, despite four successful efforts to defeat casinos, Ohio is now a gaming state.

The most notable example of this phenomenon can be found in Florida itself, starting with a failed measure in 1978. The following account summarizes that effort:

“On November 4, 1978, Florida voters overwhelmingly rejected a proposal to legalize casinos along the Gold Coast – and in Miami Beach in particular. By a lopsided 73 to 27 margin, opponents of the casino legalization measure, led by two-term governor Reubin Askew, carried every county in Florida and beat back a referendum similar in style and substance to the successful 1976 New Jersey initiative.

“There were many obvious differences between the two states, which might account for the disparity in the vote. Of these, two are particularly notable: Florida has a large Baptist population and is generally regarded as a politically conservative state; and Florida's economy, including its tourism, was strong. ... As late as August 1978, polls conducted for the casino opposition had concluded that, while the November gambling contest

⁶ Rich Exner, “Ohio Casino vote passes on strength near would-be casinos; a look at the vote,” *The Plain Dealer*, November 4, 2009; http://www.cleveland.com/datacentral/index.ssf/2009/11/ohio_casino_vote_passes_on_str.html.

⁷ Ibid.

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would be close, the momentum of the election appeared to be with the gambling proponents. In the few months between those polls and the November election, a spirited campaign against casinos led by influential south Florida commercial interests appeared and turned a once close contest into a one-sided race.”⁸

That unsuccessful campaign – which relied on the same campaign manager who conducted the successful 1976 campaign in New Jersey⁹ – did not end such efforts in Florida.

Spectrum professionals, in previous careers, have been close observers of various gaming efforts in Florida. Indeed, working as a journalist for *The Press of Atlantic City* in 1986, Spectrum Managing Director Michael Pollock witnessed the first in-person meeting between the political directors of two referenda on the ballot that year: an effort to legalize land-based casinos in hotels with at least 500 rooms (subject to local approval), and another to legalize a state lottery. At an impromptu meeting at Tampa International Airport, the head of Citizens for Jobs and Tourism, the pro-casino lobby, suggested to his counterpart heading the lottery effort that they coordinate their campaigns to mutual benefit. The offer was politely but firmly rejected and, as it turned out, for good reason: The lottery referendum was approved by a 2-1 margin, while the casino effort lost by the same ratio.¹⁰

That 1986 Florida referendum, however, proved to be a harbinger as to how gaming issues would evolve throughout the United States, both in terms of public perception and in how pro- and anti-casino campaigns would be funded and operated. This was captured well in a prescient column in the *Sun-Sentinel*, “Money Shouts in Gambling Referendum,” that appeared about eight months prior to the November 1986 Florida vote:

“A few rich individuals and corporations have the potential of influencing - some even say buying - the result of the November 1986 referendum on legalizing casinos in Florida.

“In this state, no limits exist on what one can contribute to a referendum campaign. As gamblers say, the sky’s the limit. ...

“... Millions of dollars will be spent this year to debate casino gambling. Those who want legalized casinos ‘will have a more sophisticated campaign than in 1978,’ casino foe (former Gov. Reubin) Askew said. ‘I think they’ll run a political campaign as opposed to a PR campaign. It’s going to be a tough fight.’ ...

⁸ John Dombrink and William N. Thompson, “The Last Resort: Success and Failure in Campaigns for Casinos,” 1990, *Nevada Studies in History and Political Science* No. 27, p. 42

http://books.google.com/books?id=F6Z1G1FqcskC&pg=PA41&lpg=PA41&dq=%22sanford+weiner%22+casino+florida+1978&source=bl&ots=AEigirADF_&sig=82P8HrWd_uUPFZ2JEUbCdTIBurU&hl=en&sa=X&ei=P3iGUfnHGu_94APcI4C4Dw&ved=0CEUQ6AEwAA#v=onepage&q=%22sanford%20weiner%22%20casino%20florida%201978&f=false.

⁹ Michael Pollock, *Hostage to Fortune: Atlantic City and Casino Gambling*, 1987, p. 16.

¹⁰ Mary Ellen Klas, “A Timeline of Gambling in Florida,” *Tampa Bay Tribune*, November 25, 2009 <http://www.tampabay.com/news/perspective/a-timeline-of-gambling-in-florida/1054345>.

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“Pro-casino forces are sensitive about the big-spender image. Therefore they will seek their donations from within the state. And the staff of Citizens for County Choice is all from Florida.

“ ‘It shouldn’t be a carpetbagger image. It should be a Florida-supported effort and Florida-controlled effort,’ said Andrew Rubin, who led Citizens for Jobs and Tourism.

“Those favoring legalized casinos like to promote this referendum as democracy at its best, giving people a right to choose. (The proposed constitutional amendment that will appear on the ballot says if casinos are legalized by statewide vote, there still must be a local referendum to decide whether to permit casinos in a particular county.)

“ ‘This campaign is a more of a personal rights referendum as against a gambling referendum,’ said pro-casino leader Kennedy. ‘You are asking people to allow those people who may want casinos to have a right to vote on them.’ ¹¹”

Like the 1978 referendum, the 1986 referendum failed, albeit by a smaller margin of only 2-1 (while voters approved the lottery by about the same margin).¹² In between those two failed casino referenda, however, gambling was still emerging and evolving in Florida in the form of “cruises to nowhere,” simulcasting of races and high-stakes bingo.¹³ While another proposed constitutional amendment failed in 1994 by a 62-38 percent margin, gaming proponents eventually seized a narrow victory in 2004 when a constitutional amendment was approved with less than 51 percent of the vote to allow racinos to open in Miami-Dade and Broward counties.¹⁴

As noted in the previous section, these trends do not evolve in isolation, and the factors that are driving expansion can feed off each other. For example, as states respond to actions taken in neighboring states, gaming is more likely to expand. This has the impact of making states more dependent on gaming revenue for growing portions of their budgets. At the same time, political forces that are pushing for expansion are learning from previous efforts in their own and in other states as to how campaigns could be shaped more effectively with messages that resonate.

Consequently, as more states authorize and expand gaming, bringing it closer to more population centers, participation and familiarity with gaming will inevitably increase. As an industry, gaming is uniquely dependent on – and uniquely intertwined with – the political process, and this relationship largely guides the industry’s growth. John Sowinski, president of

¹¹ Diane Firth, “Money Shouts in Gambling Referendum, *Sun-Sentinel*, March 23, 1986 http://articles.sun-sentinel.com/1986-03-23/news/8601180125_1_pro-casino-forces-casino-referendum-casino-question.

¹² Mary Ellen Klas, “A Timeline of Gambling in Florida,” *Tampa Bay Tribune*, November 25, 2009 <http://www.tampabay.com/news/perspective/a-timeline-of-gambling-in-florida/1054345>.

¹³ Klas, “A Timeline of Gambling in Florida.”

¹⁴ Ibid.

No Casinos in Florida, observed a phenomenon that governs how elected officials largely view gaming: “The solution to having too much of it is to have more of it.”¹⁵

Indeed, that wry observation can be supported through various examples throughout the country. From New England to the Mid-Atlantic region and to the Midwest and beyond, states respond to the expansion of gaming in other states by expanding gaming within their states. As explained in more detail later in the report, the catalysts for such expansion include:

- A state’s residents are spending dollars elsewhere, and those dollars are best kept at home.
- The pari-mutuel industry is hurting, and needs expanded gaming in order to survive and to compete against larger purses available at competing tracks in other states.
- Gaming is viewed as a fiscal solution when states feel the pinch of an economic recession.

Gaming has been expanding for decades, and continues to do so. Even when limits are enshrined in the state Constitution, it does not preclude serious expansion efforts. Constitutional limitations, as well as tribal compacts, can be viewed as temporary.

Florida offers another telling example of that, in the 2004 constitutional amendment that led to the approval of racinos in Miami-Dade and Broward counties. That amendment initially limited that privilege to operating pari-mutuels, which would have excluded Hialeah. That was changed through 2010 legislation, which survived subsequent legal challenges, but created some new consequences. Veteran gaming reporter Nick Sortal identified those consequences in a report for the *Sun-Sentinel*:

“Hialeah Park is reveling in its rebirth, but the racetrack with the pink flamingos has caused a mess across the state.

“When its quarter-horse season ends ..., the track that first opened in 1921 will be eligible to house slot machines, thanks to a provision in a 2010 state law. But slot-machine proponents contend that law also applies to other venues, creating a flood of county referendums -- which legislators say illustrate how gambling in Florida has run amok.

“Last month, Gadsden and Washington counties approved slot machines via referendum. Palm Beach, Hamilton and St. Johns counties also expect to vote on slots in November, citing the 2010 law.

" ‘Opening the way to Hialeah opened the way to everything,’ said Ron Book, a lobbyist whose clients include Hialeah’s rival, Magic City Casino. ‘It created a slippery slope.’ ”¹⁶

¹⁵ Interview with John Sowinski, May 29, 2013.

a. States Endeavor to Realize Value from Gaming via License Fees

One important theme that resonates throughout this report is that no other private industry – and certainly none in the entertainment or hospitality fields – is as dependent as remaining in the good graces of public officials for its ability to earn a profit, or even for its very existence. The flip side of that is that no other private industry has the ability to secure such local or regional monopolies. Sometimes, these local monopolies are granted to private interests simply because those interests own a particular piece of land, such as a racetrack.

In Florida, the holder of a slot machine license must pay an annual license fee of \$2 million, which is due when the application is filed or with the renewal date. There is no fee to obtain an annual pari-mutuel operating license. But in conjunction with its monthly tax payment, each permitholder pays a daily license fee. For jai alai, it is \$40 per game. For greyhound permitholders, it is \$80 per race that may be offset with eligible tax credits under (550.0951(1), F.S.) For horse racing, the fee is \$100 per race. For cardroom operators, the state charges annually a fee of \$1,000 for each table when the application is submitted.¹⁷

In recent years, a number of states have endeavored to realize value from the issuance of such licenses by requiring license fees or some equivalent in exchange for the rights and privileges of operating a gaming facility. The core rationale in requiring such one-time fees is that licenses have value, and states should not give away something that could command significant dollars in the open market. Veteran investment banker Jeff Hooke, managing director of Focus Investment Bank, has been a longstanding advocate for the principle of states realizing the full value of such licenses. More than a decade ago, he noted the following regarding states that had authorized gaming in preceding years: “Illinois, Indiana and Michigan awarded the gaming licenses for free to politically connected groups, under the guise of aiding economically depressed areas or failing racetracks. Even after the impact of betting taxes were included, the awardees turned around and made vast profits.”¹⁸

Hooke collected the data for the following table:

¹⁶ Nick Sortal, “Hialeah Park: Flash Point for State’s Gambling Mess,” *Sun-Sentinel*, February 16, 2012. http://articles.sun-sentinel.com/2012-02-16/news/fl-hialeah-gambling-20120216_1_mutuels-pari-mutuels-slot.

¹⁷ Division of Pari-Mutuel Wagering, email to Spectrum Gaming, June 17, 2013

¹⁸ Jeff Hooke, “Jeff Hooke: If you go for slots, make casinos ante up,” *Pittsburgh Post-Gazette*, May 14, 2013 <http://old.post-gazette.com/forum/comm/20030514edhooke14p5.asp>.

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Figure 1: Gaming license transactions, values

Implied Value¹⁹ (Millions)	Date	Metro Location	Buyer/Seller	Transactions/ Offers
\$180	October 2011	New York City	Genting (Malaysia)/State of New York	Transaction ²⁰
\$435	December 2008	Chicago	Trilliant Gaming/State of Illinois	Offer/Transaction ²¹
\$407	August 2007	Indianapolis	LHT Capital/Oliver Racing (Indiana Downs)	Transaction ²²
\$250	April 2007	Indianapolis	Indiana Downs/State of Indiana, Hoosier Park/ State of Indiana	Two transactions at \$250 million each
\$160	December 2006	Pittsburgh	PITG Gaming/City of Pittsburgh	Transaction ²³
\$220	November 2006	Pittsburgh	Millennium/Magna	Transaction ²⁴
\$140	June 2006	Dania Beach	Dania Jai Alai/Boyd Gaming	Transaction ²⁵
\$340	April 2006	Pittsburgh	Isle of Capri City	Offer ²⁶
\$500	January 2005	Catskills	Seneca Ind./New York State	Offer
\$310	October 2004	Poconos	Mohegan/Penn National	Transaction ²⁷
\$442	July 2004	Philadelphia	Harrah's/Inv. Group	Transaction ²⁸
\$518	March 2004	Chicago	Isle of Capri/State of Illinois	Offer
\$750	January 2001	Cincinnati	Argosy/Inv. Group	Transaction ²⁹
\$663	November 2000	Detroit	Chippewa/Inv. Group	Transaction ³⁰

Source: Jeff Hooke

¹⁹ The value represents license value only. In several instances, the values of casino structure, horse racing track, jai alai track or relevant real estate were excluded from the transaction value in order to determine the license value. For Pennsylvania transactions/offers, the value includes the \$50 million license fee that is paid by the license holder. The Maryland 2009 license awards have been excluded since the sizable tax rate (67%) precluded high initial fees and the bidding process was not open, but rather skewed towards certain landowners.

²⁰ Aqueduct racetrack slots. The gross amount is \$380, minus \$200 for a state contribution to construction costs. The low price is partly due to New York's high gaming tax rate and high purse contributions. The slots operator may keep only 30% or 35% of the net revenue.

²¹ Trilliant Gaming offered \$435 million upfront for a Rosemont, IL location. The State, however, awarded the license to Midwest Gaming for a Des Plaines, IL location for \$125 million upfront and \$300 million to be paid at \$10 million per year for 30 years. The total NPV of the Midwest proposal is \$247 million at an 8% rate.

²² Oliver Racing paid \$53.5 million for a 34% interest, plus a \$250 million license fee.

²³ PITG agreed to pay a \$7.5 million annual fee to City of Pittsburgh to subsidize a new hockey arena. Hooke Associates estimated the "present value" of the annuity at \$110 million, plus the \$50 million license fee.

²⁴ \$30 million value of racetrack subtracted from \$200 million price (i.e., \$170 million, net) and \$50 million license fee added, in order to provide a \$200 million license value.

²⁵ \$13 million appraised value (tax records) of jai alai fronton excluded from \$153 million purchase price.

²⁶ Isle of Capri offered to build a \$290 million hockey arena and to pay \$50 million for the license.

²⁷ Mohegan Tribe paid \$290 million (after post purchase adjustment) for the license plus the track worth \$30 million. We add \$50 million license fee for a value of \$310 million (i.e., \$290 minus \$30 plus \$50).

²⁸ In exchange for 50% interest, Harrah's put up over \$400 million to construct casino and racetrack in Chester, PA.

²⁹ Excludes "brick and mortar" cost of the casino, as set forth in the SEC filings.

³⁰ Chippewa's buyout of a 40% interest, indicating a 100% interest at \$663 million.

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While Hooke is correct in that states can realize value in something that many states had given away, the more immediate incentive is that states can realize significant revenue quickly. That prospect has driven more states in recent years to seek license fees.

However, license fees do have a cost. From the standpoint of a potential developer, a license fee is part of the necessary investment in a potential project. It is the equivalent of the capital investment that would be made in various areas, ranging from site acquisition and improvement to architecture fees and construction costs. But, unlike the costs that are incurred to build a physical facility, the license fee does not add to the value of that facility. When calculating a return on investment (“ROI”), a license fee is part of the investment, which is the denominator in that ratio. But a license fee does nothing to increase the numerator, the profit. Consequently, the license fee is effectively a sunk cost that does not generate revenue, which would in turn fuel various public benefits from gaming taxes to employment.

An operator that does not have to carry that cost can invest more in the property to increase revenue and ROI. That is particularly important in a competitive bidding process. In 2008, Spectrum prepared a report for the Commonwealth of Massachusetts, in advance of gaming legislation that included a provision for a \$200 million initial licensing fee. That report noted the following:

“Initial license fees required of successful development bidders are generally viewed as part of their capital investments and therefore:

- Have a detractive effect on capital development spend, as the licensing expense competes internally for capital with construction spending.
- Pose a dampening effect on development interest among potential candidates, as the fees raise the cost of entry with no direct return on that expense, and thereby simultaneously reduce projected ROIC rates.

“This is not to say government entities should not impose substantial operator license fees, to both winnow out under-resourced bidders and help recoup the state’s own start-up and other infrastructure costs, but rather to make clear the underlying considerations.

“At a \$200 million minimum bid, the Massachusetts casino licensing fee, combined with the minimum development requirements, will ensure that only financially strong companies will apply. On the other hand, this is potentially \$200 million less in capital invested into each of the destination casinos. This fee could be viewed by both the state and license applicants as the price of operating in a closed, geographically protected environment.”³¹

³¹ Spectrum Gaming Group, “Comprehensive Analysis: Projecting and Preparing for Potential Impact of Expanded Gaming on Commonwealth of Massachusetts,” August 1, 2008. p. 119.

Three years later, the Expanded Gaming Act became law in Massachusetts, and included a minimum \$85 million licensing fee, significantly lower than what had been contemplated in the 2008 proposed legislation.³²

Between 2008 and 2011, a severe national recession struck, which certainly played a role in convincing lawmakers in Massachusetts to reduce the required minimum capital investment. At the same time, however, we suggest that lawmakers also recognized that a large license fee could also detract from capital investment and its subsequent economic benefits.

Based on the language within its statute³³ that governs the competitive bidding process, Massachusetts is a pioneer in the planning of gaming. The law requires bidders to put forth comprehensive proposals that address many areas that are often not addressed, or paid little heed, in other gaming statutes. Such areas range from impact on employment to impact on local arts, as well as on small businesses.

6. Racetrack Casinos Evolve, Table Games Arrive

In 1990, the concept of a racino was introduced to the US with the introduction of 165 video lottery terminals (“VLTs”)³⁴ at Mountaineer Park Racetrack in West Virginia. With the success of the West Virginia experiment, racinos soon spread to Rhode Island, Iowa and Delaware. Many states that introduce commercial casino gambling do so through the initial introduction of slots-only facilities. Examples of this include, among others, Pennsylvania, Delaware, West Virginia, Rhode Island, New York and Florida racinos – although poker at the Florida tracks is a notable exception. The logic behind such moves tends to include the following:

- Slots are viewed as more politically acceptable.
- Slots – because they lack live dealers, as well as necessary controls over dice and other gambling paraphernalia – are viewed as easier to regulate.

The latter point is particularly noteworthy for states in which the lottery is vested with the authority to oversee slots or VLTs such as Delaware, Maryland, New York, Rhode Island and West Virginia. However, even in lottery states, the natural evolution over the past decade has been to add live tables to slots-only facilities. We attribute that trend to two larger forces at play, which are dealt with in more detail elsewhere in this report:

³² Massachusetts Expanded Gaming Act <http://massgaming.com/about/expanded-gaming-act/> (accessed May 8, 2013).

³³ Massachusetts Expanded Gaming Act of 2011; see <http://massgaming.com/wp-content/uploads/Chapter-23K-2012.pdf>

³⁴ From the standpoint of a player, slots and VLTs are indistinguishable. The core difference is that slots can be standalone devices, while VLTs can be tied to a central system that monitors and/or controls all critical aspects of the games.

- Fiscal pressures to generate additional revenue, as well as pressure to add jobs.
- The need to respond to actions in other, often neighboring states.

Within a span of about two years, West Virginia added live table games, followed by Delaware and then Pennsylvania – states that, to varying degrees, have overlapping markets. Maryland followed suit by adding tables to its slots facilities this year. The trend was captured in a quote by Mark Nichols, an economics professor with the Institute for the Study of Gambling and Commercial Gaming at the University of Nevada at Reno: “Maryland is getting what the other states already have, which is going to make it very difficult for casinos in West Virginia and Delaware. The only way they can keep those Maryland residents from staying in Maryland is offering incentives or differentiated products that somehow make it worthwhile to travel. But almost anything they try, Maryland can copy. I’m not sure there’s much they can do.”³⁵

If regulated properly, the addition of table games can be a smooth transition that can also encourage capital investment and expansion. The addition of house-banked table games such as blackjack to a slots-only casino can serve to increase slot revenue. This seems counter-intuitive (the natural assumption is that new table games would simply cannibalize existing slot play) but experience in markets that have added tables to casinos that previously offered only slot machines shows otherwise. This phenomenon can be attributed to two major factors:

- Some new table-game customers (who previously had no incentive to visit a slots-only casino) can be expected to apportion some of their own spending to slots.
- Some of these new customers would be accompanied by other guests – such as a spouse or a friend – who would play slots during these visits.

Spectrum’s research finds no compelling evidence that adding table games to a slots-only casino would reduce slot revenue. In fact, research shows that slots and table games in a casino are complementary assets.

The remainder of this section of report shows examples of states and/or casinos where table games were added to what were once slots-only casinos.

a. Mid-Atlantic – Pennsylvania and Delaware, Collective Example

By way of example, casinos in both Delaware and Pennsylvania had been limited to slots only prior to May 2010, but then table games were added to all 12 casinos in these states between May and July 2010.

Through the 12-month period ending April 2010 (pre-table games), the 12 casinos generated \$3.09 billion in slot revenue. Through the 12 months ending July 2011 (the first full

³⁵ J. Freedom Du Lac, “Maryland raising stakes in casino wars with Delaware and West Virginia,” *Washington Post*, March 31, 2013 http://articles.washingtonpost.com/2013-03-31/local/38170896_1_maryland-live-delaware-park-table-games.

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annualized period when all 12 casinos had table games for the full duration of period), the same 12 casinos generated \$3.26 billion in slot revenue (an increase of 5.6 percent over the period without having table games). Table games revenue at these 12 casinos amounted to \$508 million through 12-month period ending July 2011.

The overall increase in gross gaming revenue (“GGR”) for both tables and slots between the two periods was 22.1 percent, while table games revenue accounted for 74.5 percent of the GGR growth and slot revenue accounted for 25.5 percent of the GGR growth. Importantly, this growth occurred at a time when other casinos were opening in the region (SugarHouse in Philadelphia, PA, and Hollywood in Perryville, MD, in September 2010, along with Ocean Downs in Worcester, MD, in January 2011).

b. Delaware

Slots-only casino gambling commenced at Delaware’s three racinos in 1995, with table games operations commencing in 2010. Since table games effectively came online midway in 2010, we examined slot revenue variance data – comparing second half of year to first half of year – for 2008 through 2012 (two entire calendar years before and after table games). In the two years before table games, slot revenue was less in second half of year (July through December) than it was in first half of year (January through June), and for each casino.

To determine whether the implementation of table games had a material impact on slot revenue we examined the slot revenue variance in 2010 (when all Delaware casinos offered table games in second half of year). If the introduction of table games had a significant, negative impact on slot revenue we would expect to see the slot revenue variance to be inconsistent with 2008 and 2009 variance data (i.e., prior to table games). The following table illustrates this slot revenue variance data in Delaware from 2008 through 2012 – where 2010 (as highlighted) was the year when table games commenced operations midway through the year.

Figure 2: Delaware casinos, slot revenue variance – pre and post table games (2008-12)

Slot Revenue Variance	Delaware Park	Dover Downs	Harrington Raceway	DE TOTAL
2008 (2nd Half vs. 1st Half)	(12.6%)	(2.5%)	(14.2%)	(9.4%)
2009 (2nd Half vs. 1st Half)	(13.1%)	(5.5%)	(10.9%)	(9.9%)
2010 (2nd Half vs. 1st Half)	(12.1%)	(5.5%)	(9.0%)	(9.0%)
2011 (2nd Half vs. 1st Half)	(7.4%)	(3.9%)	(11.6%)	(6.9%)
2012 (2nd Half vs. 1st Half)	(14.1%)	(17.4%)	(18.7%)	(16.4%)

Source: Delaware Lottery, Spectrum Gaming Group

As illustrated, on a statewide basis (and consistent amongst casinos), the decline in slot revenue (second half of year compared to first half of year) was greater in the two years without Delaware having table games than it was in both the first and second years following the commencement of Delaware offering table games. Specifically, slot revenue only declined by 9 percent in 2010 from the first half of year to second half of year (when table games were fully

operational); this percentage decline was greater in 2008 and 2009, absent presence of table games (at 9.4 percent and 9.9 percent, respectively). We note that in 2011, the decline in slot revenue from the first half of the year to the second half of the year was even less pronounced than in prior years (at only 6.9 percent), which may suggest that table games were complimentary to slots and/or that table games enhanced overall appeal of Delaware's casinos.

We acknowledge that myriad other factors may impact these aforementioned growth rates, as illustrated in 2012, when growth rates plummeted from first half of year to second half of year (i.e., possibly due to opening of Maryland Live Casino located near Baltimore, MD, in June 2012 along with widespread impact of Superstorm Sandy hitting the region in October 2012).

c. West Virginia

There are four racinos in West Virginia, with all four racinos offering table games. Initially, all four racinos were limited to slots: The racinos offer VLTs that are operated by the West Virginia Lottery, while there is also a network of limited VLT operations at numerous, licensed locations statewide.

In mid-2007, voters (via referendum at the host county level) supported allowing table games at three of the four racinos (the referendum failed in Jefferson county, home to Charles Town – the state's largest racino). Consequently, two casinos (Mountaineer Park and Wheeling Island) began table game operation in late 2007 while Tri-State Park began table game operations in August 2008. A December 2009 referendum to add tables at Charles Town did pass and table game operations commenced in July 2010. (A fifth casino, the Greenbrier resort, began operations in West Virginia in October 2009. The Greenbrier, a resort hotel with no racetrack, offers both slots and table games.)

We examined slot revenue performance at Charles Town, since this racino generates more than half of the GGR in West Virginia, and is relatively isolated from any other racino in West Virginia or other states. Specifically, we examined slot revenue variance data – comparing second half of year to first half of year – for 2008 through 2012 (two years before and after table games – as table games became operational in July 2010 at Charles Town). In the two years before Charles Town having table games, slot revenue was lower in the second half of the year than it was in the first half of year.

To determine whether the implementation of table games had a material impact on slot revenue, we examined the slot revenue variance in 2010 (when Charles Town added table games in the second half of year). If the introduction of table games had a significant, negative impact on slot revenue, we would expect to see the slot revenue variance to be inconsistent with 2008 and 2009 variance data (prior to table games). The following table illustrates this slot revenue variance data at Charles Town from 2008 through 2012 – where 2010 (as highlighted) was the year when table games commenced operations midway through the year.

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Figure 3: Charles Town Races (WV), slot rev. variance – pre and post table games (2008-12)

Slot Revenue Variance	Charles Town Races
2008 (2nd Half vs. 1st Half)	(8.3%)
2009 (2nd Half vs. 1st Half)	(13.2%)
2010 (2nd Half vs. 1st Half)	(1.5%)
2011 (2nd Half vs. 1st Half)	3.2%
2012 (2nd Half vs. 1st Half)	(18.6%)

Source: West Virginia Lottery, Spectrum Gaming Group

As illustrated, the decline in slot revenue (second half of year compared to first half of year) was greater in the two years without Charles Town having table games than in the initial year of Charles Town offering table games. Specifically, slot revenue only declined by 1.5 percent in 2010 from first half of year to second half of year (when table games were fully operational) while this percentage decline was greater in 2008 and 2009, absent presence of table games (at 8.3 percent and 13.2 percent, respectively). We note that in 2011, there was an increase in slot revenue from first half of year to second half of year, which may suggest that table games were complimentary to slots and/or that table games enhanced overall appeal of Charles Town (i.e., translating into greater slot revenue levels than what would otherwise be, absent table games).

We acknowledge that myriad of other factors may impact these aforementioned growth rates, as illustrated in 2012, when growth rates plummeted from first half of year to second half of year (possibly due to the opening of Maryland Live Casino located near Baltimore, MD, in June 2012).

d. Pennsylvania

There are 11 casinos in Pennsylvania, all of which prior to mid-2010 were limited to slots. Table games operations commenced in July 2010.

In reviewing slot revenue results for the first full year that Pennsylvania's casinos offered table games (LTM June 2011) compared to the full year prior (LTM June 2010) we see inconclusive results on the collective impact of table games on slot revenue. Collectively, slot revenue grew by 10.7 percent when comparing the two periods; however, nearly all of this slot revenue growth occurred at two of the newer casinos (Sands Bethlehem and Rivers, opening in May 2009 and August 2009, respectively) and as a result of a new casino in Philadelphia (which opened in September 2010).

The seven Pennsylvania casinos that opened in 2007 and 2008 had a collective 0.1 percent increase in slot revenue when comparing LTM June 2011 to LTM June 2010 (i.e., post- vs. pre- table games). Four of the seven reported increased slot revenue, while three of the seven reported declines in slot revenue.

This was, of course, a period of significant change in Pennsylvania's gaming industry, with additional casinos opening in-state and in surrounding area. That makes it difficult to isolate any precise cause and effect on either table or slot revenue. Still, we note that any expected cannibalization of slot revenue by the addition of table games did not materialize in Pennsylvania.

7. Battle for Entertainment Dollars: Competition on a Broader Scale

Caesars Entertainment Chairman, President and CEO Gary Loveman recently offered criticism of how the casino industry tends to break down revenue into two categories: gaming and non-gaming. Loveman suggested there is a problem in the industry's mindset when other revenues are defined by what they are not, rather than what they are. He noted, for example, that we don't divide people into two genders: "women and non-women."³⁶ Rather, he characterized other revenues as "entertainment" dollars, forecasting an evolution at his company and other gaming providers in which they broadly compete for a share of all discretionary income.

That might be a welcome and necessary step in an industry that is increasingly facing saturation in its core business. But that evolution has implications for other businesses, industries and regions that already battle for that entertainment dollar, and that do not offer gaming – nor do they intend to offer gaming as an option.

From Florida's standpoint, this issue is most readily apparent in Orlando, a successful, world-class resort by any standard that has managed to achieve success in multiple categories, most notably for purposes of this discussion: families with children; and business travel, particularly in the MICE (meetings, incentives, conferences and exhibitions) segment.

Due to its abundance of theme parks, hotels and other assets and infrastructure, Orlando competes nationally and globally in various segments, and Las Vegas – a destination centered on gaming – is clearly a competitor. Interestingly, Las Vegas endeavored to leverage its brand into the family segment, but has more recently sharpened its focus on more adult segments, as noted here:

"By the late 1980's gaming revenue in Las Vegas was down as other areas in the country started to legalize gambling. In an attempt to stimulate visitor numbers the city was reinvented in the image of Disney. Themed hotels such as the Luxor and Excalibur emerged allowing Las Vegas to market itself as a place for adults to gamble while their children played at theme parks such as the one built by the MGM Grand. Circus Circus a kid's themed hotel that was built in 1976 was the only hotel that attended to the needs of children. With the development of these new hotels Circus Circus would now face competition for the younger demographic of customers and their families. Las Vegas in the 21st Century saw its second major change in visitor demographics. No longer the

³⁶ Gary Loveman, keynote speech at East Coast Gaming Congress, Atlantic City, NJ, May 22, 2013.

place for the family, Las Vegas has morphed into one of the top party cities in the world, ranking top ten in numerous different polls'. Attracting 21 – 34 years olds from all over the world, Las Vegas now ranks number one in categories such as, top destination for bachelor and bachelorette celebrations (www.AskMen.com 2009), top destination to celebrate a 21st birthday (www.ehow.com).

"The sudden influx of younger tourist[s] can be attributed to the erection of new nightclubs and pool parties in many of the Las Vegas Hotels. MTV's reality TV show "the real world" portrayal of Las Vegas as a party city has also been a catalyst for the younger crowd to Las Vegas."³⁷

Based on our experience, we concur with the observation that Las Vegas operators determined that Las Vegas would not succeed in rebranding itself as a family destination, and began targeting hedonistic adults (best evidenced by the "what happens in Vegas stays in Vegas" campaign) and business travelers.

While Orlando and Las Vegas do not share the same *raison d'être*, they do share one critical characteristic: Both destinations developed from scratch, in a relatively brief period, a massive infrastructure of hotel rooms, meeting and convention space, and entertainment attractions. Each destination has a critical mass of attractions, which helps fuel visitation. John McReynolds, Senior Vice President of External Affairs for Universal Parks & Resorts, noted, for example, that Universal does well when other attractions in Orlando prove to be popular, and the success of the Wizarding World of Harry Potter serves as a magnet that, in turn, increases overall attendance, which benefits other non-Universal attractions.³⁸

According to McReynolds, almost 85 percent of the Orlando market is represented by the leisure market, with the remaining 15 percent being made up by the MICE market.³⁹ Total business attendance in Orlando has more than doubled in the past 20 years through good economic times and bad.

In Orlando, the conventions and meetings business is anchored by the Orange County Convention Center, where convention business is on an upswing and is approaching its pre-recession peaks.

Notably, that center has been hailed by Business Review USA as the top major convention destination in the nation: "Central Florida's OCCC is a massive center, offering 2,100,000 square feet of exhibit space in its 7,000,000 square-foot complex. But it's not just size that brought OCCC to the top of our list. The OCCC provides Central Florida with a remarkable

³⁷ By Joseph Akinsete, "Las Vegas visitor demographics: Be careful what you wish for," University of Nevada, Las Vegas, April 1, 2010, p. 3-4.
<http://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1595&context=thesesdissertations>.

³⁸ Interview with John McReynolds, May 29, 2013.

³⁹ Ibid.

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amount of economic benefits at no cost to the county's citizens and it is estimated that activity in the center yields an annual tax savings of \$87.50 per Orange County household. This self-proclaimed "Center of Hospitality" offers amenities to please (including massage services, three full-service restaurants, eight food courts and remote airline check-in) and was the staging area for relief operations for Hurricanes Charley, Frances and Jeanne."⁴⁰

On a national level, many of the major convention destinations in Orlando's competitive set are also hosting casinos. The number of major convention cities with casinos already includes Las Vegas, Philadelphia, New Orleans, Detroit and New York, and will soon include Boston, and the possibility of additional gambling venues in Chicago. Atlanta, another major convention destination in the Southeast, has been contemplating gaming for several years.

In 2007, PKF Consulting released a report on the potential economic impact of a casino in Atlanta, and its executive managing director Mark Woodworth made this statement: "We're seeing more and more destinations that have gambling, which functions as an important amenity, especially in attracting group meetings and conventions."⁴¹

In our view, Orlando's ability to grow its conventions and meetings business in the face of this national trend underscores an important asset in this market: Orlando's strength in attracting business travelers is growing without gaming, and that absence is to some degree fueling that growth. Orlando has carved out a significant, profitable niche in that national market, and gaming would clearly be antithetical to that image and its ability to dominate that important segment.

Interviews with various hotel operators in the Orlando area, which are members of the Central Florida Hotel & Lodging Association, have lent support to that view. The members interviewed for this report note, for example, that many of the meeting planners who book Orlando for their groups cite the absence of gambling as a plus, since that attraction might otherwise be viewed as a distraction. Thea J. Sargent, General Manager of Disney's Contemporary Resort in Orlando, expressed a view that was endorsed by many of her colleagues when she said the absence of gaming and the focus on other attractions "differentiates us (as a) family-friendly destination."⁴² The Orlando hotel owners interviewed for this report note that convention attendees and other business travelers who visit Orlando often extend their stays and bring their families with them.

A 2011 survey of Orlando visitors shows the various activities they participate in during their stay. The percentages listed here reflect the percentage of visitors who reported participating in each activity.

⁴⁰ "Top Ten U.S. Convention Centers," *Business Review USA*.

http://www.businessreviewusa.com/business_leaders/top-ten-us-convention-centers (accessed May 30, 2013).

⁴¹ Rachel Tobin Ramos, "Downtown Casino Could be \$1.6B Jackpot," *Atlanta Business Chronicle*, February 12, 2007. <http://www.bizjournals.com/atlanta/stories/2007/02/12/story1.html?page=all>.

⁴² Interviews with members of the Central Florida Hotel & Lodging Association, May 29, 2013.

Figure 4: Activities participated in during visit to Orlando

	Domestic Leisure	Domestic Convention-Group Meeting
Theme/Amusement Park	50.3%	15.5%
Dining	31.6%	39.5%
Shopping	31.5%	18.3%
Entertainment (Gen)	29.7%	16.4%
Touring/Sightseeing	17.1%	4.4%
Beach/Waterfront	12.2%	5.8%
Concert, Play, Dance	11.6%	4.4%
Night Life	10.9%	7.8%
Parks: national, state +	6.2%	1.9%
Festival, Craft Fair +	3.2%	0.8%
Hike, Bike +	3.0%	0.8%
Visit Historic Site	2.9%	2.4%
Play Golf	2.5%	1.8%
Museum, Art Exhibit	2.2%	3.2%
Boat/Sail	1.9%	1.3%
Hunt, Fish	1.2%	0.1%
Watch Sports Event	1.1%	0.5%
Other Adventure Sports	0.7%	0.0%
Look at Real Estate	0.6%	0.1%
Gamble	0.5%	0.1%
Nature/Culture -- Eco-travel	0.5%	5.5%
Camping	0.4%	0.0%
Shows: boat, auto, antique +	0.2%	0.0%

Source: D.K. Shifflet, Visit Orlando

Notably, gambling is listed as an activity, and the Orlando hotel operators interviewed for this study note that the Seminole Hard Rock Tampa – about 60 miles from the Orlando area – is an available attraction, which the hotel operators view as far enough away to not detract from the Orlando brand, but close enough to satisfy visitors who want to visit a casino during their stay.⁴³

But while Orlando can differentiate itself from Las Vegas or other gaming destinations, such convention markets still compete, in general and in specific instances. A conference of Wendy’s franchisees recently selected the MGM Grand in Las Vegas over Orlando, based on a \$250,000 incentive that the MGM provided, which the Orlando competition could not match – although it did match other factors, such as the average daily room rate.⁴⁴

Orlando is able to compete on other levels as well, such as the absence of union-related rules in other states that often add to the cost of setting up conventions and other meetings, as Florida is a “right to work” state.⁴⁵

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

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We also note, however, that Orlando competes on an in-state as well as a national level, and would not be immune to the impacts of any change in gaming policy elsewhere in Florida.

Figure 5: Leisure, convention travel to Orlando by origin DMA, 2011

Origin DMA (Top 15)	Domestic Leisure	Domestic Convention/Group Meetings	
Orlando-Daytona Beach-Melbourne, FL	15%	Tampa-St. Petersburg (Sarasota), FL	12%
Tampa-St. Petersburg (Sarasota), FL	13%	Orlando-Daytona Beach-Melbourne, FL	11%
Miami-Ft. Lauderdale, FL	6%	Miami-Ft. Lauderdale, FL	10%
New York, NY	6%	Dallas-Fort Worth, TX	5%
Jacksonville, FL	6%	Oklahoma City, OK	5%
West Palm Beach-Ft. Pierce, FL	4%	Los Angeles, CA	4%
Chicago, IL	3%	Philadelphia, PA	3%
Atlanta, GA	3%	New York, NY	3%
Boston, MA (Manchester, NH)	2%	Houston, TX	3%
Washington, DC (Hagerstown, MD)	2%	Columbia-Jefferson City, MO	2%
Philadelphia, PA	2%	Chicago, IL	2%
Ft. Myers-Naples, FL	1%	Atlanta, GA	2%
St. Louis, MO	1%	Huntsville-Decatur (Florence), AL	2%
Houston, TX	1%	Baltimore, MD	2%
San Francisco-Oakland-San Jose, CA	1%	Phoenix, AZ	1%

Source: Visit Orlando, D.K. Shifflet & Associates

The table above shows that, in both domestic leisure and convention/group business, designated market areas – which are independent media markets – in other regions of Florida are critically important to Orlando. Daryl Cronk, Director of Research at Visit Orlando, described this phenomenon:

“Yes, proximity is a factor. Please keep in mind the data includes both overnight stays and day-visits. The proximity of Daytona to the east, and Tampa to the west, makes Orlando a popular destination for day-trips. It may be to attend a convention, to visit a theme park, a special event such as Halloween Horror Nights at Universal or Food & Wine at Epcot, or something as simple as a Magic game (just like I have friends to go to Tampa for Rays games). And of course lots of VFR travel (visiting friends and relatives).

“Origin markets take on a slightly different look if day-trips are excluded. Still a lot of in-state but not as much.”⁴⁶

Even when the origin markets are limited to overnight stays, local markets play less of a role, as Cronk noted, but are still important:

Figure 6: Market of origin share of overnight stays in Orlando

Origin DMA: Overnight Leisure	2010-2011
Tampa-St. Petersburg (Sarasota), FL	9.0%
New York, NY	7.7%
Orlando-Daytona Beach-Melbourne, FL	6.9%
Miami-Ft. Lauderdale, FL	6.1%
West Palm Beach-Ft. Pierce, FL	4.0%
Jacksonville, FL	3.9%

⁴⁶ Email from Daryl Cronk, May 24, 2013.

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Atlanta, GA	3.7%
Chicago, IL	3.1%
Boston, MA (Manchester, NH)	2.8%
Philadelphia, PA	2.4%
Washington, DC (Hagerstown, MD)	2.0%
Ft. Myers-Naples, FL	2.0%
St. Louis, MO	1.7%
Dallas-Fort Worth, TX	1.5%
Detroit, MI	1.4%

Source: Visit Orlando, D.K. Shifflet & Associates

Taken together, these factors – the evolution of gaming into broader entertainment, the availability of gaming in convention destinations, and Orlando’s dependence on both local and national markets – support many of the concerns expressed by the Orlando business community as to the expansion of gaming throughout Florida, particularly the possibility of new destination resorts.

Clearly, the addition of such destinations – which would add new supply to the competitive conventions and meetings business, while adding additional amenities to competing facilities in South Florida – raises the possibility of an adverse impact on business in the Orlando area.

John Sowinski of No Casinos said the impact would not necessarily be limited to the larger players in Florida markets, but could have serious ramifications for the smaller attractions, many of which depend on in-state and out-of-state visitors who are looking for secondary and tertiary activities during their leisure time. Sowinski suggests that such attractions – which might include Gatorland in the Orlando region or Jungle Island in the Miami area – might be more likely to lose out if more discretionary dollars are targeted toward gambling.⁴⁷

Las Vegas’s failed foray into re-branding itself as a “family” destination underscores the success of the Orlando region, which can rightfully claim ownership to that brand. Anecdotal evidence suggests that the brand equity of Orlando has benefits for the entire state of Florida. In fact, much of the image of the state of Florida is centered on theme parks and families.

The risk that gambling poses for Florida’s existing tourism brand was also noted by William Bunkley of the Florida Ethics and Religious Liberty Commission, who testified before the Senate Gaming Committee meeting earlier this year, and noted: “We have a brand here in Florida. It is tourism. It is fishing. It is outdoor sports. And though we have had some expansion of gambling, I got to tell you that Las Vegas tried the family gambling routine. It did not work,” Bunkley said. “We have a lot of people coming, supporting our state in the area of tourism, and I am very concerned about the future.”⁴⁸

⁴⁷ Interview with John Sowinski, May 29, 2013.

⁴⁸ Florida Senate Gaming Committee, February 18, 2013
http://www.flsenate.gov/media/videoplayer.cfm?EventID=2443575804_2013021203.

More generally, and with respect to Florida, expanded gambling may fundamentally change the state of Florida as a place to live and visit. Bill Lupfer, of the Florida Attractions Association, suggests that the expansion of gambling, particularly casino gambling, will be damaging to “the Florida brand.” Lupfer argues that many states with casinos legalized them in order to attract tourists. This was certainly true in the 1990s when casinos first began to expand outside Nevada and New Jersey. Florida, however, already offers more attractions than any other state; it doesn’t need casinos to attract tourism, he notes.⁴⁹ Rather than benefitting the state, expanded gambling (especially casinos) could make Florida a less-attractive tourist destination.

The tourism industry leadership in Orlando, as interviewed for this analysis, appears unified in its view that any expansion of gaming in Florida would have several tremendous economic and social impacts to the State.

If gambling were to be expanded in Florida, tourism leaders cite a variety of potential implications, including the following:

- Economic costs
 - Impact to Orlando’s global brand position.
 - Change in target market of the destination and thus potential economic losses.
 - Potential cost of moving to the unionization of hotels.
 - Economic impact to small businesses.
 - Lost business because some meeting planners will not book business in gaming destinations.
- Social costs
 - Change in the brand position and potential loss of global goodwill.
 - Change in staffing at properties that might impact the friendliness of the destination, which in turn might damage Orlando’s reputation as a friendly destination.
 - Change in the perceptions of safety, as the leisure market will not choose destinations where safety may be compromised.

8. Conclusion

Intentionally or not, the policies established by lawmakers – or the lack thereof – play a critical role in the evolution and expansion of gaming. Indeed, in the views of many, the “evolution” and “expansion” of gaming are largely synonymous. The industry rarely shrinks, and

⁴⁹ Bill Lupfer, Florida Attractions Association, phone interview, May 23, 2013.

quite often, expands as a result of expansion. As demonstrated in this section, the notion expressed by John Sowinski of No Casinos that the answer to saturation is often more gaming can be borne out by examples. Even industry segments that have seen their customer base decline – such as jai alai or dog racing, as well as other segments of the pari-mutuel industry – are still in business. Rules that may seem fixed and immutable – such as constitutional amendments – often prove to be less than immutable. Policymakers need to be aware that every change in policy creates consequences that, in turn, create a demand for more policy changes. As demonstrated in the past, such changes often lead to an expansion of gaming, which creates a demand for more changes.

Such changes could have significant impacts that extend beyond gaming, as evidenced by the concerns expressed by the business community in Orlando.

B. Types of Gambling and Their Performance, Participation

Legalized gambling is seemingly everywhere in the United States:

- 43 states have a lottery, with a 44th – Wyoming – having enacted lottery legislation in March 2013.
- 42 states have casinos of some kind, whether Las Vegas-style, floating, Indian, racetrack, or slots-only. Even Arkansas and Kentucky – considered non-casino states by the American Gaming Association – each have two racetrack gaming facilities that offer hundreds of Instant Racing machines⁵⁰ and/or skill-based reel games in a casino-like setting (and thus are included in our casino count), indicative of the efforts by operators and/or states to capitalize on the popularity of casinos. In total, there are 984 casinos in the US.⁵¹
- 33 states have pari-mutuel racing, whether horse racing, dog racing or jai alai.
- 7 states have what Spectrum terms “retail gaming,” which is the widespread placement of a small quantity of slot machines (generally 5 to 10) inside retail businesses throughout a state (typically liquor-licensed establishments).
- 5 states have standalone cardrooms, which offer poker and, in some cases, casino card games. At the end of 2012, there were standalone 407 cardrooms in the US.
- 2 states have sports betting.

For better or for worse, legalized gambling is growing – in dollars, in locations and in options. Many states are clamoring to either legalize a new form of gambling or expand what

⁵⁰ See description of Instant Racing machines at the Ellis Park website: <http://www.ellisparkracing.com/news-and-events/instant-racing/>.

⁵¹ Based on American Gaming Association and Spectrum counts.

they already have – and these debates are a regular occurrence in statehouses across the country. The proponents in such states argue either that they need the additional tax receipts and/or jobs, or that they need to stem the flight of residents' gambling dollars to neighboring states. The nascent rollout of Internet gambling has begun changing how gambling will be delivered, played, taxed and accepted – in statehouses, among gambling operators, and among patrons. Opponents argue legalized gambling has spread too far, leading to negative impacts that include addiction, personal bankruptcy, crime and industry cannibalization of consumers' discretionary dollars.

Florida is among the more gambling-rich states, as measured by number and types of options:

- 7 Indian casinos (6 Seminole, 1 Miccosukee)
- 1 state lottery, the nation's second-largest as measured by FY 2011 sales excluding VLTs
- 28 pari-mutuel facilities (plus inter-track at Ocala),⁵² including:
 - 24 with active cardrooms
 - 14 with live greyhound racing
 - 9 with live horse racing (quarter horse, thoroughbred and standardbred)
 - 6 with active jai alai
 - 6 with slot machines (a seventh, at Hialeah Park, opens in summer 2013)
- Charitable bingo throughout the state, regulated at a local level.

In addition, day-cruise vessels and cruise ships that dock at various Florida ports offer unregulated (but not illegal) casino gambling once they reach international waters three miles offshore on the Atlantic side, but 10 miles on the Gulf side.

1. The Prevalence of Gambling

a. Nationally

To our knowledge, the most comprehensive gambling studies, both for the US nationally and for Florida on a statewide basis, were conducted more than a decade ago. The first authoritative national gambling research was conducted by the Commission on the Review of the National Policy Toward Gambling in 1976. The most extensive and authoritative nationwide study was published in 1999 by the National Opinion Research Center at the University of

⁵² Data from Florida Division of Pari-Mutuel Wagering; July 24, 2012, facilities map and fiscal year-to-date data through April 2013. <http://www.myfloridalicense.com/dbpr/pmw/documents/FACILITIESMAP--Internet-hyperlinks.pdf> and <http://www.myfloridalicense.com/dbpr/pmw/documents/Stats/HandleandCardroom2012-2013--2013-05-13--April--YTD.pdf>.

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Chicago in a 768-page report. This groundbreaking research compiled survey results from approximately 3,000 gamblers and non-gamblers and was conducted as part of the National Gambling Impact Study Commission for the federal government. The study documented gambling prevalence among US residents at a lifetime rate of 68 percent and a past-12-months rate of 61 percent for all forms of gambling.⁵³

Gambling has expanded greatly since 1999, when some form of legalized gambling was being offered or had been approved in a total of 25 states,⁵⁴ to the present where 42 states currently offer some form of legal gambling other than the lottery. The most recent information on national gambling prevalence comes from the American Gaming Association's ("AGA") 2013 *State of the States* survey. While this is not a rigorous academic study it does represent the most up to date data released, released in the first week of May, 2013. This latest update to the annual study documents gambling prevalence as follows among the general US population:

- Past 12 months participation in the following gambling activities:
 - Lottery 53 percent
 - Casino gambling 32 percent
 - Casual betting with friends 26 percent
 - Playing poker 12 percent
 - Wagering on a race 6 percent
 - Internet gambling 3 percent

From the above information we can extrapolate that almost one-third of the adult population over 21 in the US has gambled in a casino within the past year. Among young adults, aged 21 to 35, the proportions playing the lottery, betting casually with friends, playing poker, and gambling over the Internet are significantly greater.

Of course, gambling incidence varies considerably with access to local or regional gaming facilities. Various studies commissioned by individual states since 1976 have shown lifetime prevalence rates ranging from 64 percent to 96 percent, with past-12-month prevalence rates ranging even more broadly from between 49 percent to 89 percent.⁵⁵ A meta-analysis of

⁵³ "Gambling Impact and Behavior Study, Report to National Gambling Impact Study Commission," National Opinion Research Center at the University of Chicago, April 1, 1999.

⁵⁴ American Gaming Association, 1999 *State of the States*; the yearly reports are available at <http://www.americangaming.org/industry-resources/research/state-states>.

⁵⁵ Howard J. Shaffer, Matthew N. Hall, Joni Vander Bilt, *Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-analysis*, Division on Addictions, Harvard Medical School, December 15, 1997.

available research across the US and Canada conducted in 1997 estimated a lifetime gambling prevalence rate of 81 percent in the general population across the country as a whole.⁵⁶

b. Florida

The most comprehensive study of gambling behavior across the state of Florida was conducted for the Florida Council on Compulsive Gambling Inc. (“FCCG”) by the University of Florida in 2001. This ground-breaking study documented gambling prevalence and participation rates as follows:⁵⁷

- Lifetime gambling prevalence of approximately 90 percent among Florida residents, ages 18 and older:
 - 10 percent of Floridians surveyed report they have never gambled
 - 20 percent have not gambled in the past 12 months
 - 45 percent have gambled in the past 12 months
 - 25 percent gamble weekly
- Lifetime participation in the following gambling activities:

○ Lottery	73 percent
○ Raffles	63 percent
○ Casino gambling	60 percent
○ Pari-mutuels and OTB	30 percent
○ Bingo	24 percent
○ Stock Market	23 percent
○ Cards (not at casino)	20 percent
○ Slot machines (not at casino)	18 percent
○ Pool	18 percent
○ Sports	16 percent
○ Jai Alai	14 percent
- Lifetime prevalence was highest for lottery, raffles or sweepstakes, casino gambling, and pari-mutuels or off-track betting (“OTB”) with nearly one-third to almost two-

⁵⁶ Ibid.

⁵⁷ Nathan A. Shapira, Mary Ann Ferguson, Kimberly Frost-Pineda, Mark S. Gold, *Gambling and Problem Gambling Prevalence Among Adults in Florida*, University of Florida, October 2002.

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thirds of respondents acknowledging participation in these activities on a lifetime basis.

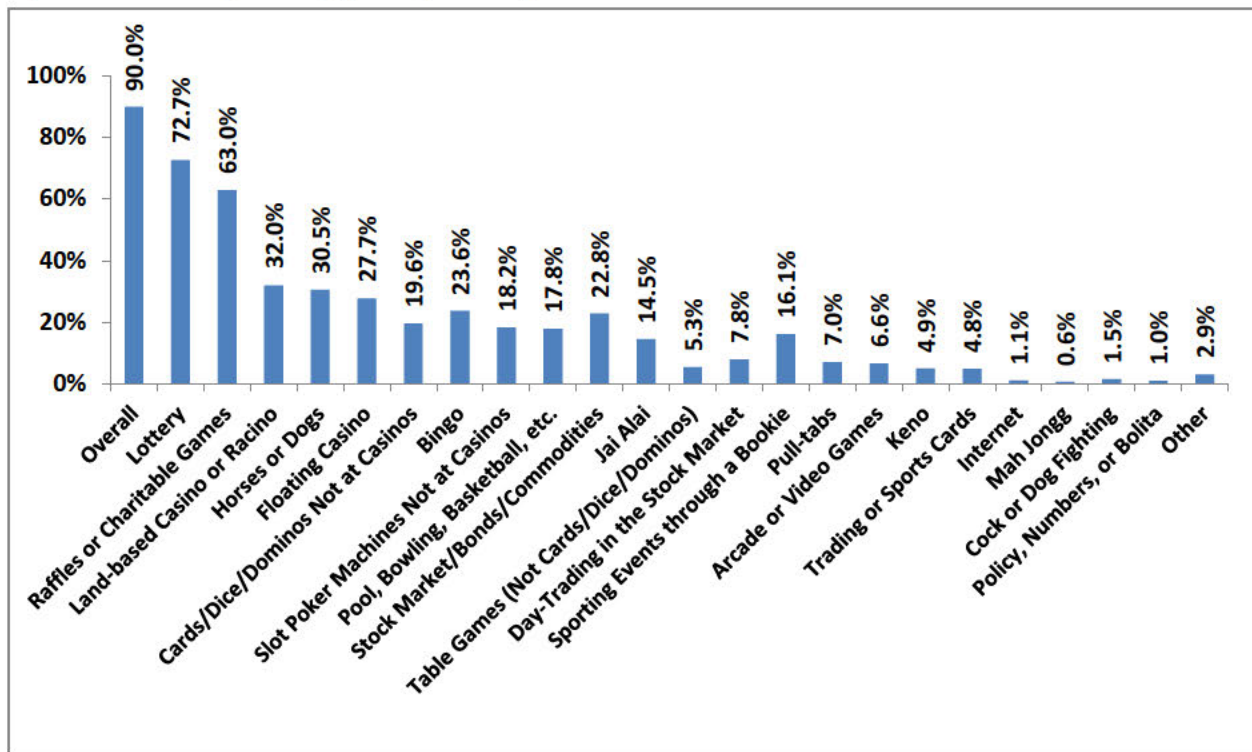
- Past-year participation rates were highest for lottery, raffle, casino and stock market gambling, followed distantly by bingo, cards outside a casino, day trading, horses, dogs or other animals and OTB, pool, sports and slot machines outside a casino.
- Respondents participating in one or more of these gambling activities did so by:
 - Gambling in a casino 32 percent
 - Gambled at a convenience store 16 percent
 - Gambling at the supermarket 13 percent
 - Gambled in their homes 8 percent
- Males are significantly more likely to be weekly gamblers than females (30.5 percent versus 20.2 percent)
- Florida residents in the 50 to 65 age range are most likely to be weekly gamblers
- Residents 18 through 29 are least likely to gamble weekly
- SOGS problem gambling⁵⁸ among adult Florida residents:
 - Past-year problem/pathological 2 percent
 - Lifetime problem/pathological 3.6 percent
- NORC DSM problem gambling⁵⁹ among adult Florida residents:
 - Past-year problem/pathological 0.8 percent
 - Lifetime problem/pathological 1.0 percent

Lifetime gambling participation among Floridians as documented in the 2001 study is illustrated in the following chart. Note that for land-based casino or racino gambling, in 2001 virtually all of this would have taken place outside of Florida, as the only casino open at the time was the original Seminole casino in Hollywood.

⁵⁸ Pathological and problem gambling based upon South Oaks Gambling Screen ("SOGS").

⁵⁹ Pathological and problem gambling based upon National Opinion Research Center's DSM Screen ("NORC DSM").

Figure 7: Lifetime gambling participation by Floridians, 2001



Source: Florida Council on Compulsive Gambling

The 2001 study was replicated 10 years later by the FCCG, with the University of West Florida collecting and analyzing the survey data. The 2011 replication survey published in January 2012, explored gambling behavior among a total of 2,500 Florida residents.⁶⁰ This update provides better granularity of data for gambling prevalence but in the process makes some direct comparisons more difficult. For instance, due to a stricter definition of gambling as “placing something of value at risk in hopes of gaining something of greater value”⁶¹ instead of simply “bet or spent money on” as gambling was defined in the 2001 study⁶² lifetime prevalence of gambling in the 2011 study benchmarks at only 60 percent as opposed to 90 percent in the earlier study.⁶³

Due to this difference in the broad definition of “gambling” it would not be appropriate to compare the two overall statistics, and the change from 90 percent to 60 percent lifetime gambling participation should in no way be construed as a decline in the overall prevalence of

⁶⁰ Robert J. Rotunda, Terry L. Schell, “Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication,” University of West Florida, January, 2012.

⁶¹ M.N. Potenza, T.R. Kosten, and B.J. Rounsaville, Pathological Gambling, *Journal of the American Medical Association*, 286, p.141-144, 2001.

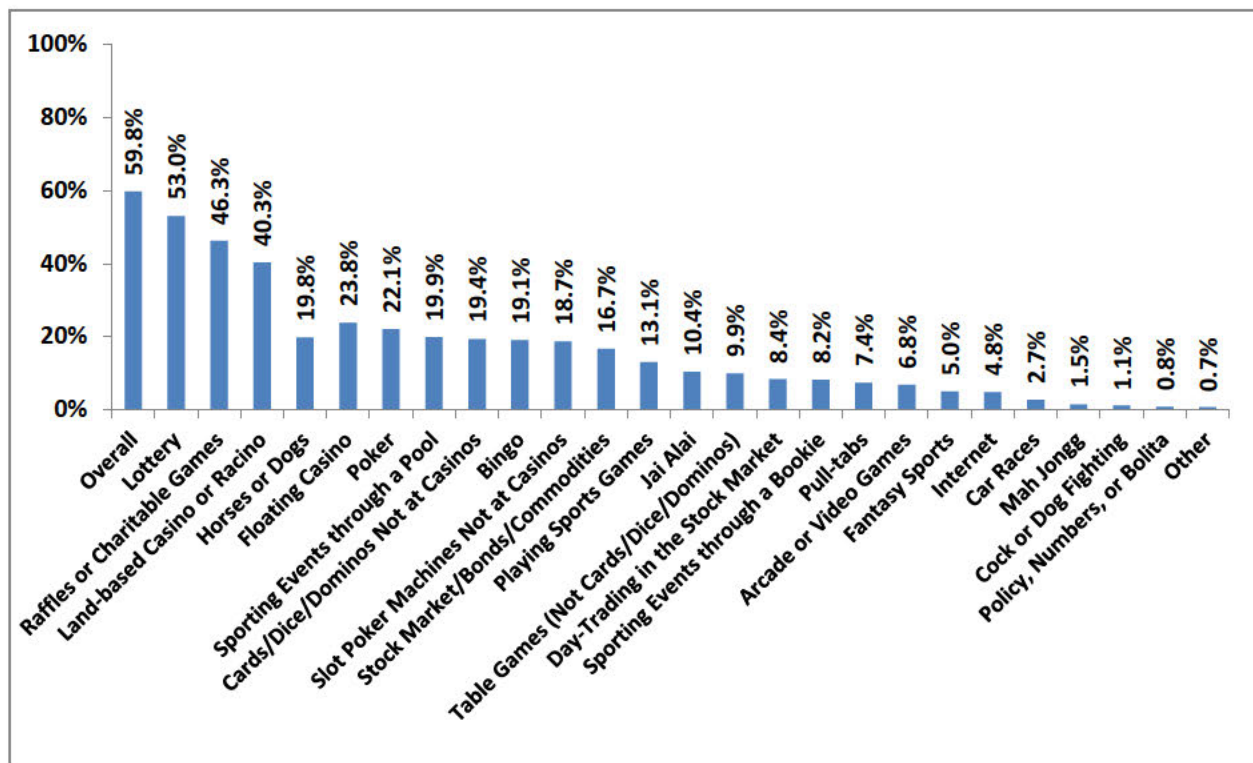
⁶² Nathan A. Shapira, Mary Ann Ferguson, Kimberly Frost-Pineda, Mark S. Gold, “Gambling and Problem Gambling Prevalence Among Adults in Florida,” University of Florida, October 2002.

⁶³ Ibid.

gambling in Florida but rather viewed as a refinement of the measurement criteria in the 2011 study and more consistent with the national rate of gambling participation.

Despite the difficulty in making overall gambling prevalence comparisons, the 2011 update agrees closely with the 2001 study in identifying lottery, raffles or charitable games, casinos, horse or dog racing, and bingo as the top five gambling activities among Florida residents. More than half of all survey respondents have played the lottery at least once in their lifetime, almost half have participated in a raffle, and 40 percent have gambled in a land-based casino.

Figure 8: Lifetime gambling participation by Floridians, 2011

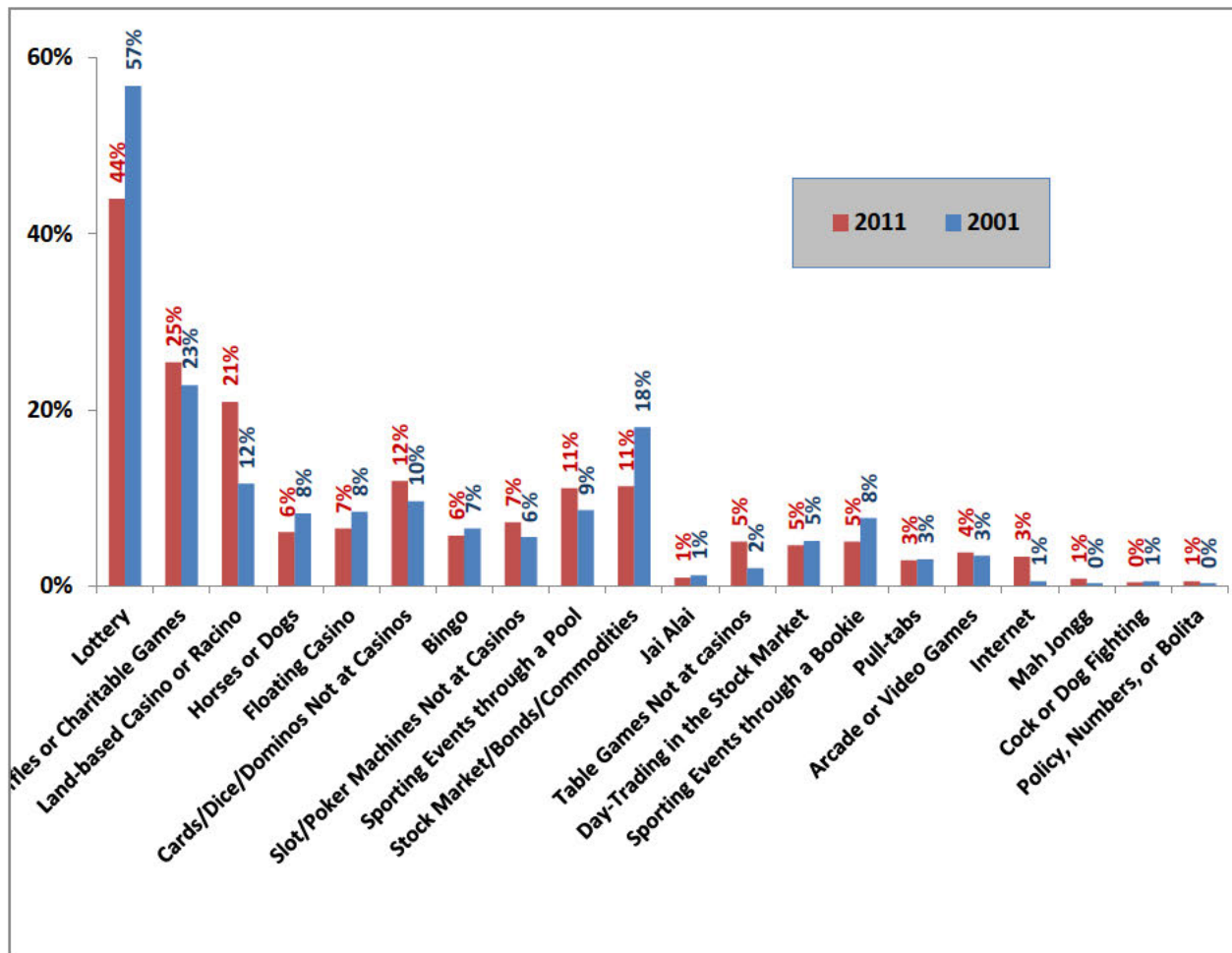


Source: Florida Council on Compulsive Gambling

Both gambling prevalence studies also break out past year gambling participation. Past-year gambling participation among Floridians is generally consistent with lifetime participation and similarly highest for the lottery, raffles or charitable games, and casinos (both floating and land-based), followed by cards/dice/dominos, horse or dog racing, and sporting events through a pool or between friends. What is most revealing about this behavioral comparison after a decade is that Florida residents report less past-year gambling participation for lottery, horse and dog racing, floating casino, the stock market, and sporting events through a bookie in 2011 than they did in 2001. Conversely, gambling participation has increased among Floridians since 2001 for

land-based casinos, cards, table games, and gaming machines found outside the casinos, sporting events through a pool, and gambling on the Internet.⁶⁴

Figure 9: Past-year gambling participation by Floridians, 2001 vs. 2011



Source: Florida Council on Compulsive Gambling

The statistics regarding prevalence have to be balanced and understood within the context of human stories, particularly among those with gambling problems. As Pat Fowler of the Florida Council on Compulsive Gambling noted in an op-ed article: “Every day we hear statistics about a variety of topics including dangerous activities, life style risk factors, and diseases of the world. Most of these statistics go in one ear and out the other. They are just numbers. But when a real story of hardship and devastation is tied to the numbers, it makes us think and consider the people behind the ratios and percentages.”⁶⁵

⁶⁴ Nathan A. Shapira, et al., and Robert J. Rotunda, Terry L. Schell, “Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication,” University of West Florida, January, 2012.

⁶⁵ Pat Fowler, “Gambling a Devastating Addictiion,” *Gainesville Sun*, March 3, 2011
<http://www.gainesville.com/article/20110303/NEWS/110309814>

9. Competitive Issues

Florida's land-based casino industry competes within itself on two levels: for customers and gaming revenue, and for attention from the Florida Legislature.

Seminole Gaming – particularly its flagship Seminole Hard Rock in Hollywood – is a well-functioning, well-capitalized and well-managed operation that has succeeded in leveraging numerous assets, from its brand to its design to its tax structure and beyond, to the point where it essentially competes to varying degrees with all of the operating racinos in Miami-Dade and Broward counties.

The racinos themselves compete with each other and with the Seminole operations on the bases of their location, access, design, customer service, loyalty programs as well as their brands and racing operations. Various other rules they must operate under, from their hours of operation to their mandated no-smoking policies, also play a role. The most visible and impactful rules that limit their competitive abilities are the tax structure they operate under, as well as their inability to match the same array of offerings as their tribal competitors. The racinos, for example, are barred from offering house-banked card games, which are popular at the Seminole casinos.

While the racino operations share those concerns, they do not necessarily share the same priorities. Some put the need for table games as a top priority, while others would place tax parity higher on the list, or at least a reduced tax rate that would help justify additional capital investment.

This absence of a uniform agenda has made it difficult for the racinos to advance their cause(s), a situation that is exacerbated by a lack of understanding among the racinos themselves as to their individual challenges. While jai alai has little in common with dog racing, and neither has much in common with horse racing, there is little visible camaraderie between operators of thoroughbred and standardbred facilities, even the thoroughbred tracks themselves can find themselves at odds.

For example, Gulfstream announced its racing schedule this year and is breaking a longstanding tradition of cooperation with other thoroughbred tracks by extending its meet year-round, thus competing directly with Calder. This is one of several related issues regarding skirmishes between the tracks, which are about 10 miles apart.

Still, the issue of conflicting agendas – what was referred to earlier by some observers as a “circular firing squad” – has created a legislative stalemate, but has also led to other curious results, as exemplified by the situation in jai alai. That sport – which originated in Spain and first appeared in the United States in Miami nearly a century ago – enjoyed its heyday of popularity between the mid-1950s and 1970s, when nine jai alai frontons opened in Florida alone.⁶⁶ Starting

⁶⁶ Jai-Alai.info <http://www.jai-alai.info/history-of-jai-alai.html> .

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in the early 1990s, the sport endured a dramatic retreat in popularity, with many frontons closing.⁶⁷ Still, the sport survives, in large measure because it is tied to – and subsidized by – casino gaming and, to a lesser extent, by revenue from cardroom poker, which is roughly 4 percent of gross poker receipts.

Jai alai cannot make the same claims as the horse-racing industry that it supports numerous ancillary industries – such as racing’s ties to agriculture, as well as its span across multiple states and nations – yet its subsidies endure, with no visible efforts to eliminate, reduce or replace them.

With a jai alai fronton comes the ability to open a cardroom, a simulcasting parlor and/or a casino in Broward and Miami-Dade counties in South Florida. Those possibilities have been enough to entice investors to seek new jai alai permits even though investors realize that the jai alai portion of their investment will lose money. They hope to cover their losses with revenue from other forms of gambling. When Hamilton Jai Alai and Poker opened in December 2005, it was the first new fronton built in Florida in 22 years.⁶⁸ Its owner, Glenn Richards, told Spectrum in an interview that without the cardroom and simulcast parlor, he never would have built the fronton and it would have been closed long ago without the cardroom revenue.

Miami Jai Alai opened its slot facility on January 23, 2012. Its operator was hopeful that slot machine revenue would improve its fiscal situation. But the company has struggled to pay its debt service, resulting in a foreclosure action by its lenders. During its first six months of casino operation in 2012, it lost nearly \$7 million.⁶⁹

In addition to the prospects of cardroom and casino revenue, a jai alai license can be transferred or leased to another operator. The courts are currently reviewing whether a jai alai permit can be converted into a greyhound or racing permit. The bottom line is that jai alai permits are being issued and sought due to reasons that have nothing to do with the profitability of jai alai. Indeed, the jai alai sector as a whole sustained an operating loss of \$14 million in FY 2012.⁷⁰

So why do the subsidies for jai alai endure? The elimination or reduction of jai alai subsidies would give casinos tied to frontons an unfair advantage over casinos tied to other forms of pari-mutuel wagering. The same arguments could be made for dog racing as well. If dog-racing and jai alai were allowed to “decouple” their pari-mutuel operations from their gaming

⁶⁷ Ibid.

⁶⁸ “Hamilton Jai-Alai and Poker Opens Saturday,” *Suwannee Democrat*, December 21, 2005
<http://suwanneedemocrat.com/jasper/x66389098/Hamilton-Jai-Alai-and-Poker-opens-Saturday>

⁶⁹ Brian Bandell, “Miami Jai Alai in \$84 million foreclosure,” *South Florida Business Journal*,
<http://www.bizjournals.com/southflorida/news/2012/09/14/miami-jai-alai-and-casino-in-84m.html?page=all>

⁷⁰ Spectrum review of annual audited financial statements submitted by jai alai operators to PMW

operations, this would effectively lower their overall obligations, the effective tax rate they now pay. By having a lower effective tax rate, this would eliminate parity with the pari-mutuels that are not decoupled, and any potential for eliminating parity can be expected to generate opposition. So, the subsidies endure because their presence helps ensure that all pari-mutuels pay a similar effective tax rate.

As a result, the current stalemate is perpetuated and policymakers are not encouraged by the industry to address issues that could arguably advance public policies, such as the possibility of shifting some revenue-sharing that now goes to various forms of pari-mutuel wagering to general revenues.

So, while racinos do not agree amongst themselves, nor do they agree with Indian gaming operators, on most critical issues, there is largely a consensus on another aspect of gaming in Florida: opposition to gaming expansion by allowing new entrants to develop destination resort casinos.

Last year, legislation to authorize three casino resorts with capital investments of at least \$2 billion each was “killed by an unlikely coalition of opponents: Central Florida tourism interests led by Walt Disney World and the Florida Chamber of Commerce; social conservatives opposed to more gambling; and the state's pari-mutuel industry and the Seminole Tribe of Florida, whose gambling interests would have faced new competition.”⁷¹

The value of this “unlikely coalition” was affirmed in a recent press release by Fitch Ratings, in which it noted: “Fitch believes there is a low likelihood that the integrated resort legislation passes in the near term, since it faces heavy opposition from STOF [Seminole Tribe of Florida], the pari-mutuels, the Orlando theme-park companies and other interest groups. If it eventually passes, Fitch expects the impact on STOF’s financial profile will be manageable. Per the compact agreement, STOF would be able to stop making the compact fee payments from its Broward County casinos (Hollywood Hard Rock, Seminole Hollywood Classic and Seminole Coconut Creek) which account for about half of the gaming division's revenues. Other facilities in Immokalee, Tampa and Brighton would not be directly impacted.”⁷²

10. Identifying, Capturing Markets

Depending on their location, access, neighborhoods, amount and quality of capital investment and distance from competitors, each existing Florida operation has developed its own marketing strategy and customer base.

⁷¹ Kathleen Haughney, “Destination casino bill is dead for this year,” *Sun-Sentinel*, February 3, 2013. http://articles.sun-sentinel.com/2012-02-03/news/fl-gambling-dies-or-lives-another-day-20120203_1_destination-casino-bill-gambling-regulation-debate-gambling.

⁷² “Fitch Rates Seminole's \$750MM Term Loan 'BBB-'; Affirms IDR at 'BB+'; Outlook to Positive,” April 1, 2013. <http://www.businesswire.com/news/home/20130401006002/en/Fitch-Rates-Seminole-750MM-Term-Loan-BBB->.

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For example, Isle Casino Racing Pompano Park competes against the Seminole Hard Rock for its higher-end play and against Seminole Coconut Creek casino for the day-tripper business. Yet, with 1,450 slots and 48 poker tables, Isle still managed to generate \$155 million in gross gaming revenue during the past 12 months.⁷³

Isle generally generates about 40 percent of its annual revenue during the January-April period, thanks to the lift created by the incoming snowbird population that fills the condominiums and other housing units near the beach. In that sense, Isle is typical of many of the racino operations in South Florida.

Isle is also typical in its marketing strategy, eschewing relatively expensive mass-media options in favor of more targeted approaches, such as direct-mail and billboards. According to General Manager Rob Wyre, customers respond to the nature of the offer, which casino is providing the best deal, but also to the perception as to the looseness of the slots. Isle reports that between 60 and 65 percent of its slot play is “rated,” a term referring to players who have signed up for the loyalty program and who identify themselves as players during their visit to earn rewards.

That percentage is about 10 points higher than what is reported at Miami Jai Alai, an older property in a more urban area.⁷⁴ Miami Jai Alai management views its location as an asset that can be exploited, with heavy population centers nearby, and easy access to South Beach in Miami Beach. The property enjoys a strong police presence and patrons feel safe, according to management, which also notes that while the median player in its database is likely to be a female between 50 and 55 years of age, age drops noticeably after 2 a.m. Its demographics are also skewed heavily to the Cuban/Latino population, and to a lesser degree the Haitian population. With that in mind, management views the televising of jai alai on Telemundo and Univision as part of its marketing strategy.

Calder Casino and Race Course is also typical of the racino market in drawing most of its customers from within a 10-mile radius, and also competes against both the Hard Rock and Coconut Creek casinos, with the former being only two exit stops away on the Florida Turnpike. Calder competes against Coconut Creek for the market in the Boca Raton area.⁷⁵

Calder management believes that its close proximity to Sun Life Stadium, its Turnpike access, its equidistance of 20 miles from both Miami and Fort Lauderdale airports and its 220-acre site are assets that could benefit from additional capital investment in more amenities, but that possibility is presently precluded by the tax structure, which would prevent such investments from generating a sufficiently attractive return on investment.

⁷³ Interview with Isle Casino Racing Pompano Park General Manager Rob Wyre, May 1, 2013.

⁷⁴ Interview with Miami Jai Alai management, May 2, 2013.

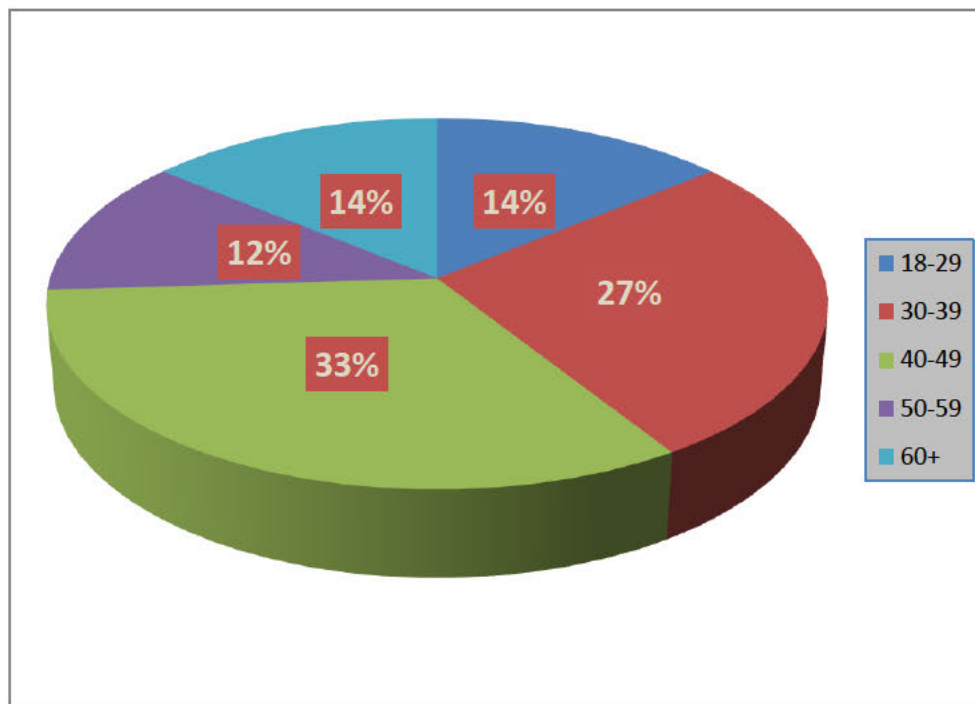
⁷⁵ Interview with Calder management, May 2, 2013.

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Calder competes with Gulfstream on multiple fronts, from geography to its thoroughbred racing meets, but the racinos clearly operate under different models. Gulfstream is being positioned as a racing destination and as a centerpiece for the Stronach Group, which is moving its racing operations to Florida, and which operates other tracks, including the signature Santa Anita in California. The core difference is that Gulfstream focuses more on racing, and views casino gaming primarily as a means of funding purses, which allows it to compete for top horses with tracks in northern states.⁷⁶

As noted earlier, Gulfstream is planning significant additional capital investment, undeterred by the tax rate. It has already managed to attract a younger demographic, in part because of its Village at Gulfstream investment, which opened in 2009. Gulfstream took a recent snapshot of its customer base to reveal the following about its customer base:

Figure 10: Gulfstream snapshot of customer demographics



Source: Gulfstream Park

A number of the racino operators report that competition is fierce, a competition heightened by the restrictions under which they operate. Not all restrictions are gaming-related. Magic City Casino reports, for example, that any plans it might consider to add a hotel are limited by restrictions on high-rise development near the airport.⁷⁷ Managers there are also concerned about capital investment that might be impacted by future destination resort casinos, a risk factor that discourages capital investment as well. Along that same line of reasoning, Mardi

⁷⁶ Interview with Gulfstream management, May 2, 2013.

⁷⁷ Interview with Casino Magic management, May 8, 2013.

Gras management said it would consider capital investments in hotel rooms, meeting space and restaurant improvements, if it had assurances that destination resort casinos were no longer a possibility.⁷⁸

Hialeah Park is pursuing significant capital investment in its facility, in an effort to recapture much of the appeal from its 1930s heyday as a racing icon. The \$470 million project will ultimately include, in addition to the casino, a 750-room hotel, convention and entertainment and retail centers.⁷⁹ The concept was summarized in a brochure produced by Hialeah management:

“(Hialeah Chairman) John Brunetti Sr.’s vision for Hialeah’s rebirth is a comprehensive development that supports the rich tradition and revitalization of the entire 200-acre Hialeah Park property and to energize the hospitality industry in Florida - a place that would entertain families, adults young and old and once again become a tourist destination.

“John’s plan restored Hialeah’s historic buildings and verdant gardens, brought horse racing back to the region and created a new entertainment experience for Miami – Dade County. Soon will come a small museum exhibiting the history of racing and the history of South Florida; the creation of an urban entertainment district for those who live, work, shop and play in the region; an outlet shopping village with restaurants; a new boutique hotel and a metro rail station and business complex for the City of Hialeah and Miami Dade County.”⁸⁰

The property plans to take advantage of some inherent assets, ranging from its location in the midst of a large Cuban-American population to its proximity to a train station in front of its property. Hialeah management plans to aggressively market itself throughout Latin America and Europe.⁸¹

11.Profitability

Casino gambling is generally a profitable business. As service businesses without costs of raw materials and inventory or the need to invest in research and development, casino companies are efficient operations, generating high operating margins. As shown in the following table, in 2012 the four largest publicly owned casino companies generated an average margin of cash flow (as measured by the commonly used metric of EBITDA, or earnings before interest, taxes,

⁷⁸ Interview with Mardi Gras management, May 9, 2013.

⁷⁹ Hialeah Park Master Development Plan, June 29, 2012, Revised May 14, 2013.

⁸⁰ “Hialeah Park Now and Forever,” undated development brochure, sent via email from Ewing Cole architects, May 29, 2013.

⁸¹ Interview with Hialeah management, May 9, 2013.

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depreciation and amortization) to revenues of 22.1 percent, driven in great part to their Asian operations.

The next five largest gaming companies, all US regional operators, generated an average margin of 22.7 percent in 2012. This compares favorably to a comparable average margin of 16.6 percent for the four largest US publicly owned hotel operating companies as well as to the three largest cruise companies, which have an average margin of 20.2 percent.

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Figure 11: Profitability of casino and leisure companies, as measured by 2012 EBITDA margin

Casino operators with Asia exposure	EBITDA/Net Revenue
Las Vegas Sands	31.4%
Wynn Resorts	27.2%
MGM Resorts	11.0%
Melco Crown	19.0%
<i>Average</i>	<i>22.1%</i>
Regional casino operators	EBITDA/Net Revenue
Penn National	23.7%
Ameristar	28.0%
Pinnacle	22.1%
Boyd	17.1%
<i>Average</i>	<i>22.7%</i>
Racino Operators	EBITDA/Net Revenue
<i>Dover Downs</i>	<i>7.4%</i>
<i>Churchill Downs Inc.</i>	<i>16.9%</i>
Indian Casino Operators	EBITDA/Net Revenue
<i>Mohegan Tribal Gaming Authority</i>	<i>23.1%</i>
<i>Seneca Gaming for 2009</i>	<i>30.0%</i>
US cruise companies	EBITDA/Net Revenue
Carnival Cruises	21.8%
Royal Caribbean	14.8%
Norwegian Cruise Line	24.0%
<i>Average</i>	<i>20.2%</i>
US lodging companies	EBITDA/Net Revenue
Marriott	9.7%
Starwood	18.4%
Wyndham	23.1%
Hyatt	15.4%
<i>Average</i>	<i>16.6%</i>

Sources: Annual Reports, YCharts.com, pro.edgar-online.com. Note: Seneca Gaming stopped publicly reporting results in 2010.

a. Reasons for Gaming Profitability

In terms of EBITDA return on total invested capital, a measure of profitability in relation to fixed plant, casino companies are very profitable. In 2012, the same four large gaming companies generated an average of 16.2 percent return on invested capital. The regional gaming companies generated a 13.6 percent return on the same measure. This compares to 18.8 percent for the hotel companies in this group and 2.1 percent for the three cruise companies.

Figure 12: EBITDA return on invested capital of casino and leisure companies, 2012

Gaming operators with Asia Exposure	ROIC
Las Vegas Sands	20.3%
Wynn Resorts	25.4%
MGM Resorts	5.6%
Melco Crown	13.4%
<i>Average</i>	<i>16.2%</i>
Regional gaming operators	ROIC
Penn National	14.0%
Ameristar	18.0%
Pinnacle Entertainment	14.0%
Boyd Gaming	8.3%
<i>Average</i>	<i>13.6%</i>
Racino-only Operators	ROIC
Dover Downs	1.2%
Churchill Downs Inc.	7.5%
Indian Casino Operators	ROIC
Mohegan Tribal Gaming Authority	17.4%
Seneca Gaming <i>for 2009</i>	23.6%
US cruise companies	ROIC
Carnival Cruises	4.5%
Royal Caribbean	0.3%
Norwegian Cruise Lines	1.4%
<i>Average</i>	<i>2.1%</i>
US lodging companies	ROIC
Marriott	32.1%
Starwood	17.5%
Wyndham	16.9%
Hyatt	8.6%
<i>Average</i>	<i>18.8%</i>

Sources: Ycharts.com, Annual Reports. Note: Seneca Gaming stopped publicly reporting results in 2010.

Casinos tend to be profitable in great part due to the many barriers to entry that limit competition. First among these is the requirement for licensing. Many persons and companies will not want to get licensed due to the invasiveness of the process and its ongoing nature. Similarly, the transparency of the operations due to public reporting requirements is a deterrent to those not wanting to operate in a “fish bowl.” Possibly more importantly, most jurisdictions limit the number of gaming licenses or restrict the locales in which casinos can operate, thereby restricting the number of casinos that can open. Additionally, the capital-intensive nature of gaming, whether for the need for large and specialized physical plants or the high working capital needed to run the operations, result in a high capital cost, limiting participants only to those who can amass the great amount of capital needed. Lastly, gaming is a highly specialized cash-intensive operation requiring complex management controls regarding security, marketing and cost controls, which limits the number of capable operators.

b. Factors Affecting Profitability

Within the gaming industry, some properties are more profitable than others for a multitude of reasons:

- **Gaming tax rate** – The assessment made by the hosting jurisdictions is among the most significant determinants in casino profitability. Tax rates can range from 7 percent to 65 percent of house gaming win⁸², sometimes with additional up-front and ongoing payments to host communities, local public benefit organizations and the state or national government that is granting the gaming license. Higher rates are generally imposed in jurisdictions that limit competition, vesting greater value in the license rights. But obviously, the higher the tax rate, the lesser the ability of the gaming operator to absorb fluctuations in other elements of the business's operating results, jeopardizing profitability and the ability to withstand competition.

The absence of a gaming tax is a key element to the profitability of many Indian casinos. Without having to pay such a tax, the tribal gaming operation has substantially more flexibility to spend more on customer marketing including complimentary services such as rooms, food and beverage, giving them a potential competitive advantage against tax-paying commercial casinos. Additionally, non-tax-paying Indian casinos can return more to their owners or use the funds to pay down debt sooner, assuring them greater financial stability. The benefits of such a tax advantage are compounded by the tribe's exemption from corporate federal and state income taxes.

- **Cost of capital** – Gaming is a capital-intensive business, and getting more so as casinos get larger and incorporate ever more non-gaming amenities. The gaming company's ability to attract lower cost capital can make a huge difference in its profitability as measured by return to shareholders and its ability to pay down debt. Capital costs tend to be lower for larger projects, more diversified gaming companies, and companies with a longer track record.
- **Competition** – The level of competition in a market is a major determinant in any casino's profitability. This is best illustrated in operating margin performance, as a more competitive environment will force casinos to offer more incentives to customers to get them to play at any particular casino and reduce this margin. Return on investment will similarly be affected by greater competition as the operating profit declines in relation to the original capital cost.
- **Scope and diversity of offerings** – The efficacy of investment on the variety of amenities that can accompany a casino can have a dramatic impact on overall

⁸² "Win" and gross gaming revenue ("GGR") are effectively interchangeable terms, and both reflect the amount retained by the house after all winning bets are paid.

profitability. A hotel that was costly to build but unable to generate a sufficiently high average daily room rate due to the need to give away rooms can bring down a project's overall profitability. Similarly, restaurants and clubs that are overbuilt relative to their standalone profit-making capability can reduce the casino project's margins. Conversely, high volume turnover at any of these offerings can lead to highly efficient businesses that may generate profits beyond what similar operations not associated with a casino could generate, thereby enhancing the overall profitability of the project.

- **Accessibility** – Gaming is often convenience-driven, so accessibility, ease of parking, and matters of ingress and egress can have a major impact on profitability. Gaming customers are often repeat visitors and are attracted to facilities that make their arrival and departure easy. A casino in a competitive market with accessibility advantages will likely be more profitable by virtue of having more customers.
- **Management quality** – Operating efficiency is critical in gaming operations due to the high fixed cost nature of the business. Maximizing revenues is a key to successful operations of such businesses, so management skill in cost control and efficient marketing can make dramatic differences in operating margins and profitability.

Profitability within the Casino

Casinos are complex operations, in that there are many types of gaming and non-gaming operations occurring within the envelope of the casino development. This mix can vary significantly depending on the type of operation – destination vs. local, slots vs. tables vs. full service, standalone casino or a project with many amenities.

Generally, slots are the biggest contributor to profitability due to their low operating cost. There is little labor involved other than maintenance since the advent of ticket-in/ticket-out technology. Additionally, individual slot machines take up little room on the floor. Before considering gaming taxes, slots-only casino operations tend to generate among the highest returns on capital as they tend to have fewer amenities. The margins on net slot revenue can vary widely depending on the tax rate and regulatory requirements.

Tables generate higher individual bets than slots and the house retains a greater percentage in the individual gaming transaction, but table game transactions are much slower than the pull of a slot machine so calibrating the mix of tables and slots relative to demand is critical. Given the amount of labor required between dealers, supervisors, security personnel and cleaners, tables are generally less profitable than slots. An exception to this might be in extraordinarily high volume markets like Macau, where table games are the largest profit makers. The margins on net table games revenue can vary widely depending on the tax rate and regulatory requirements.

Hotel rooms may generate high operating margins in markets of ultra-high occupancy, but generally, due to the high labor, maintenance and utilities cost, their contribution is not as substantial as is gaming, especially after considering the development and recurring capital cost of building, maintaining and refurbishing hotel rooms. Similarly, casino food and beverage operations tend to run with little to no departmental profit with exception for certain “celebrity chef” restaurants in destination resorts.

As between destination resort casinos and local casinos, the profitability comparison cannot simply be made as so many of the elements affecting casino profitability, mentioned above, come into play. Destination casino project profitability is dependent on the efficacy of its design and appropriateness of the mix of demand generators – hotel, spa, restaurants, and clubs – and, management’s capability to get the various elements working together efficiently. Such projects’ successes are also dependent on being able to attract visitors from farther away and get them in and out of the project.

Internet gambling is just now being tested legally in the US, with the first Internet poker games just opening in Nevada in May. In Europe and other parts of the world, Internet gaming has proven very popular with the pure customer based gaming element generating cash flow margins of between 20 percent and 30 percent.⁸³ Capital cost in Internet gaming is based on technology investment or technology licensing fees (if using a third party online provider) and marketing to potential online gaming players.

12. Florida’s Competitive Landscape

Florida has an active land-based casino gaming industry, with seven Native American casino operations and six South Florida slots-only casinos at racetracks and jai alai frontons (collectively “racinos”). Three of the Native American casinos are located in Broward County and one each in Miami, Tampa, Immokalee and Okeechobee. The Seminole Tribe of Florida operates all of the Native American casinos except the Miami casino, which is owned and operated by the Miccosukee Tribe of Indians of Florida. Each of the South Florida racinos also offers poker, as do the majority of the pari-mutuel facilities elsewhere in the state. There is also one small Native American-owned slots facility in Clewiston on the southwest corner of Lake Okeechobee (a 5,600-square foot facility with a few slot machines), although we consider this to be too small to be truly defined as a casino.

Florida had a total population of 19 million in 2012, of which more than 14.6 million (77 percent) were adults (age 21+). Approximately 81 percent of the adult population (11.8 million adults) in Florida resides within a two-hour drive of an existing casino in Florida, excluding cruise ships, while 54.7 percent of the adult population (8 million adults) resides within a one-hour drive of an existing casino. The two-hour drive time figure comprises nearly all of the Florida population south of Gainesville. It should be noted that the drive-time population

⁸³ Thomas Allen, Morgan Stanley Report: Boyd Gaming Corporation; “Early to the Party,” April 11, 2013, page 7.

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projections presented in this report refer solely to permanent residents of Florida and do not include seasonal residents, either snowbirds or sunbirds.

Statewide, there are also a handful of casino cruises departing daily from ports throughout the state, some of which provide overnight cruises to the Bahamas and others which solely provide day-cruise excursions into international waters for gaming. The casino cruise industry in Florida is in a constant state of flux, generally downward. Ten years ago there were far more casino cruises in operation, but the industry niche has not fared well competing against land-based operations.

The racinos report their slot revenues to the State each month, which publishes the figures; Native American casino data are not published. The racinos also face a significant tax differential relative to the Native American casinos. Initially, racino slot revenue was taxed at 50 percent of net gaming revenues, excluding distributions to local governments. Effective July 1, 2011, the racino tax rate was lowered to 35 percent of GGR net of promotional credits and unclaimed tickets.

The Seminole Tribe historically (pre-2010) paid no gaming taxes, but was permitted to operate only slots and Class II table games (non-house-banked games). In 2010, the Seminole Tribe signed a 20-year compact with the State of Florida under which the Seminole Tribe agreed to pay the State an aggregate total of \$1 billion over the first five years of the compact (effectively less than 10 percent of gross gaming revenue), and potentially as much as \$1.5 billion based on an additional revenue-sharing component for the right to offer house-banked table games at its casinos in Hollywood, Immokalee and Tampa, with an option to add table games at its Coconut Creek casino. The compact also stipulated that all seven of the tribe's casinos could continue to operate Las Vegas-style slot machines for the next 20 years with no additional slot competition allowed outside of Broward and Miami-Dade counties, and that no Class III table games would be permitted anywhere else in the state.

Through 2012, we estimate that total GGR from the 13 racinos and Native American casinos in Florida was at least \$2.7 billion:

- The six racinos publicly reported GGR of \$527.6 million in 2012 (from an average of 6,327 slot machines over the course of the annual period and more than 140 poker tables). At year-end there were 6,393 slot machines and 147 poker tables operating.
 - Gross slot revenue was \$489.2 million (92.7 percent of GGR), while average slot win per unit per day was \$211;
 - Total cardroom revenue was \$38.3 million (7.3 percent of GGR), while average win per table per day was \$713;
 - Average GGR per gaming position per day was approximately \$198.
- We estimate the seven Native American casinos last year generated GGR of \$2.2 billion.

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- This estimate is based on two percent annual growth from the 2011 reported figure of \$2.16 billion (from 13,069 slots and 457 table games, or 15,811 gaming positions having \$374 in GGR per position per day).⁸⁴
- It should be noted that some expansion at Native American casinos has occurred since 2011, such that in aggregate, we estimate there are at least 14,500 slot machines and 450 table games (or 17,200 gaming positions) at Native American casinos in Florida in 2012.

The following table provides our estimated snapshot of the Florida casino industry for calendar year ended 2012 (based upon estimated results for Native American casinos, as applicable).

Figure 13: Florida casino supply and performance, 2012

	Racinos	Native American casinos	Statewide total
Estimated GGR (\$M)	\$527.6	\$2,200.0	\$2,727.6
No. Casinos	6	7	13
Slot Machines	6,393	14,500	20,893
Table Games	147	450	597
Est. Gaming Positions	7,275	17,200	24,475
Est. GGR/position/day	\$198	\$349	\$304

Source: Florida Department of Business and Professional Regulation; Spectrum Gaming Group estimates

We believe that the vast majority of GGR generated by Florida's casinos is generated by adults residing in close proximity to a casino (i.e., within a one-hour or two-hour drive).

13. Casinos (Commercial, Racetrack, Indian)

There are nearly 1,000 casinos in the United States, and in 2012 they generated an estimated \$66 billion⁸⁵ in gross gaming revenue ("GGR"). Put another way, gamblers experienced net losses of \$66 billion in US casinos last year. Casinos are the highest-grossing form of legal gambling in the country, having surpassed lottery sales.

In this section we provide an overview of various aspects and components of an industry that, from an economic perspective, has been highly successful.

a. National Overview

The modern casino industry began in Nevada, which was the first state to legalize casino gaming, when legislation was passed and signed into law by then-Governor Fred Balzar in 1931. While casinos grew in the state it was not until 1941 when the first casino El Rancho Vegas

⁸⁴ Alan Meister, *Casino City's Indian Gaming Industry Report*, 2013 Edition.

⁸⁵ Per American Gaming Association 2012 report of commercial casino revenue and 2012 4.7 percent commercial casino growth rate applied to National Indian Gaming Commission FY 2011 Indian casino revenue. Actual NIGC FY 2012 data are expected to be released later this year.

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Hotel-Casino – was built on Highway 91. This came to be known as the Las Vegas Strip and is now home to 41 casinos generating \$6.2 billion in gross gaming revenue (“GGR”), or roughly 57 percent of the total GGR in the state of Nevada. It then took until 1976 for another gaming jurisdiction to be legalized when New Jersey voters passed a voter referendum for a constitutional amendment to utilize privately owned casinos to revitalize Atlantic City – the former “Queen of Resorts” – that was in severe decline. This dynamic – economic recovery, urban renewal or Tribal self-sufficiency – has been one of the primary driving forces in the expansion of gaming throughout the US.

The following table provides a state-by-state breakout of the types of casino gambling. Of note, this review and analysis does not include a discussion of lotteries even though the proliferation of slot machines at racetracks is frequently operated under the auspices of the respective state lottery commissions. In the sections that follow we will provide a discussion of the various forms of casinos.

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Figure 14: Types of casino operations by state

State	Commercial Casino Legalization Date	Land/Floating Commercial Casino	Racetrack Casino	Indian Casino	Cardroom	Retail Gaming
Alabama				✓		
Alaska				✓		
Arizona				✓		
Arkansas	2006		✓			
California				✓	✓	
Colorado	1990	✓		✓		
Connecticut				✓		
Delaware	1994		✓			
Florida	2006		✓	✓	✓	
Georgia						
Hawaii						
Idaho				✓		
Illinois	1990	✓				✓
Indiana	1993	✓	✓			
Iowa	1989	✓	✓	✓		
Kansas	2007	✓		✓		
Kentucky	2011		✓			
Louisiana	1991	✓	✓	✓		✓
Maine	2004	✓	✓			
Maryland	2008	✓	✓			
Massachusetts	2011	✓				
Michigan	1996	✓		✓		
Minnesota				✓	✓	
Mississippi	1990	✓		✓		
Missouri	1993	✓				
Montana				✓	✓	✓
Nebraska				✓		
Nevada		✓		✓		✓
New Hampshire						
New Jersey		✓				
New Mexico	1997		✓	✓		
New York	2001		✓	✓		
North Carolina				✓		
North Dakota				✓		
Ohio	2009	✓	✓			
Oklahoma	2004		✓	✓		
Oregon				✓		✓
Pennsylvania	2004	✓	✓			
Rhode Island	1992		✓			
South Carolina						
South Dakota	1989	✓				✓
Tennessee						
Texas				✓		
Utah						
Vermont						
Virginia						
Washington				✓	✓	
West Virginia	1994	✓	✓			✓
Wisconsin				✓		
Wyoming				✓		

Source: American Gaming Association, Spectrum Gaming Group. Notes: Massachusetts has legalized casinos but they have yet to open. Florida does have “floating” casinos in that day-cruise vessels and cruise ships dock at state ports, but the gambling is unregulated and takes place in international waters.

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Note the second column in the above table, which indicates the year that commercial casinos were legalized in each state and note that most of the legislation was passed around the time of economic recessions in the US.⁸⁶ Of note, the legalization of casinos in Atlantic City followed the 16-month November 1973 recession, and the eight-month July 1990 to March 1991 recession can be considered as the impetus for the legalization of casinos in Colorado, Illinois, Louisiana and Mississippi. As previously indicated, economic recovery has been one of the leading reasons states and municipalities enact gaming legislation and casino gaming has become an economic mainstay in many communities.

The gaming industry is known for substantial capital investment in facilities, with the size and scale of the investment dependent upon potential returns that are, in turn, dependent upon population and visitation, regulations and proposed tax rate, to name a few factors that are considered in such investment decisions.

This investment creates construction jobs during the development phase of the project, followed by long-term job creation to staff the properties and service the customers. As an example, Tunica County, MS, was the poorest county in the country – 53 percent living below the poverty line and 15 percent unemployment – and was referred to as “America’s Ethiopia” by Jesse Jackson in 1985.⁸⁷ The first casinos opened in Tunica in 1992 and by 1994 when *U.S. News and World Report* revisited Tunica, 95 percent of all adults were working. The county budget, which was under \$3 million before the casinos commenced operations, is just under \$50 million for fiscal year 2013.⁸⁸ Farther south in Biloxi, MS, the experience was much the same. At the opening of the new Isle of Capri casino in Biloxi, MS, CEO Bernie Goldstein is quoted in his autobiography as, “We held a jobs fair, at which we were deluged with enthusiastic applicants. One in every 10 Mississippi workers was unemployed at the time, and we were offering outstanding salaries, benefits and promotion opportunities.”⁸⁹

The commercial casino industry⁹⁰ is large and growing. While this statement might seem counterintuitive given the challenges the industry faced during the economic recession and with certain companies still facing an uncertain future due to highly levered balance sheets, the fact remains that the gaming industry in the US has expanded to new jurisdictions, invested in new facilities and realized an almost 9 percent increase in GGR since the end of the Great Recession in June 2009.⁹¹ The commercial industry generated \$37.3 billion in GGR in 2012, just a slight

⁸⁶ Based on data provided by the National Bureau of Economic Research Business Cycle Dating Committee.

⁸⁷ James Popkin, “A Mixed Blessing for ‘America’s Ethiopia’,” *U.S. News and World Report*, March 6, 1994, http://www.usnews.com/usnews/news/articles/940314/archive_012562.htm.

⁸⁸ Meg Coker, “Tunica County Sets \$47 Million Budget,” *The Tunica Times*, September 21, 2012.

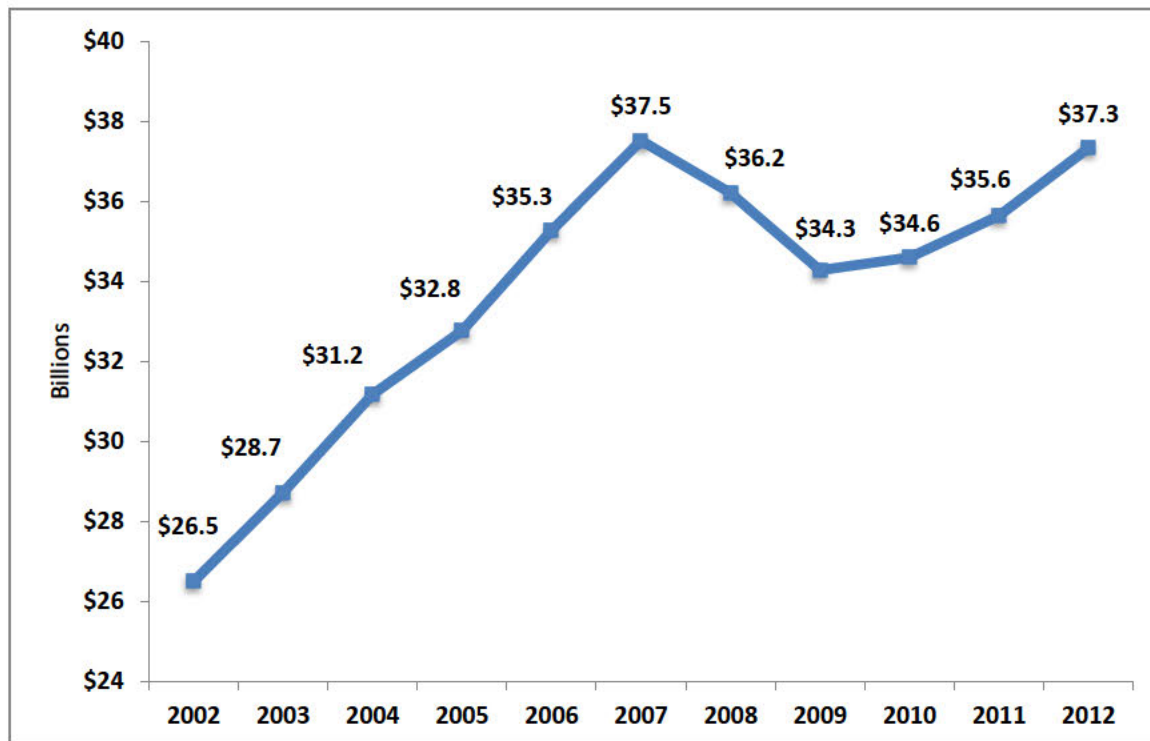
⁸⁹ Bernard Goldstein and William Petre, *Navigating the Century; A Personal Account of Alter Company’s First Hundred Years*, p. 154-155.

⁹⁰ We are defining commercial casinos as land-based, riverboat and racinos. This definition does not include Native American casinos or cardrooms.

⁹¹ National Bureau of Economic Research Business Cycle Dating Committee.

half percent below the 2007 peak revenue of \$37.5 billion. Much of this growth can be credited to the expansion of gaming to new jurisdictions – Pennsylvania, Ohio and Kansas are examples – or new properties opening in existing jurisdictions – Resorts World New York, Rivers Casino Des Plaines (Illinois) and SugarHouse (Philadelphia) – but some of it can also be ascribed to the improving economy and stabilizing housing sector providing consumers with the confidence to again visit and spend in casinos.

Figure 15: US commercial casino gross gaming revenue



Source: American Gaming Association; state regulatory agencies.

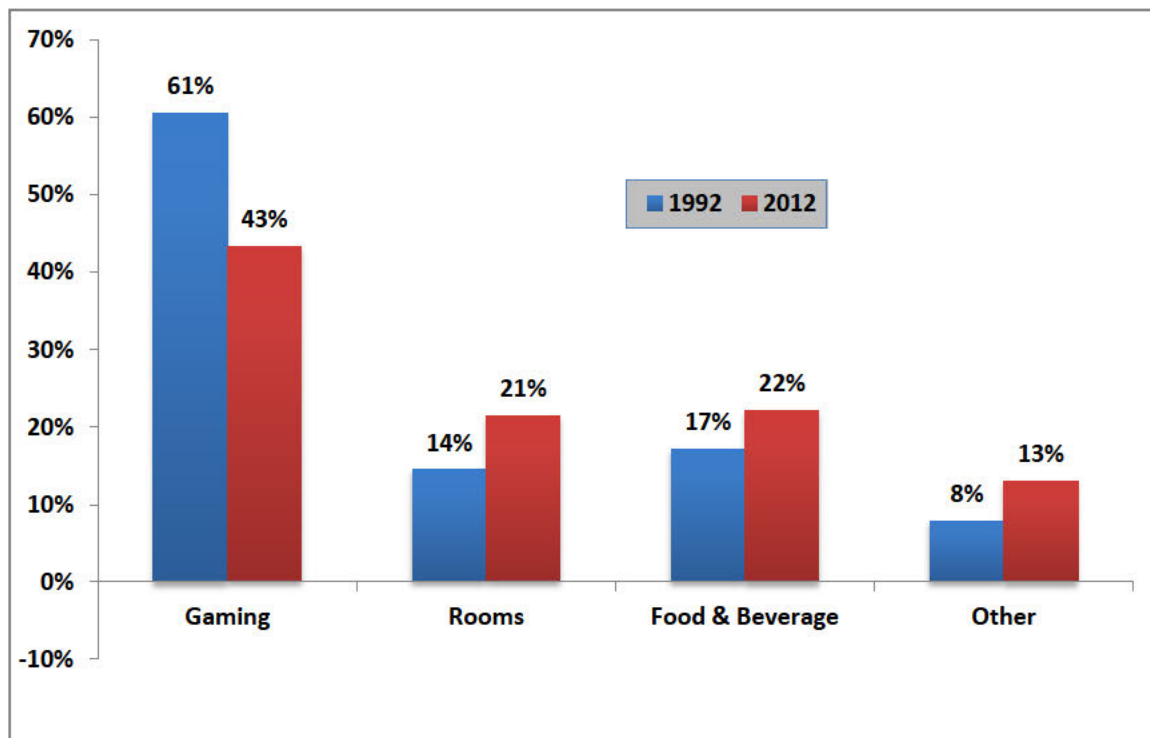
Today, 26 states have legalized commercial casinos of some type. As the casino industry expanded into other states and regions it has also evolved. To make casino gaming palatable to an electorate whose only exposure to the industry was from movies like *The Godfather* or *Bugsy*, states enacted legislation with certain requirements, such as limits on the number of gaming positions or the imposition of bet limits. In Colorado the casinos are only allowed in the former mining towns of Black Hawk, Central City and Cripple Creek and the casinos have architecture common to pre-World War I Colorado. Iowa riverboats must replicate 19th Century Mississippi steamships.

As the electorate became more comfortable with the industry and it contributed employment and raised revenue, many jurisdictions began to loosen regulations so that the in-state casino industry could continue to be competitive against the new casino jurisdictions being enacted throughout the country. The Iowa legislature voted in 1993 to remove bet and loss limits

and allow “as many gaming tables and slots as the boats could safely fit.”⁹² Missouri removed its loss limits in 2008. Colorado raised the maximum bet limit from \$5 to \$100 in 2009. Over the years, the requirement that riverboats cruise has been removed in all riverboat markets.

Because of the way regulations were written with riverboats enjoying monopoly-like status surrounded by other casinos throughout the state, most of the new jurisdictions became day-trip markets where customers drove from within a small radius, typically 50 to 75 miles, and stayed at each property for only a few hours. Properties located in Las Vegas, Atlantic City and Mississippi operated under different regulations that created a critical mass of properties and lower tax rates that incited the property owners to invest in larger facilities with hotels, more expansive food and beverage offerings, nightlife, entertainment and convention space. In the early part of the industry life cycle, the majority of the casino property’s revenue and earnings came from the gaming floor. Today, and especially for these larger properties, casino gambling now represents less than half of revenue.

Figure 16: Analysis of the shift in revenue contribution, Clark County, NV, casinos, 1992 vs. 2012



Note: Data from the Nevada Gaming Control Board all casino locations with Gaming revenue of \$1 million or larger. As such, the data reflect some casinos we would not consider “destination resorts.” For the destination resort casinos, the non-gaming portion of revenue in 2012 would be higher. Source: Nevada Gaming Control Board, Nevada Gaming Abstract 1992 and 2012.

⁹² Bernard Goldstein, *Navigating the Century; A Personal Account of Alter Company’s First Hundred Years*, p. 166.

b. Evolution of Destination Resort Casinos

As casinos expanded to other parts of the country they introduced the industry to new customers and drove increased visitation to Las Vegas and, to a lesser extent, Atlantic City. With the financial backing of the Wall Street high-yield bond markets, developers, particularly in Las Vegas, but also in Atlantic City and Mississippi, invested in larger and more luxurious properties. We classify these casino properties as destination resorts. The term “destination resort” is subject to interpretation, but Spectrum views it to be one with a critical mass of hotel rooms (typically 1,000 or more), restaurants, leisure activities and other resort features that has the ability to attract out-of-market patrons for a multiple-night stay. As an example, Bellagio in Las Vegas has 3,950 guest rooms, world-class architecture, a dancing-water show, a Dale Chihuly hand-blown glass lobby ceiling, and “O” Cirque du Soleil show to draw customers. Once the customer arrives Bellagio offers a spa, conservatory and botanical gardens, fine art gallery, nightclubs and several fine restaurants to keep the guest entertained outside of the casino.

Because there are more activities than gaming, the typical destination casino property employs a larger hotel with a higher ratio of rooms per gaming position⁹³ than regional or day-trip properties. Stated another way, at full occupancy there would be more people staying at a destination property than could be satisfied by the number of gaming positions. Thus, by design, there need to be more activities to keep the guests satisfied. The following table provides a snapshot of the ratio of rooms per gaming position for the destination, regional destination or day-trip property. The average number of rooms/gaming position for a destination casino is 1.75 rooms/gaming position, which is more than three times the ratio for a regional destination casino and a little over 10 times the ratio for the day-trip casino. This higher room count leads to more people in a property with a longer length of stay and higher spend/visit. Just adding hotel rooms will not ensure occupancy. It is the addition of other high-end amenities that draws the customers to the property with the demand justifying the larger hotel offering.

Figure 17: Analysis of select casino hotels ratio of hotel room count to gaming position

Property	Slot Machines	Table Games	Gaming Positions	Hotel rooms	Rooms/Gaming Position
<i>National Destination Resorts</i>					
Bellagio	2,111	146	2,987	3,933	1.32
Mandalay Bay	1,782	82	2,274	4,752	2.09
CityCenter	1,942	129	2,716	5,744	2.11
Caesars Las Vegas	1,370	180	2,450	4,270	1.74
Wynn/Encore	2,195	240	3,635	4,750	1.31
Venetian	1,200	110	1,860	4,028	2.17
Palazzo	1,200	130	1,980	3,064	1.55
<i>Average, Destination Resorts</i>					<i>1.75</i>
<i>Regional Destination Resorts</i>					

⁹³ A gaming position is defined as one slot machine or one seat at a gaming table. Spectrum assumes six seats per gaming table.

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Borgata	3,305	183	4,403	2,767	0.63
Harrah's Atlantic City	2,630	180	3,710	2,590	0.70
Caesars Atlantic City	2,190	180	3,270	1,140	0.35
Tropicana	2,677	116	3,373	2,079	0.62
Beau Rivage	2,046	82	2,538	1,740	0.69
L'Auberge du Lac	1,616	75	2,066	995	0.48
<i>Average, Regional Destination Resorts</i>					0.58
<i>Day-Trip Casinos</i>					
Mark Twain	649	13	727	0	0.00
Lakeside Iowa	1,027	13	1,105	150	0.14
Casino Aztar	907	30	1,087	347	0.32
Par-A-Dice	1,176	20	1,296	202	0.16
Blue Chip	1,954	42	2,206	486	0.22
Rising Star	1,300	37	1,522	190	0.12
River City	2,018	62	2,390	200	0.08
Harrah's Council Bluffs	830	20	950	250	0.26
Harrah's New Orleans	1,830	150	2,730	450	0.16
Horseshoe Tunica	1,460	90	2,000	510	0.26
<i>Average, Day-Trip Casinos</i>					0.17

Source: Company documents.

In addition to the luxury hotels and spas, destination resort casinos now boast high-end restaurants, along with the all-you-can-eat buffets for which Las Vegas was previously known. The *Forbes Travel Guide* (formerly *Mobil Travel Guide*) evaluates properties on over 500 service criteria and delivers comprehensive ratings and reviews, including the prestigious Five Star ratings. Today, there are more four- and five-star rated restaurants in Las Vegas than in any other US city, including New York, Los Angeles and Miami.

Figure 18: Four- and five-star restaurants for select cities

City	Number of 4- and 5-Star Restaurants	Example restaurants
Las Vegas	29	Twist by Pierre Gagnaire, Joel Robuchon, Restaurant Gus Savoy
New York City	21	Jean Georges, Masa, Daniel, Per Se
Los Angeles	12	Scarpetta, Melisse, Circa 55
San Francisco	12	Parallel 37, Gary Danko, Madera
Miami	10	Azul, NAOE, Palme d' Or
Orlando	5	Victoria and Albert's
New Orleans	3	The Grill Room

Source: Forbes Travel Guide and Startle.com

The amenities we cited within the control of the property developer. Despite a beachfront setting, Atlantic City and Biloxi have been unable to compete with Las Vegas for international visitors, because of factors outside the control of the developer. Of particular importance is accessibility to each respective market. Simply put, Atlantic City International Airport and the Gulfport-Biloxi International Airport do not – and cannot with their current infrastructure – provide the same airlift as McCarran International Airport in Las Vegas. In 2012, there were 41.7

million air passengers in Las Vegas,⁹⁴ while data from the Atlantic City Convention and Visitors Authority indicate that Atlantic City International Airport has more than 1 million annual passengers⁹⁵ and Gulfport-Biloxi air passengers were less than 1 million in 2012.⁹⁶ As such, we consider Las Vegas to be a national destination market, while both Atlantic City and Biloxi are regional destinations. Because of the critical mass of casino properties, combined with hotels and other amenities these two markets can draw from further away and for a longer stay duration than the primarily day-trip riverboats, but do not draw customers from as far or as long as Las Vegas.

c. Evolution to Hub and Spoke Business Model

The evolution of commercial casino gaming in the United States has evolved over a period of decades from a policy in which some states allowed casino licensees to cluster in a central location (Mississippi, Nevada, New Jersey) to one in which most states issue fewer licenses, giving some regional exclusivity, but balancing that with a relatively high tax rate. As the following table shows, the trend for higher tax rates has been rather strong, with few exceptions:

Figure 19: Changing tax rates over time

	Casino-revenue tax rate at adoption ⁹⁷	Year gaming was established
Nevada	6.8%	1931
New Jersey	8.0%	1978
Iowa	24.0%	1991
Colorado	20.0%	1991
Illinois	50.0%	1991
Iowa	23.2%	1991
Mississippi	12.0%	1992
Rhode Island	72.7%	1992
Louisiana	21.5%	1993
Missouri	21.0%	1994
West Virginia	56.7%	1994
Indiana	40.0%	1995
Delaware	56.9%	1995
Michigan	24.0%	1999

⁹⁴ Las Vegas Convention and Visitors Authority visitor statistics, <http://www.lvcva.com/includes/content/images/media/docs/ES-YTD20128.pdf>.

⁹⁵ Atlantic City Convention and Visitors Authority, air travel information, http://www.atlanticcitynj.com/atlantic_city_international_airport.aspx.

⁹⁶ Gulfport-Biloxi International Airport, <http://www.flygpt.com/STatistics/Stats.htm>.

⁹⁷ Some states have different rates for table games or other exceptions. This lists only the highest rates in such states. Some rates have been subsequently adjusted, but this highlights the political trends regarding the adoption of rates.

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	Casino-revenue tax rate at adoption ⁹⁷	Year gaming was established
New Mexico	46.0%	1999
New York	65.0%	2004
Oklahoma	41.8%	2005
Maine	49.1%	2005
Florida	50.0%	2006
Pennsylvania	55.0%	2007
Maryland	67.0%	2008
Kansas	25.0%	2009
Ohio	33.0%	2010
Massachusetts casinos	25.0%	2011
Massachusetts slots only	40.0%	2011

Source: State gaming commissions

In our experience and as detailed earlier, tax rates are often set on the basis of political considerations, rather than through an economic analysis. This is best illustrated through the anecdotal example of New Jersey, which today is viewed as a low-tax state, but did not start out that way.

In 2010, Spectrum authored a peer-reviewed white paper on tax policy⁹⁸ that included the following:

“New Jersey was the first state outside Nevada to legalize casinos, with voters approving a November 1976 referendum to authorize casinos in Atlantic City. The enabling legislation, the Casino Control Act, was approved eight months later, and the first casino opened in May 1978. The tax rate in New Jersey was set at 8 percent, which today is the second lowest in the nation (behind Nevada).⁹⁹

“In researching this paper, we asked Steven P. Perskie – who was a member of the state Assembly in 1976 and 1977, and is widely hailed as the architect of the Casino Control Act – to provide the thought processes that guided the decision to set the rate at 8 percent. He responded with the following written comment:

“ ‘In researching the drafting of the bill introduced in 1976, after the referendum passed, we found that the highest (combined) tax on gross revenues was 7.5 percent (in Nevada). For principally political reasons, we therefore set the initial rate for New Jersey at 8 percent. We assumed that this would inoculate us from any argument in either direction (that the tax was too high or too low), and indeed we never had to defend that decision. We didn't, at that time, make any effort to calculate the revenue estimates for the state, as

⁹⁸ Spectrum Gaming Group, *Casino Tax Policy: Identifying the Issues that Will Determine the Optimal Rate*, <http://www.spectrumgaming.com/dl/SpectrumNationalTaxAssociation.pdf>.

⁹⁹ New Jersey also imposes a 1.25 percent reinvestment obligation, which offers casinos a below-market return. We normally calculate the effective overall rate in New Jersey at 8.4 percent. That reinvestment obligation, however, was not imposed at the time of the statute's initial adoption.

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we had no idea (and, as experience would show, we had *no* idea) what we would be dealing with.”¹⁰⁰

That “inoculation” rationale could have been applied in many states, and demonstrates that gaming did not evolve based on market demand or player preferences. Still, the market did respond to these political arguments. In large measure, that evolution prompted the gaming industry to develop what has been termed the “hub and spoke” business model.

Under this model, one company would operate multiple properties. The higher-tax properties that are isolated in various regions would attract local business and develop databases of players within their respective regions. As these databases grow, players who earn loyalty points at these properties would be encouraged to redeem those points at “hub” properties where the tax rate is lower, and thus the profit margin is higher.

Caesars Entertainment embodies this model, and arguably pioneered the concept and developed it. Under this model, Caesars leverages its multiple locations, with spoke properties in feeder markets, and hub properties in markets such as Las Vegas and Atlantic City, as well as leveraging its loyalty program, known as Total Rewards.

In a recent column in *Global Gaming Business* magazine, Caesars Chairman, President and CEO Gary Loveman described the core of the program:

“Many commentators have identified Total Rewards as the leading loyalty program in the gaming industry. We agree that Total Rewards provides Caesars with some unique advantages. No other program allows patrons to earn reward credits or points at one property in Las Vegas, for example, and redeem them inside the casino in New Orleans or at a Harrah’s New Orleans strategic business partner’s restaurant in the French Quarter. No other gaming company comes close to matching Caesars’ distribution of 52 properties in the US and on four continents around the world, all of which create marketing opportunities for our home communities.

“Currently, there are more than 45 million customers in the Total Rewards database that have taken advantage of the program, 8 million of whom have been active in the past 12 months. The program provides for four tier cards or levels based on activity of the guest, with each card having a unique cadre of benefits. Patrons earn Reward Credits (points) while playing slots and table games, by making non-gaming purchases at our properties, or by using our Total Rewards-branded credit card to make purchases anywhere. These points accrue and can be redeemed across all Caesars Entertainment properties.”¹⁰¹

Others are moving in the same direction. The Mohegan Tribal Gaming Authority, which began with a hub property at its Connecticut casino, has since branched out to a spoke in

¹⁰⁰ Email from Steven Perskie, August 6, 2010.

¹⁰¹ Gary Loveman, “Heart of the City,” *Global Gaming Business*, April 30, 2013 <http://ggbmagazine.com/issue/vol-12-no-5-may-2013/article/heart-of-the-city1>.

Pennsylvania, is applying for a resort destination license in Massachusetts, is managing a casino in Atlantic City, and seeking to manage casinos elsewhere. A Florida example is the Seminole Hard Rock, which is developing plans to leverage its national brand in gaming markets such as Massachusetts and New Jersey, as well as in hotel markets. Hard Rock Chairman Jim Allen identified between eight and 15 markets that could potentially support a Hard Rock hotel casino, and as many as 50 markets that could support a Hard Rock hotel.¹⁰²

A recent article on HotelNewsNow.com noted:

“Hard Rock, which now has 18 properties in its portfolio, could triple that number over the next three to five years, Chairman Jim Allen told HotelNewsNow.com. ...

“Globally, Hard Rock has secured relationships with development partners in 58 countries, Allen said.¹⁰³”

Other operators, including those with properties in Florida, acknowledge the benefits of the model. Virginia McDowell, President & CEO of Isle of Capri Casinos Inc. said:

“If you look at the Caesars [Entertainment] business model, they benefited tremendously from stringing their regional operations together across the United States in their hub-and-spoke model, using that as drivers to their destination resorts. They built loyalty in the regional markets because people wanted to go to the destination markets. There’s enough independent operators in Las Vegas that, to the extent you want to partner with somebody, there are lots of opportunities for us to send our customers and the regional markets have changed enough that you don’t *have* to have a destination driver, although it’s nice to have.¹⁰⁴”

Notably, while the hub-and-spoke business is still evolving and has yet to reach its full potential, new models are emerging. Indeed, Caesars is pioneering a model that Loveman recently detailed:

“Policymakers and social scientists increasingly understand that casino development projects offer the most economic and social benefits when they are specifically tailored to the needs of their host communities. The long-held view that casinos exist across a spectrum anchored at one end by neighborhood slot parlors and other forms of convenience gaming and at the other end by integrated destination resort casinos has become incomplete.

“Over the past decade, a third dimension of casino gaming has emerged in North America that provides another option for urban policymakers to consider.

¹⁰² Shawn A. Turner, “Hard Rock Plans Global Hotel Push,” HotelNewsNow.com, February 1, 2013 <http://www.hotelnewsnow.com/articles.aspx/9822/Hard-Rock-plans-global-hotel-push>.

¹⁰³ Ibid.

¹⁰⁴ David McKee, “Meet Virginia McDowell,” Stiffs and Georges blog, January 18, 2012 <http://dmckee.lvablog.com/?p=8303>.

“I call this model the city-integrated or urban resort. Its defining feature is integration with its location’s pre-existing business community and attractions. In this model, the casino itself is both a physical and a metaphorical hub. Its spokes radiate not only to amenities in the casino complex itself, but also to established restaurants, shops, hotels and recreation offerings in the larger metropolitan area.”¹⁰⁵

This analysis should note that, while the hub-and-spoke model is still developing, a new business model may be forming in its wake. Whether the future includes new urban resorts or traditional destination resorts, the goals for policymakers remain unchanged: Capital investment remains the key target. Consider that a destination property – a “hub” in this model – will likely employ at least 3,000 full-time equivalents, and as many as 5,000. A typical “spoke” property, which focuses on its nearby adult population, will employ about 800, and possibly as many as 1,000.

All else being equal, a destination resort is more likely to:

- Promote tourism, as it has the ability to pull adults from more distant locations.
- Withstand competition, since it typically offers more amenities.
- Generate more revenue, since it will likely penetrate a greater percentage of the adult population.

One corollary to this trend is that properties that begin life as convenience-oriented facilities, which would include so-called “spokes,” are not necessarily destined to remain in that category in perpetuity.

For example, Dover Downs – a racino in southern Delaware – responded to the threat of competition from nearby Maryland, as well as from Pennsylvania and New Jersey, by adding a 232-room hotel and conference center, along with a combination ballroom/concert hall, a new fine-dining restaurant, pool and spa. The property also added a 425-seat buffet, among other investments. That investment helped the property weather competition, by becoming something closer to a destination. The expansion has continued, and the facility now has 500 rooms, and significantly more amenities.¹⁰⁶

In Florida, Gulfstream has significantly expanded over the year, starting with the addition of the 1-million-square-foot Village at Gulfstream, which includes 750,000 square feet of retail space. That property continues to expand, with plans now for a \$700 million expansion¹⁰⁷ that would include hotel rooms. As described by the *Sun-Sentinel*, “The development plan being formulated by The Stronach Group includes two hotels facing the track, greatly enlarged

¹⁰⁵ Loveman.

¹⁰⁶ Reuters, Dover Downs Entertainment company profile, <http://www.reuters.com/finance/stocks/companyProfile?symbol=DDE> (accessed May 14, 2013).

¹⁰⁷ Interview with Gulfstream executives, May 2, 2013.

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grandstand seating, as well as a standalone casino and adjacent concert hall. A giant statue of Pegasus will adorn a 4D theater nearby in a park area. But here's the most surprising aspect of a project that will cost hundreds of millions of dollars to complete: Public money is not part of the equation.¹⁰⁸

In one sense, properties such as Dover Downs and Gulfstream are defying the basic economics of hubs vs. spokes in that such properties are burdened by relatively high tax rates, which tend to discourage such investments by reducing the potential returns on investment. Yet, in another sense, such properties recognize that such investments can protect – or even enhance – market share.

We do not suggest, however, that destination gaming resorts are panaceas, nor do we ignore the downside or the challenges they present to local communities. By definition, they increase traffic and create other demands on public services. The more successful they are in generating revenue, the more such demands increase.

In 2009, Spectrum studied in great detail the economic and social impacts of two destination resorts in Connecticut on their local communities. The two tribal properties – Foxwoods and Mohegan Sun – were responsible for \$1.2 billion worth of personal income in Connecticut, both directly and indirectly. Between 1992 and 2008, they accounted for about 12 percent of the net new job growth in Connecticut.¹⁰⁹

At the same time, however, DUI arrests were up significantly. One town reported that such arrests doubled since the first casino opened in 1992, and three local communities reported that 20 percent of those arrested for DUI – including one motorist arrested for manslaughter for causing a fatal accident by driving the wrong way on a highway – acknowledged that they had their last drink at one of the casinos.¹¹⁰

Spectrum also noted that “with many casino workers unable to afford housing in southeastern Connecticut, some landlords have converted single-family homes into boarding facilities. The practice is not only illegal, it is unsafe as well.”¹¹¹

Such examples demonstrate that destination resorts present both challenges and opportunities.

¹⁰⁸ Craig Davis, “Gulfstream plans major expansion in pursuit of Breeders’ Cup, year-round racing,” *Sun-Sentinel*, November 27, 2012 http://articles.sun-sentinel.com/2012-11-27/sports/fl-gulfstream-park-expansion-1128-20121127_1_breeders-cup-gulfstream-park-race-track.

¹⁰⁹ By Spectrum Gaming Group, “Gambling in Connecticut: Analyzing the Economic and Social Impacts,” June 22, 2009, p. 8. http://spectrumgaming.com/dl/june_24_2009_spectrum_final_final_report_to_the_state_of_connecticut.pdf.

¹¹⁰ *Ibid.*, p. 13.

¹¹¹ *Ibid.* p. 14.

d. Florida's Racinos

Of the existing 28 pari-mutuel facilities, six currently offer slot machines (the “racinos”). Furthermore, of Florida’s pari-mutuel locations, slot machines are only authorized at existing pari-mutuel facilities in Broward and Miami-Dade Counties.¹¹² Operations at Florida’s racinos are comprised of both slot machines and cardroom operations.

The following table shows how long each racino has been operational, along with number of slot machines and poker tables (all information as of the end of 2012).

Figure 20: Florida racino overview

Racino	Casino Miami	Magic City	Calder	Gulfstream Park	Mardi Gras	Pompano Park	FL TOTAL
Month Opened	Jan-12	Oct-09	Jan-10	Nov-06	Dec-06	Apr-07	n/a
# Full Months Open	11	38	35	73	72	68	n/a
Location (County)	Miami-Dade	Miami-Dade	Miami-Dade	Broward	Broward	Broward	n/a
Slot Machines	1,058	801	1,204	853	1,057	1,420	6,393
Poker Tables	12	18	29	20	30	38	147

Source: Florida Department of Business and Professional Regulation

A seventh racino is scheduled to begin operating later this year at Hialeah Park.

e. Native American Casinos

Nationally

Congress passed the Indian Gaming Regulatory Act of 1988 (“IGRA”) because many Native American nations and tribes had established gaming activities but federal laws at the time did not establish a clear regulatory framework for the conduct of such games. IGRA was passed to fulfill certain goals, including promoting tribal economic development, self-sufficiency and strong tribal governments; maintaining the integrity of the Native American gaming industry; and ensuring that tribes are the primary beneficiaries of their gaming activities.¹¹³ Under IGRA, games are classified into three categories: Class I, Class II and Class III.

- Class I gaming includes social games solely for prizes of minimal value or traditional forms of Indian gaming engaged in by individuals as part of tribal ceremonies or celebrations.
- Class II gaming includes bingo, pull-tabs, lotto, punch boards, tip jars, certain non-banked card games (if such games are played legally elsewhere in the state), instant

¹¹² Florida Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering <http://www.myfloridalicense.com/dbpr/pmw/fag-slots.html> (accessed April 29, 2013).

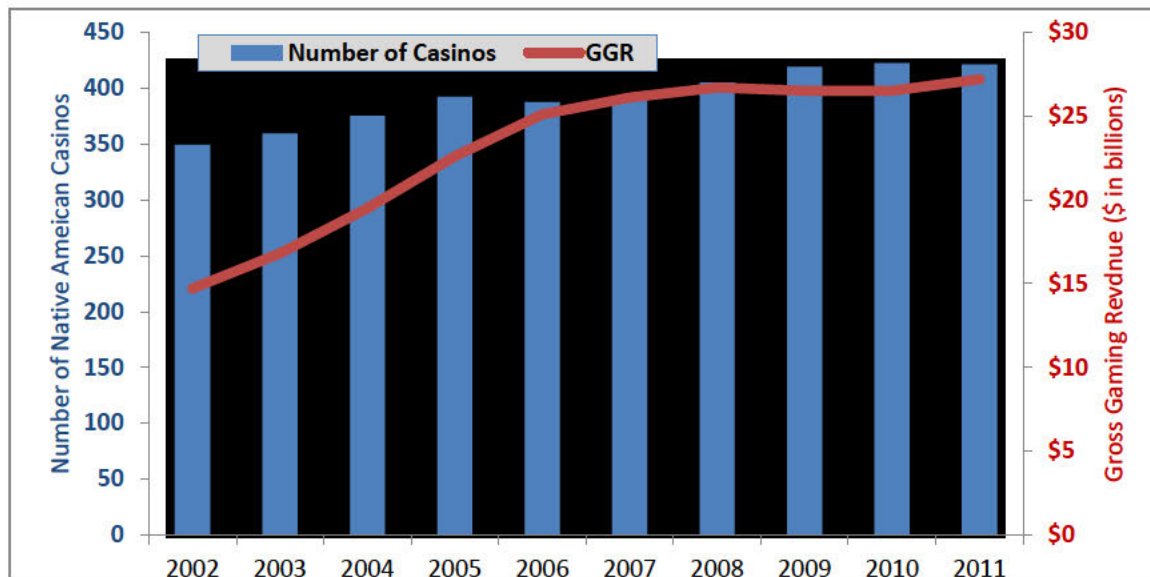
¹¹³ Indian Gaming Regulatory Act, National Indian Gaming Commission http://www.nigc.gov/Laws_Regulations/Indian_Gaming_Regulatory_Act.aspx.

bingo and other games similar to bingo, if those games are played at the same location where bingo is played.

- Class III gaming, meanwhile, includes all other forms of gaming, such as slot machines, video casino games (video blackjack and video poker), table games and other commercial gaming, such as sports betting and pari-mutuel wagering. To offer Class III games, federally recognized Indian tribes are required to negotiate a compact with the state in which they operate and attain approval of the compact by the US Department of the Interior.¹¹⁴

As in the commercial casino industry, the type of Native American casino is also varied, with the Seminole Hard Rock casinos, Foxwoods and Mohegan Sun being examples of national destination resorts. According to the National Indian Gaming Commission there were over 420 Native American casinos generating over \$27.2 billion in GGR in 2011.

Figure 21: Size of the Native American casino industry



Source: National Indian Gaming Commission.

Florida

Florida's seven Native American casinos are spread throughout five counties (Broward, Collier, Hillsborough, Glades, and Miami-Dade), while Broward is home to three of the seven Native American casinos.

Native American casinos in Florida, for the most part, provide a full-service gaming experience, although non-card games such as craps or roulette are not allowed. The Indian casinos, however, are not subject to state regulation and thus have substantial competitive

¹¹⁴ Adam Steinberg, "Know Your Odds: Gaming Industry Investment Primer," Morgan Joseph & Co. investment research report, p. 76, January 9, 2006.

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advantages over racinos including allowing patrons to smoke, offering live table games (except at Miccosukee, which is a Class II property) and paying no direct gaming tax.¹¹⁵

While there are two federally recognized tribes in Florida, the Seminole Tribe is dominant, and indeed Seminole Gaming is largely viewed as more than a Florida operation. As noted earlier, by virtue of its ownership of Hard Rock International, the Tribe is branching out with Hard Rock-branded casinos in other states. Notably, the Seminole Tribe has secured investment-grade rating for its debt, as noted by Fitch, a major rating agency:

“Fitch believes that STOF’s [Seminole Tribe of Florida] operating profile and credit metrics are consistent with 'BBB-' IDR (issuer default rating), and a further track record of fiscal prudence by the tribe may result in an upgrade of the IDR to 'BBB-' within the next 12-24 months. Specifically, an investment grade IDR can be supported by STOF’s ... solid competitive position ... (and) strong credit metrics.”¹¹⁶

At least two other Indian tribes are working through various legal channels to commence Florida gaming operations:

- The Poarch Band of Creek Indians, which is based in Atmore, AL, has land in Escambia County, which is held in trust by the US government, and also owns, or has options to own, or agreements to control 10 pari-mutuel permits along the Interstate 10 corridor between Pensacola and Jacksonville. The Poarch Band is seeking to negotiate an agreement, which could include revenue-sharing, with the State to operate Class II gaming (i.e., bingo-based slots and non-house-banked games) at the pari-mutuel facilities. “We believe that such an intergovernmental agreement between the Poarch Band and the State of Florida can be crafted in a legally viable manner that is allowable under State law, avoids the need for federal approvals and avoids violation [of] the Seminole Compact,” according to attorney Steven Paul McSloy.¹¹⁷ A market study showed that Poarch Band gaming at Pensacola Greyhound Track, Creek Entertainment Gretna, and Jacksonville Racing could generate \$1 billion in net revenue.¹¹⁸ The tribe currently operates three casinos (with electronic gaming machines only) in Alabama.
- For the past decade the Muscogee Nation of Florida has been pursuing federal recognition by act of Congress in order to initiate gaming operations as a means of economic development. Tribal landholdings are well positioned to offer casino gaming

¹¹⁵ As noted earlier, the Seminole Tribe of Florida compact with the State of Florida provides for payments of approximately \$1 billion over five years.

¹¹⁶ “Fitch Rates Seminole’s \$750MM Term Loan 'BBB-'; Affirms IDR at 'BB+'; Outlook to Positive,” April 1, 2013. <http://www.businesswire.com/news/home/20130401006002/en/Fitch-Rates-Seminole-750MM-Term-Loan-BBB->.

¹¹⁷ May 21, 2013, letter from Steven Paul McSloy of Dentons US LLP to Jay Corris, CEO of PCI Gaming.

¹¹⁸ May 2013 Market Analysis prepared by Pro Forma Advisors LLC.

in an underserved tourism market close to Gulf beaches in the Florida panhandle, where the nearest competition are greyhound tracks in Pensacola and Ebro. In 2003 US Representative Jeff Miller, Republican from Florida, introduced House Resolution 323, The Muscogee Nation of Florida Federal Recognition Act (“H.R.323”).¹¹⁹ This bill, which has never been voted on, was assigned to the House Natural Resources, Indian and Alaskan Native Affairs Committee on January 13, 2013.¹²⁰ It has received repeated extensions over the past 10 years. The last extension was granted in December 2012, and expires in early June. It is our understanding that current prospects for recognition through Congress are not promising.

14.Pari-mutuel

a. National Trends

In pari-mutuel wagering, bettors bet against each other. The house has no stake in the outcome. The house takes out a portion of the amount wagered, which in racing is known as handle. Racetracks typically retain about 20 percent of handle.

National trends mirror that of Florida. Live handle in calendar year 2010 (the most recent year for which data are available) accounted for just 12 percent of total handle for horse racing, 29 percent for greyhound racing and 42 percent for jai-alai handle.¹²¹ For the 10-year period ending in 2010, pari-mutuel wagering fell from \$18.3 billion in 2000 to \$11.5 billion in 2010, a decline of 37 percent. States’ share of the revenue fell from \$470 million to \$191 million, a decline of 59 percent.¹²² The Association of Racing Commissioners International (“ACRI”) no longer reports attendance figures because it says the figures are no longer meaningful. Most jurisdictions no longer report them, and of those that do, they are “increasingly inaccurate,” according to ACRI. That comment made in the ACRI 2010 report offers a telling statement about the falling popularity of live pari-mutuel wagering.

Florida only reports paid attendance. Operators who choose to charge for admission must collect an admission tax for the state. There is no requirement that a facility charge for admission. And in Florida, admission is free at the state’s harness track at Pompano, at jai alai frontons and at most of the state’s 16 greyhound tracks.¹²³

¹¹⁹ Congress, Bill, HR 323, [www.govtrack.com http://www.govtrack.us/congress/bills/113/hr323](http://www.govtrack.us/congress/bills/113/hr323).

¹²⁰ Ibid.

¹²¹ Spectrum review of Association of Racing Commissioners International, *Pari-Mutuel Racing Annual Reports*. State revenue includes any revenue that state governments realize through pari-mutuel activity.

¹²² Ibid.

¹²³ Florida Division of Pari-Mutuel Wagering, review of *Annual Reports*.

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The following table puts pari-mutuel attendance nationally in perspective. Note that attendance for horse racing – the largest component by far of pari-mutuel wagering – attracts fewer than 3 percent of adults, although that percentage actually rose by two-tenths of 1 percent over the past four years.¹²⁴ As a participatory activity, it is on a par with chess, and significantly less popular than birdwatching.

Figure 22: Participation by adults in selected activities

Activity	Participated in the last 12 months (in thousands)		Frequency of Participation							
			Two or more times a week		Once a week		Two to three times a month		Once a month	
	No.	%	No.	%	No.	%	No.	%	No.	%
Adult education courses	16,640	7.3	3,116	1.4	1,973	0.9	762	0.3	1,312	0.6
Attend auto shows	19,346	8.5	313	0.1	337	0.2	557	0.2	721	0.3
Attend horse races	6,654	2.9	159	0.1	177	0.1	155	0.1	379	0.2
Attend rock music performances	25,176	11.0	187	0.1	173	0.1	730	0.3	1,136	0.5
Backgammon	4,234	1.9	435	0.2	366	0.2	416	0.2	486	0.2
Billiards/pool	19,468	8.5	975	0.4	1,432	0.6	2,125	0.9	2,063	0.9
Bird watching	13,793	6.1	6,101	2.7	1,338	0.6	1,169	0.5	876	0.4
Book clubs	5,747	2.5	285	0.1	234	0.1	419	0.2	2,732	1.2
Chess	6,896	3.0	549	0.2	533	0.2	823	0.4	576	0.3
Concerts on radio	6,441	2.8	1,308	0.6	747	0.3	548	0.2	572	0.3
Cooking for fun	50,243	22.0	19,162	8.4	7,495	3.3	6,795	3.0	4,415	1.9
Crossword puzzles	29,996	13.2	12,866	5.6	3,136	1.4	2,811	1.2	2,674	1.2
Dance/go dancing	20,995	9.2	1,636	0.7	2,162	1.0	2,728	1.2	2,964	1.3
Dining out	112,477	49.3	20,158	8.8	25,173	11.0	26,644	11.7	15,686	6.9
Fantasy sports league	8,969	3.9	2,855	1.3	1,559	0.7	372	0.2	330	0.1
Furniture refinishing	6,292	2.8	201	0.1	79		359	0.2	406	0.2
Go to bars/night clubs	43,513	19.1	3,133	1.4	4,846	2.1	7,428	3.3	6,430	2.8
Play bingo	10,271	4.5	754	0.3	1,095	0.5	811	0.4	1,342	0.6
Play cards	46,190	20.3	5,679	2.5	4,969	2.2	6,400	2.8	7,567	3.3
Reading comic books	5,557	2.4	1,161	0.5	636	0.3	886	0.4	527	0.2
Sudoku puzzles	26,540	11.6	10,265	4.5	2,505	1.1	3,159	1.4	2,495	1.1
Trivia games	11,872	5.2	1,891	0.8	1,327	0.6	1,397	0.6	1,490	0.7
Woodworking	10,202	4.5	1,714	0.8	965	0.4	1,631	0.7	1,443	0.6
Word games	22,147	9.7	7,768	3.4	2,709	1.2	2,817	1.2	1,899	0.8
Zoo attendance	28,148	12.3	189	0.1	239	0.1	632	0.3	2,112	0.9

Source: Statistical Abstract of the United States

Certainly, the creation of new wagering opportunities over the last several decades has given more adults more options. The history is summarized well in this excerpt from a report by Cummings Associates:¹²⁵

¹²⁴ Statistical Abstract of the United States <http://www.census.gov/compendia/statab/2012/tables/12s1240.pdf>

¹²⁵ Cummings Associates, "Analysis of the Data and Fundamental Economics Behind Recent Trends in the Thoroughbred Racing Industry," July 17, 2004, p. 7-8.
http://www.nationalhbpa.com/resources/cummings_report7-17-04.pdf.

“When they were first authorized in some states in the 1930s, and for a long golden age thereafter, race tracks essentially had a monopoly on legal gambling on a commercial scale. They were legalized because states needed money. During the economic collapse of the Great Depression, a number of states turned to legal gambling as a source of revenue. Nevada legalized casinos (in 1931), but every other state chose pari-mutuel betting on horse racing, and in a few states, on greyhound racing as well. This occurred, moreover, in the context of relatively simple leisure economies which, aside from movies and major league baseball, offered few alternative forms of commercial entertainment. In these circumstances, race tracks were by and large highly profitable. As businesses, horse tracks had little trouble developing large numbers of customers and were able to pay high rates of gambling ‘privilege’ taxes. They lived in a sheltered world.

“Over the past thirty years, however, the economic environment has changed dramatically. Competing forms of legal gambling have proliferated, starting with state lotteries in the late 1960s. Ironically, the same force that legalized racing led to lotteries: states needed money. Thirty-nine states now have them, and all the provinces of Canada. ...

“Then came an explosion of full-scale casino resort hotels in Las Vegas, New Jersey, Mississippi, Canada and Connecticut. These now attract tens of billions of dollars in consumer spending each year, with large amounts also spent on ‘limited’ casino gaming on riverboats in the Midwest, small casinos in Colorado and South Dakota, VLTs (‘video lottery terminals’) or slot machines at race tracks in seven states, and on a widespread basis in several Western states and much of Canada, on cruise ships operating out of many states, and at casinos on Indian lands across wide stretches of North America. ...

“In the 1980s, racing’s legal gambling competition more than doubled in size; in the 1990s, it more than doubled again. Over the same period, the U.S. leisure economy grew enormously and became vastly more diversified. Many leisure and entertainment activities are available today that did not exist in the 1930s, or even in the 1960s. Cable television, VCRs, DVDs, inexpensive air travel and the related (but not-so-inexpensive) theme park resort industries, major-league football and basketball and a host of other diversions now compete much more intensely with horse racing for the leisure dollars available.”

b. Florida

Florida first authorized pari-mutuel wagering in 1932.¹²⁶ In 2010, it accounted for 59 percent of the nation’s pari-mutuel wagering.¹²⁷ The Department of Business and Professional

¹²⁶ Florida PMW, *Annual Report, FY 2012*, p. 2.

¹²⁷ Association of Racing Commissioners International, *Pari-Mutuel Racing 2010*, p. 1.

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Regulation (“DBPR”), through its Division of Pari-Mutuel Wagering (“PMW”), oversees gaming in Florida.

Pari-mutuel activities in Florida include thoroughbred horse racing, harness horse racing, quarter horse racing, greyhound racing and jai-alai games. In addition, pari-mutuel facilities can operate cardrooms, which can only be operated by the holder of a pari-mutuel license (though card games do not involve pari-mutuel wagering). Cardrooms cannot open in a facility unless live racing or jai first takes place.¹²⁸ Events at racing and jai-alai facilities are simulcast to other pari-mutuel facilities in Florida and to out-of-state venues.

Florida is the only state with live jai alai games. It is one of seven states with greyhound racing. Florida accounted for 64 percent of the nation’s live greyhound races in 2010.¹²⁹ Since 1993, 10 states have outlawed greyhound racing.¹³⁰

Florida allows slot machine casinos, also known as racinos, at pari-mutuel facilities in Miami-Dade and Broward counties. Numerous pari-mutuel operators in other areas of the state told us that they too need slot machine casinos to “even the playing field,” as they are unable to compete with racinos in and outside of Florida that use slot revenue to enhance purses, which, in turn, allow racinos to attract higher quality racing animals and make significant capital expenditures to improve their facilities.

As of April 3, 2013, there were 28 pari-mutuel facilities in Florida (plus inter-track at Ocala) that accepted bets on live races or jai alai games. They included 14 greyhound tracks, six jai-alai frontons, three thoroughbred tracks, one harness track and five quarter horse tracks. Twenty-four of them had cardrooms. Six had casinos. Ocala Breeders’ Sales in Ocala and Bestbet in Jacksonville operate simulcast parlors without live pari-mutuel racing. The overall financial trend for Florida pari-mutuels has been on a steady downward spiral. Many operations have sustained steep operating income losses, and those losses would have been much greater if it were not for racino and cardroom revenue. The worst-performing sectors have been jai alai and greyhound.

In FY 2012, Florida’s pari-mutuel facilities had a combined overall operating profit of just \$1.9 million. Thirteen had losses, with the largest of \$21.6 million at the combined Fort Pierce/Miami Jai Alai operation. The biggest operating profit was \$16.4 million at Flagler Greyhound Track, which also operates slot machines.¹³¹

¹²⁸ Florida Statute, 849.086 (5a).

¹²⁹ Association of Racing Commissioners International, *Pari-Mutuel Racing 2010*, p. 39.

¹³⁰ Danny Valentine, “Proposal could hasten decline of greyhound racing,” *Tampa Bay Times*, April 28, 2011 <http://www.tampabay.com/news/business/proposal-could-hasten-decline-of-greyhound-racing-in-florida-nation/1166550>.

¹³¹ Florida PMW, Independent Auditor’s Report for Pari-Mutuel Permitholders, FY 2012.

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Pari-mutuel operations involve wagering on pari-mutuel events. The wagers occur at the track on live events or at track simulcast rooms. Those operations by themselves sustained an operating loss of \$50 million. Only eight facilities were able to show an operating profit from their pari-mutuel operations.¹³² The largest loss of \$11.6 million was at Fort Pierce/Miami; the highest profit of \$6.3 million was at Gulfstream, a thoroughbred track with slot machines.

State tax revenue is fraction of what it once was. From FY 1985 to FY 2012, it fell from:

- \$29.7 million to \$378,000 for jai alai, a reduction of 99 percent¹³³
- \$77.2 million to \$3.7 million for greyhound racing, a reduction of 99 percent¹³⁴
- \$12.5 million to \$7.6 million for horse racing, a reduction of 39 percent¹³⁵

The overall reduction in state revenue went from \$119.4 million to \$11.8 million, decline of 91 percent.¹³⁶

Slot machine casinos accounted for 77 percent of state gaming revenue in FY 2012. All of that slot machine money, \$144 million, was given to the state Department of Education. Unclaimed jai alai and greyhound winning tickets totaling \$1 million was also given to that same state agency. State tax revenue from cardrooms was split between the Pari-Mutuel Wagering Trust Fund and the General Revenue Fund. In accordance with Section 849.086(13)(h), Florida Statutes, one quarter of the moneys deposited into the Pari-Mutuel Wagering Trust Fund must be distributed to counties and municipalities that approved the cardroom. In October 2012, the division distributed approximately \$1,643,208 to the counties/municipalities from cardroom gross receipts.¹³⁷

Issues with PMW Annual Reports

In the course of our research, we discovered that purse numbers for the Isle of Capri at Pompano harness track were grossly overstated in PMW annual reports for fiscal years 2009 through 2012. PMW stated to us by email that it will be revising annual reports for Pompano to reflect the accurate figures. The mistakes were discovered when we asked standardbred horsemen to review purse information. The horsemen claimed that the numbers were wrong, and PMW asked the Pompano's comptroller to review them. The Pompano comptroller then acknowledged that errors had been made, and PMW said that the annual reports will be

¹³² Ibid.

¹³³ Florida PMW, custom report, May 10, 2013.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Ibid.

¹³⁷ Florida PMW, *Annual Report*, FY 2012, p. 18

amended. The agency makes no effort to independently verify the information. The errors for the Isle of Capri at Pompano data raise issues as to whether other mistakes could have occurred at other pari-mutuel facilities.

In an email to Spectrum on May 21, 2013, PMW officials acknowledged that annual PMW reports fail to include out-of-state generated simulcast revenue. Gulfstream, for example, might send its signal to Yonkers, and revenue from wagers bet on Gulfstream races at Yonkers would not appear in PMW annual reports. The result is a significant understatement of simulcast revenues. To illustrate the point, PMW's 2012 report lists simulcast and intertrack handle for Gulfstream at \$102 million. But missing was out-of-state generated simulcast handle of \$605,319,440, an amount that is nearly six times the reported simulcast handle in the PMW FY report of 2012.¹³⁸ Other racing jurisdictions, such as New Jersey, include out-of-state export handle in their annual reports. The failure of PMW to indicate in its annual report that handle figures fail to include this category results in an incomplete picture of racing wagering in Florida. In a May 23 email to Spectrum, PMW explained it does not do so because the wagers made outside of Florida are beyond its regulatory authority and ability to impose taxes. PMW officials also noted they are unable to verify the data. Also unreported in out-of-state generated simulcast revenue is the amount through the Oregon hubs, which are companies that allow gamblers to place bets on races through the Internet or a cell phone.

PMW includes a category in its annual report identifying the amount of purses accounted for through "pari-mutuel" operations. Our research indicates that the number also includes financial contributions made by the operator. For example, the Melbourne Greyhound track contributed \$185,463 from pari-mutuel operations toward purses, according to the FY 2012 report.¹³⁹ Yet the annual report shows that the entire handle was only \$162,138, and only half of that goes into purses.¹⁴⁰ If the operator is making a contribution toward purses, reports should indicate that the figure includes such contributions.

It is critical for policymakers to have information relating to regulatory costs for each pari-mutuel sector. PMW told us in emails it cannot break down costs by sector. We note that Rep. Dana Young, R-57, asked the state agency for regulatory financial data relating to greyhound racing. In a letter dated August 19, 2011, Ken Lawson, Secretary of the Department of Business and Professional Regulation, said the state could identify only costs "directly attributable to all live greyhound racing," which he said totaled \$1.88 million for FY 2011, which was slightly less than the revenues of \$1.85 million that live greyhound racing generated. But the expense figure did not include any allocation for salaries and benefits paid to 66 PMW employees or expenses they incurred. Those two categories alone totaled \$4.7 million. The

¹³⁸ Interview with Kent Stirling, Executive Director, Florida Horsemen's Benevolent and Protective Association, May 22, 2013.

¹³⁹ Florida PMW, *Annual Report*, FY 2012, p. 26

¹⁴⁰ *Ibid*, p. 13.

Legislature needs to have detailed information concerning regulatory costs by sector in order for it to make informed decisions concerning the pari-mutuel industry.

Cutting Costs

Some operators say they have been adversely affected by a requirement that forces them to run a minimum number of racing performances (eight races make up a performance). Two greyhound tracks are conducting more than 350 performances a year, close to what they ran nearly 20 years ago because of the 90 percent rule. This rule requires pari-mutuel operators with cardrooms to conduct at least 90 percent of the live performances that were held the year before their cardrooms opened.¹⁴¹ For many operators, that was 1996. Florida had 3,857 live greyhound performances in 2010; West Virginia, the next-highest state, had 552.¹⁴² The required minimum number of performances varies from sector to sector, and then within a specific sector depending on when a facility opened. This issue will be addressed in more detail later in the report.

Some operators have responded to the cost of doing business by reducing race cards and, in the case of jai alai, the number of players on a roster. Others have used quarter horse racing permits to run barrel racing, which prompted an administrative law judge to call the offering “a new species of racing.” The judge ruled that PMW had no authority to issue a permit for barrel racing. Other operators have proposed staging greyhound races with two dogs in each race¹⁴³ and jai alai games that involve two players playing over and over.¹⁴⁴

Barrel racing is being run at Gretna in Gadsden County. It involves rodeo-type racing in which horses are timed as they run around separate obstacle courses. The winner is the one with the fastest time.¹⁴⁵ It is much less expensive to build a barrel-racing track, and the costs of operating it are also much less expensive. At issue is whether it falls within the definition of a horse race. Critics call it a phony horse race. We discuss this issue in more detail later in the report.

c. Decline of Purses, Handle

Purses are awarded to dog and horse racing owners who win races. They have declined slightly in recent years but the decline would have been much greater if it were not for revenue

¹⁴¹ Florida Statute 849.086 (5 b).

¹⁴² Association of Racing Commissioners International, *Pari-Mutuel Racing 2010*, p.39.

¹⁴³ National Greyhound Association, “Two-dog race plan condemned,” February 13, 2013
<http://ngagreyhounds.com/issue/january-february-2013/article/two-dog-race-plan-condemned>

¹⁴⁴ Carlos Medina, “Area Fronton Accused of Doing the Minimum,” Gainesville Sun, February 14, 2012
<http://www.gainesville.com/article/20120214/articles/120219759>.

¹⁴⁵ State of Florida Administrative Hearings, Case No. 11-5796RU.

from slot machine and cardroom operations. The recent return of traditional quarter-horse racing in November 2009 at Hialeah Park also boosted overall purse numbers.¹⁴⁶

Total Florida pari-mutuel handle fell from \$1.8 billion in FY 1990 to \$876 million in FY 2012, a decline of 51 percent; live handle (the amount wagered by patrons at a host track where live racing was held) fell from \$1.8 billion to \$190 million, a decline of 95 percent; performances fell from 6,931 to 4,904, a decline of 41 percent and paid attendance fell from 15.3 million to 381,000, a decline of 83 percent.¹⁴⁷

Simulcasting first came to Florida on August 17, 1990, when Daytona Beach Kennel Club transmitted races to the Sports Palace in Melbourne. Prior to then, Florida handle came exclusively from live handle.¹⁴⁸

Simulcast wagering in Florida involves patrons visiting a pari-mutuel facility and wagering on live races conducted at other racetracks in Florida or at out-of-state tracks. In other words, the racetrack signal is being sent or imported to a Florida track to let its patrons bet on races/games at other facilities.

PMW categorizes intertrack handle as handle generated as a result of a Florida track/fronton exporting its signal to other Florida tracks or frontons, which enables patrons at those other Florida facilities receiving the signal to bet on those Florida races or games. Gulfstream, for example, would send its signal to the Palm Beach Kennel Club and patrons at the Palm Beach Kennel Club could then bet on those Gulfstream races. Intertrack involves only Florida-to-Florida facilities.¹⁴⁹

There is another simulcast category that PMW calls “Intertrack Simulcast.” It involves the rebroadcasting of simulcast signals received by a Florida track/fronton, which then sends that signal to other Florida tracks/frontons. Gulfstream, for example, would receive a signal from Yonkers Raceway in New York, and then rebroadcast that signal to other Florida pari-mutuel facilities. Again, it involves only Florida-to-Florida facilities.¹⁵⁰

The largest single category of simulcasting involves the export of signals from Florida pari-mutuels to out-of-state facilities. Gulfstream, for example, would send its signal to Yonkers. No information is available from PMW for this category, which is often called out-of-state generated simulcast revenue. The reason is because PMW does not track it. We note that other racing jurisdictions, such as New Jersey, do so. Without these data, it is not possible to offer a complete picture of simulcasting in Florida.

¹⁴⁶ Florida PMW, review of Annual Reports.

¹⁴⁷ Ibid.

¹⁴⁸ Florida PMW, *Annual Report*, FY 1991, p. 3.

¹⁴⁹ PMW Annual Report, FY 2012, p. 2

¹⁵⁰ Ibid

With the advent of simulcasting, live handle in Florida has accounted for less and less of total handle. By FY 2000, it accounted for 37.4 percent of total handle. Three years later, the figure fell to 29.7 percent, and for FY 2012 it was down to 24.3 percent.¹⁵¹

d. Impact of Advance Deposit Wagering ('ADW')

Advance Deposit Wagering allows patrons to wager on racing (greyhound and horses) electronically. Patrons establish an account with an ADW company, and deposit money into the account prior to making any wagers. They can then place wagers from a computer, a home telephone or even a mobile phone.

ADW companies have flourished in recent years primarily due to convenience. A gambler never has to leave his or her house to make a bet, and can do so from just about anywhere. In addition, the low overhead associated with ADWs enables these companies to offer rebates to customers based on their betting volume. Since the ADWs command so much betting volume, they are able to negotiate take-out rates with host tracks that are quite favorable. The amount wagered through an ADW is funneled into the wagering pool of a host track, but Kent Stirling, executive director of the Florida Horsemen's Benevolent and Protective Association, said the track and horsemen are often forced to split between 6 cents and 9 cents of every dollar wagered through an ADW as opposed to 20 cents if the bet were made at a Florida racetrack on a live race.¹⁵²

Those ADW rebates can be as much as 12 percent of what a gambler wagers. Rob Wyre, general manager of the Isle of Capri at Pompano Park, told Spectrum racetracks cannot compete with the ADW rebates. "What's really frustrating is we see people come to the track and place their bets through ADW," he added.

The problem is exacerbated at the thoroughbred tracks in South Florida, as both Calder and Gulfstream are owned by companies that operate ADWs. According to Stirling, the television sets at Calder urge patrons to place their bets through an ADW.

Most of the ADW firms have established themselves in Oregon through a hub network. At a time when handle across the country and especially in Florida has been decimated, the ADWs have flourished. Greyhound racing lobbyist Jack Cory said that the greyhounds are hurt much more by the Oregon hubs than horse racing. He noted that at least with horse racing, some of that Oregon-hub money is split with the horsemen. The dog owners get nothing, he said. And, like the thoroughbreds, some greyhound racetracks operate their own ADWs. These greyhound facilities encourage their patrons to place bets on live races through their ADWs, depriving the dog owners of revenues if the bet had been made at the track.

¹⁵¹ Ibid.

¹⁵² Interview with Kent Stirling, executive director of the Florida Horsemen's Benevolent and Protective Association, May 17, 2013

Cory argues the handle is better than that painted by PMW annual reports as those reports fail to capture the Oregon-hub betting and the out-of-state generated handle, which is sizable.

The Oregon hub opened for business in 2000. Its total handle that year was just under \$2 million. In 2012, it had mushroomed to \$2.24 billion. From 2007 to 2012, handle increased 47 percent. During the same time period, total pari-mutuel handle in Florida fell 41 percent and simulcasting handle (where patrons came to a Florida track and wagered on races held at other Florida tracks) fell by 59 percent.¹⁵³ Other Florida handle sectors sustained significant declines as well. Live handle at Florida pari-mutuels fell 46 percent from 2007 to 2012.

Kentucky, another major racing state, is looking to tax the ADW companies on bets made in that state. A bill that passed a House subcommittee in February places a tax of 0.5 percent on Internet and telephone wagers made by Kentucky residents. The state will get 15 percent of the revenue, and racetracks and purse accounts would get the remaining 85 percent. Kentucky expects the tax to generate as much as \$400,000 a year.¹⁵⁴

Florida pari-mutuels have also been adversely impacted by wagering through offshore outlets or tribal hubs that are not captured by regulatory agencies at all. With the Oregon hubs, there is some revenue going back to the host thoroughbred and harness track and also to the state. But with the offshore hubs, the pari-mutuels and the state receive nothing. ACRI says there is good evidence that such handle amounted to more than \$1 billion in recent seasons.¹⁵⁵

e. Impact of Slot Machine Casinos, Cardrooms on Purses

Florida voters approved a statewide slots referendum in November 2004 that made it possible for slot machine casinos to come to Broward and Miami-Dade counties. Voters in Broward County then approved a slots referendum in 2005 and Miami-Dade voters approved one in 2008.

As with handle, the source of Florida purse revenue has dramatically changed over the years. Before cardrooms and casinos, purses were funded exclusively through handle, and before simulcasting, all purses were funded through live handle.

Purses have received a significant boost with the introduction of cardrooms and slot machine casinos. At jai alai and greyhound facilities, 4 percent of cardroom gross receipts must be used to fund purses; the figure is 50 percent at horse race facilities. Unlike other racino states, Florida statutes do not mandate that a certain percentage of gross gaming revenue or a dollar

¹⁵³ Oregon Racing Commission, http://www.oregon.gov/Racing/docs/Hub_Data/2013_quarterly_hub_handle_report.pdf (accessed May 17, 2013) and review of Florida PMW Annual Reports

¹⁵⁴ Tom Lamarra, "Kentucky ADW Bill Clears House Committee," Bloodhorse.com, February 14, 2013, <http://www.bloodhorse.com/horse-racing/articles/76198/kentucky-adw-tax-clears-house-committee>

¹⁵⁵ Association of Racing Commissioners International, *Pari-Mutuel Racing 2010*, p.1.

amount from slot machines be used to fund purses and for breeding purposes. About the closest Florida comes is a requirement that a thoroughbred or quarter horse operator have a contract with horsemen before a casino can open. The horsemen at Pompano and greyhound owners say they need a similar-type law. Without one, they say the boost that casino revenue was supposed to generate for purses for greyhounds and harness will never be realized.¹⁵⁶

Spectrum's analysis shows that the percentage of GGR going into purses is much higher at thoroughbred than it is at harness and greyhound tracks. The two racino thoroughbred racetracks, Gulfstream and Calder, paid 14 percent and 12 percent, respectively, in FY 2012. The thoroughbred horsemen benefitted when the state's tax on GGR was lowered in FY 2010 from 50 percent to 35 percent, as the contract with the horsemen called for an increase if the tax rate was lowered. The GGR contribution nearly doubled. There was no such increase in GGR contribution at greyhound and harness racinos.¹⁵⁷ The two greyhound tracks and the one harness track put roughly 2 percent of GGR into purses in FY 2012.¹⁵⁸

Florida slot revenue accounts for much less on a percentage basis of total purse revenue than it does in other racino states. In Pennsylvania, for example, casino GGR accounted for anywhere from 75 percent to 91 percent of purses.¹⁵⁹ In Florida, our review of the FY 2012 PMW annual report showed that the figure ranged from 22 percent to 48 percent. In Iowa, the percentage figure of GGR for greyhound racing at Bluffs Run in Council Bluffs was 4.9 percent (\$10 million) in FY 2012 and 6.2 percent (\$3.7 million) at Dubuque Park.¹⁶⁰

FY 2006 was the last year in which Mardi Gras and Isle Pompano operated without a casino. Comparing FY 2012 with FY 2006, purses increased by 33 percent at Mardi Gras and decreased by one-half of 1 percent at Isle Pompano. The Flagler dog track significantly increased its purses after its casino opened. The year before, Flagler paid purses of \$1.7 million; in FY 2012, it paid \$3.6 million in purses, an increase of 119 percent.¹⁶¹

The percentage increases at racetracks in Pennsylvania ranged from 126 percent to more than 200 percent when we compared the increase from the year before a casino opened to the FY 2012 numbers.¹⁶²

¹⁵⁶ Interview May 5, 2013, with Joseph Pennachio, president of the Standardbred Breeders and Owners Association, and Jack Cory, lobbyist for greyhound owners.

¹⁵⁷ Florida PMW, *Annual Report, FY 2012*.

¹⁵⁸ Ibid.

¹⁵⁹ Pennsylvania Gaming Control Board, custom report, May 8, 2013.

¹⁶⁰ Interview May 13, 2013 Joseph Quilty, Iowa Greyhound Association, Spectrum review of Pennsylvania Racing Commission Racing Reports.

¹⁶¹ Florida PMW, review of *Annual Reports*.

¹⁶² Florida PMW, *Annual Report FY 2012 and Pennsylvania Gaming Control Board custom report*.

Nonetheless, purse enhancements from Florida slot machines in FY 2012 totaled more than \$20 million. Overall purses increased slightly, from \$126.7 million in FY 2006 to \$129.5 million in FY 2012, an increase of 2.2 percent. The return of quarter horse racing generated \$4.1 million in purses during FY 2012.¹⁶³

f. Pari-Mutuels by Sector

Next, we discuss the pari-mutuel industry by sector. Two sets of reports were used for this analysis. One involved 2012 audited financial statements for each pari-mutuel license holder. They included detailed breakdowns of expenses and revenues. They are not normally available to the public. PMW agreed to make them available to us. Pari-mutuel operators are required to supply those audited financial reports on a yearly basis. We also reviewed annual reports from 1990 to 2012 that appear on the PMW website. These reports provide details as to purses paid, paid attendance, total handle and other items as well. The two reports cover different fiscal periods, and, as a result, the numbers sometimes do not match up.

Please note that Chapter III(A)(1) provides yearly performance and other key performance indicators for each sector.

Thoroughbred Racing

Thoroughbred racing is the dominant pari-mutuel sector in Florida, with the three tracks accounting for 61 percent of total Florida handle in FY 2012. Calder had the highest FY 2012 handle at \$207 million. Overall handle fell from \$789.2 million in FY 1990 to \$530.7 million in FY 2012, a decline of 33 percent while live handle fell even more, from \$170.5 million to \$78.6 million, a decline of 54 percent.¹⁶⁴

On a national level, handle losses were also significant. From CY 2001 to CY 2010, (CY 2010 was the most recent year data were available), total handle fell from \$10 billion to \$5.4 billion, a decline of 46 percent and live handle fell from \$1.8 billion to \$1 billion, a decline of 44 percent.¹⁶⁵

A Florida thoroughbred operator must run a minimum of 40 performances a year.¹⁶⁶ From FY 1990 to FY 2012, Florida thoroughbred performances fell from 348 to 327, a decline of 6 percent; paid attendance fell from 653,206 to 97,738, a decline of 85 percent. Purses increased from \$78.1 million to \$81.1 million, a rise of 16 percent.¹⁶⁷

¹⁶³ Florida PMW, *Annual Report FY 2012*.

¹⁶⁴ Florida PMW, review of *Annual Reports*.

¹⁶⁵ Spectrum analysis of Association of Racing Commissioners International, *Pari-Mutuel Racing report 2010*.

¹⁶⁶ Chapter 550.002, Section 11.

¹⁶⁷ Florida PMW, review of *Annual Reports*.

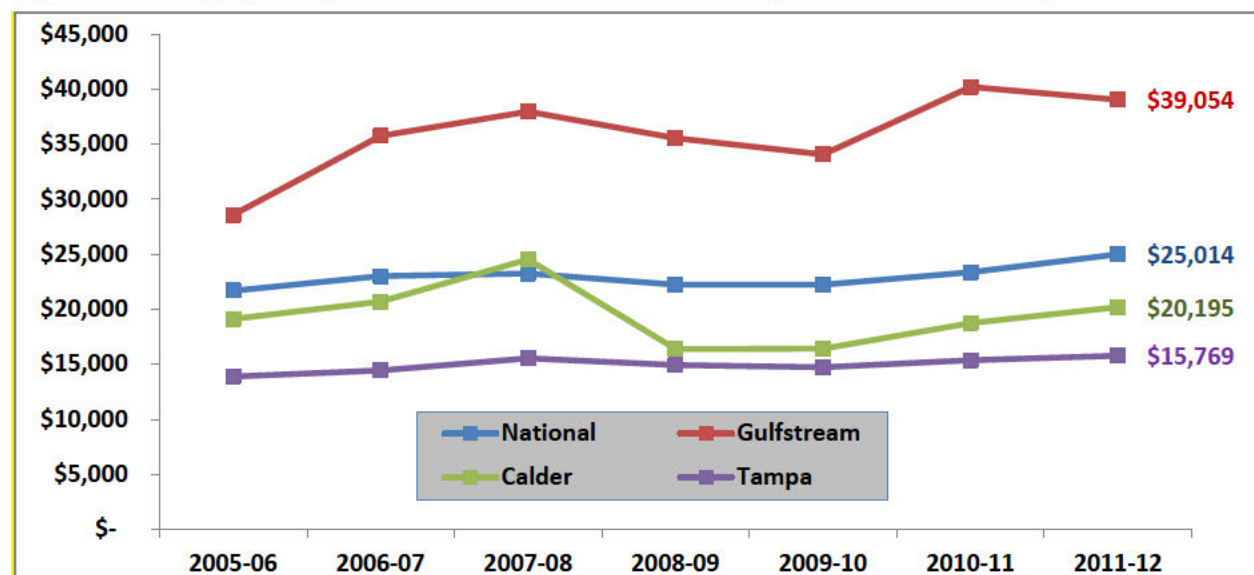
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The three thoroughbred tracks performed financially as a group much better than other sectors. They generated a combined operating profit of \$13 million for FY 2012. Much of the profit, \$10.6 million, came from pari-mutuel operations. Slot machines at Calder and at Gulfstream generated an operating profit of \$2.7 million. Cardrooms at the thoroughbred tracks had a gross operating profit of \$2.3 million.¹⁶⁸

Even Tampa Bay Downs, the one thoroughbred track in the state without a casino, generated operating income of nearly \$3 million. It currently ranks 12th out of 68 thoroughbred tracks in average daily handle although the figure has been declining in recent years. While its handle has held up well, its purses have not. It ranks 34th of 68 in average daily purses paid.¹⁶⁹ The Tampa Bay track is the only thoroughbred track in the country that competes with same-state racinos.

Average purses per race at Tampa Bay Downs in 2011-12 were \$15,769 – 42 percent below the combined Calder-Gulfstream average and 37 below the national average.¹⁷⁰ While Tampa Bay continues to be a top-tier thoroughbred track, officials are concerned how much longer that may be with purses declining.¹⁷¹ As General Manager Peter Berube put it, “Florida sunshine can go just so far.”

Figure 23: Average purse per race, Florida and national thoroughbred tracks, 2011-12



Source: Tampa Bay Downs

What has hurt Tampa Bay Downs is that it is unable to supplement its purses with casino revenue as other thoroughbred tracks in Florida and throughout the country have done. The

¹⁶⁸ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders*, FY 2012.

¹⁶⁹ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders*, FY 2012.

¹⁷⁰ Data from, and interviews with, Peter Berube, Tampa Bay Downs general manager, June 2013.

¹⁷¹ Ibid

competition is fierce for quality horses as the nationwide breeding program has collapsed, resulting in 23 percent fewer race-ready horses being available to compete. Tampa Bay Downs has seen its field size shrink by 12 percent in the past three years. Horse owners are taking their horses to tracks that offer higher purses, and that invariably means tracks that supplement their purses with casino revenue. “We are under siege,” Berube said.¹⁷²

Horsemen at thoroughbred racinos have much more leverage with regard to labor contracts than do other pari-mutuel sectors due to the law that says a contract must be negotiated with horsemen before a casino can open. Mike Couch, director of gaming at Gulfstream, said in an interview with Spectrum on May 16 that the law is unfair and results in Gulfstream paying out much more in GGR toward purses than the other sectors pay.

More than \$6.2 million, or 88 percent of Gulfstream’s operating profit, came from pari-mutuel operations.¹⁷³ No other pari-mutuel facility in the state comes close to that figure. In fact, most pari-mutuel facilities lose money on their pari-mutuel operations, and need cardroom and/or casino revenue to subsidize those losses. Couch said the reason Gulfstream is successful with its pari-mutuel operation is because it considers itself first to be a racetrack and then a casino, as noted earlier in this report.

The thoroughbred horsemen say that Gulfstream is a pari-mutuel success story that other pari-mutuel entities would do well to emulate. Gulfstream Park completed the 2013 winter race meet with a 20 percent increase in on-track wagering over the 2011-2012 race meet. Purses paid during the 2013 Gulfstream Park meet averaged more than \$411,000 daily. And \$658,000,000 was wagered on the Gulfstream Park signal outside of the state of Florida, or an average of over \$733,000 per race. California’s Santa Anita, at \$622,000, was the next-highest in the country followed by New York’s Aqueduct at \$508,000.¹⁷⁴

Harness Racing

Florida’s sole harness track, Isle Casino and Racing at Pompano, accounted for 5 percent of total Florida handle in FY 2012. The Pompano track must run at least 140 performances a year but it can seek a one-time, 10 percent reduction from the 140-performance minimum. The harness track stopped charging an admission fee in 2002. In 2001, the last year it levied an admission fee, paid attendance was 9,908. In 1990, it was 565,216.¹⁷⁵

Harness handle fell from \$112.1 million in FY 1990 to \$48.1 million in FY 2012, a decline of 57 percent while live handle fell from \$14.1 million to \$4.4 million, a decline of 69 percent. On a national level, total harness handle from CY 2001 to CY 2010 fell from \$866

¹⁷² Ibid

¹⁷³ Ibid.

¹⁷⁴ Florida Horsemen’s Benevolent and Protective Association, custom report, May 22, 2013.

¹⁷⁵ Florida PMW, review of *Annual Reports*.

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million to \$453 million, a decline of 48 percent and live handle fell from \$452 million to \$162 million, a decline of 64 percent. (CY 2010 was the most recent year available.)¹⁷⁶

The harness track is not required to have a contract with horsemen as thoroughbred tracks are required to do before a casino can open. The percentage of GGR to purses is much less than it is at thoroughbred tracks. In FY 2012, \$2.6 million of \$121 million in GGR went toward purses at Pompano. Gulfstream with a GGR of \$54.5 million put \$7.5 million of GGR into purses.¹⁷⁷

Joe Pennachio, president of the Florida Standardbred Breeders & Owners Association, told us in an interview on May 20, 2013, that track owners promised that 8 percent of GGR would go into purses when his group and others worked to support the 2004 statewide referendum that resulted in Pompano getting its casino. “It obviously never happened,” he said. “We feel we were hoodwinked. And even worse, the track operator has done everything possible to discourage people from coming to the track. What’s important to remember here is that if it were not for the pari-mutuel facilities, casinos would not be here.”

Purses have actually declined slightly, one-half of 1 percent, from FY 2006 (the last full fiscal year that Pompano did not have a casino) to FY 2012.

We toured the Pompano facility on May 20, 2013. Only the ground floor of the racetrack was open. The facility is in a state of disrepair. According to Pennachio, management will close the grandstand area later this summer, which will force patrons to watch live races from a row of seats set up outside the casino. That places spectators by the turn as horses approach the finish line, making it difficult from that angle for them to see who wins.

Michael Tanner, executive director of the United States Trotting Association, said closing the grandstand will adversely affect live handle and give little incentive to patrons to go to the track to watch live racing. “Pompano could become the only track in the world where you watch the race 1/16 of a mile from the finish line,” Tanner said.

Pompano General Manager Rob Wyre said all options are being considered. He noted that the track was built in 1963, and it is too expensive to rehabilitate. In addition, there are safety issues relating to some of the windows on the upper floors, he noted.

The purse figures for Pompano that appear on the PMW website are inaccurate. Pennachio disputed the purse numbers that appear in the PMW annual reports. We relayed his concerns to PMW. We received an email from Leon M. Biegalski, Director of PMW, on May 16, 2013, in which the director acknowledged that the PMW purse amounts were overstated by several million dollars. PMW will be amending its annual report as it relates to Pompano for FY 2009-2012. Biegalski said in his email that PMW relies on figures provided to it by pari-mutuel

¹⁷⁶ Association of Racing Commissioners International, *Pari-Mutuel Racing 2010 and 2000*.

¹⁷⁷ Florida PMW, review of *Annual Reports*.

operators. We have made the adjustments to the data, and our analysis reflects the adjusted numbers.

Quarter Horse Racing

Quarter horse racing involves American Quarter Horses that run a quarter-mile at speeds as high as 55 miles per hour. Quarter horse racing returned to Florida in November 2009 at Hialeah Park after an 18-year absence. Quarter horse racing accounted for less than 1 percent of total Florida handle in FY 2012. Quarter horse racing had 76 performances in FY 2012. It generated a live handle of \$1.7 million, total handle of \$2.1 million and purses of \$3.8 million. Almost all of the traditional quarter horse activity was at Hialeah, where the operator subsidized purses as part of its contract with horsemen.

Hialeah has already begun negotiations with the state to offer live thoroughbred racing, in addition to the quarter horse racing.¹⁷⁸ Obtaining the quarter horse permit made it possible for Hialeah to open a casino (scheduled for summer 2013) but Hialeah representatives say they want to do far more than just build a casino. Hialeah owner John Brunetti acknowledged that he is not “a fan of slot machine casinos” but noted that it afforded him an opportunity to bring back racing to Hialeah.¹⁷⁹

Eventually, Hialeah Park expects to convert the 200-acre property into a destination resort that will feature a \$112.5 million casino hotel, a \$75 million casino hotel, a \$119 million entertainment and convention complex, a \$210 million town center and retail district and a \$61.3 million parking garage. The total cost of the project is estimated to be \$842.9 million. Brunetti noted that racing will be integrated into the complex so that it will never become an afterthought, which he believes is the case at too many Florida pari-mutuel facilities.¹⁸⁰

Steve Fisch, president of the Florida Quarter Horse Owners Association, said that Hialeah purses will total \$140,000 a day or \$5.6 million in FY 2013, 47 percent higher than it was in FY 2012, when Hialeah operated without a casino. Hialeah owner Brunetti explained in an interview with Spectrum on June 5, 2013, that live handle was so low the first three years that he had to pay almost the entire amount of purses himself from FY 2009 thru FY 2012. In FY 2012, Hialeah paid out purses of \$3.8 million. During the three-year period ending June 30, 2012, Brunetti said he lost nearly \$30 million as he had no cardroom or slot machine revenue to help him offset the loss.

Florida state law allows quarter horse racing to be imported only into Florida simulcast parlors while there is live racing at Hialeah. That is not an issue for the thoroughbreds since they race year-round. But it is a problem for the new quarter horse industry as the live meet is only 40

¹⁷⁸ Interview with Hialeah owner John Brunetti and other Hialeah representatives, June 4, 2013

¹⁷⁹ Ibid

¹⁸⁰ Ibid

days. The lack of year-round simulcasting of quarter horses in Florida makes it difficult to attract new customers.¹⁸¹

Barrel Racing

Another major issue for the quarter horse industry is PMW's racing permit granted to Gretna in Gadsden County for barrel racing. Fisch said the permit jeopardizes the future of legitimate quarter horse racing in Florida.

Barrel racing is conducted on an obstacle-type course that is often performed at rodeo and horse shows. Each horse is timed as it races around three barrels in separate, cloverleaf-type courses. The winner is the horse with the fastest time. No other racing jurisdiction has ever sanctioned such a pari-mutuel event. Gretna held its first race on December 1, 2011. Fisch's organization sued, arguing that the PMW decision made a mockery out of the state's pari-mutuel laws. An administrative law judge ruled on May 6, 2013, that PMW had no authority to issue a permit for barrel racing and that it had improperly created "a new species of horseracing."¹⁸²

With the permit, Gretna was able to establish a cardroom. And Gadsden County voters have approved a referendum that would allow it to have a casino. The state Constitution will have to be amended for that to happen, according to the Attorney General, as currently state law only permits racinos in Broward and Miami-Dade counties.

The Daily Racing Form reported that barrel racing represents an effort by permit holders to exploit the gambling opportunities in Florida presented by "a convoluted set of laws and regulations" in Florida.¹⁸³ Wesley Cox, a spokesman for the North Florida Horsemen's Association that represents the barrel riders, told us in an interview on May 14, 2013, that the administrative law judge decision will be appealed. He said the law is vague in its definition of a race. He acknowledged that the Gretna operator could not financially afford to build a traditional quarter horse race track so he turned to barrel racing.

Marc Dunbar, an attorney for Gretna, said his client would have had to have spent \$10 million to build a traditional 5/8 mile quarter horse track because of wetlands problems. It was prepared to build a \$3.5 million facility but the Florida Quarter Horse Racing Association refused to endorse the project so it then embraced barrel racing. "We believe that we will ultimately prevail," Dunbar said.

Fisch notes that barrel racing requires substantially fewer horses and personnel than traditional quarter horse racing as conducted at Hialeah Park. The cost of erecting a barrel race course is minimal when compared with the several million dollars that would have to be invested

¹⁸¹ Interview Steve Fisch, President, Florida Quarter Horse Owners Association.

¹⁸² State of Florida Administrative Hearings, Case No. 11-5796RU, Administrative Law Judge John Laningham, p. 55.

¹⁸³ Matt Hegarty, "Ocala Breeders' Sales Company plans Quarter Horse race Dec. 11," *The Daily Racing Form*, October 25, 2012; <http://www.drf.com/news/ocala-breeders-sales-company-plans-quarter-horse-race-dec-11>.

to build a quarter horse track, he noted. Gretna offered purses of \$202,000 in FY 2012; Hialeah offered purses of \$3.8 million. Gretna had a live handle of \$31,000; Hialeah, \$1.6 million.¹⁸⁴ Another track, Hamilton Downs, has also received a license to operate barrel racing.

Greyhound Racing

Greyhound racing accounted for 30 percent of total handle in FY 2012. Total handle for the 13 facilities that ran greyhound racing fell from \$933.8 million in FY 1990 to \$265.4 million in FY 2012, a decline of 67 percent. Palm Beach Kennel Club had the highest handle at \$36.3 million; Melbourne Greyhound Park, the lowest at \$162,000. Live handle (live handle and total handle were the same in 1990) fell even more, from \$933.8 million to \$93 million, a decline of 90 percent. Purses fell from \$34.5 million to \$26.3 million, a decrease of 18 percent.¹⁸⁵

On a national level, from FY 2001 to FY 2010 (the most recent year for which data were available), total handle fell from \$2 billion to \$706 million, a decline of 65 percent and live handle fell from \$829 million to \$203 million, a decline of 76 percent. Performances fell from 4,242 to 3,336, a decline of 21 percent; paid attendance fell from 653,206 to 97,738, a decline of 85 percent.¹⁸⁶

Florida greyhound performances (a racing card of at least eight races) fell from 3,853 to 3,636, a decline of 6 percent. One of the reasons for the relatively small decline is because of the 90 percent rule. Pari-mutuel operators with cardrooms are required to conduct at least 90 percent of the live performances that were held the year before their cardrooms opened, which for many of them was 1996.¹⁸⁷

The Naples-Fort Myers greyhound track had to run 393 performances in FY 2012 to keep its cardroom license. Often, performances are run twice a day during the 190-day meet to comply with state law.¹⁸⁸ Track spokesman Isadore Havenick told us in an interview that his company does not want to eliminate racing but needs some relief from what he calls the “onerous” 90 percent rule. He noted that the situation was quite different in 1996 when greyhound racing was much more popular than it is today. Running so many races and performances results in the track sustaining a loss of more than \$2 million a year on its dog operations, he said, and forces it to offer lower purses, which adversely affects the amount of money wagered on simulcasting and the quality of dogs that race. Havenick said there is still a demand for greyhound racing in the Fort Myers-Naples region but not as “much as we are running.”

¹⁸⁴ Florida Quarter Horse Association, custom report, May 24, 2013.

¹⁸⁵ Florida PMW, Review of *Annual Reports*, FY 1990-2012.

¹⁸⁶ Association of Racing Commissioners International, Statistical Summaries, 2001-2010 .

¹⁸⁷ Florida Statute 849.086 (5 b).

¹⁸⁸ Florida PMW, *Annual Report FY 2012*.

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Repealing the 90 percent rule, or “decoupling,” could result in the closure of five to six greyhound tracks, according to operators we interviewed. Those facilities would still like to operate cardrooms, as they are profitable, but they cannot as current law states that a cardroom can only be operated at a licensed pari-mutuel facility that offers live racing. Top-tier tracks such as Naples-Fort Myers and the Palm Beach Kennel Club will benefit through higher simulcast revenue if other tracks were to close.

It is clear that pari-mutuel operations at greyhound tracks are loss leaders as the tracks sustained a combined operating loss from wagering on greyhounds of \$35 million. Only three tracks made a profit. Greyhound track cardrooms offset the loss with an operating profit of \$39 million.¹⁸⁹

“It is a dying sport,” said Michael Glenn, general manager of the Palm Beach Kennel Club, one of the country’s premiere greyhound tracks. “Decoupling (removing the requirement for minimum performances) will help us in the short run as we would run fewer races which, in turn, will lower our operating costs. Our simulcast revenue will also increase, but there just are not enough folks out there to come to the track and wager on these races. There is not any interest.” PBKC would shut down the dog track if it could, Glenn said.

Jamie Shelton, CFO of Jacksonville Greyhound Racing, agrees with Glenn. He said that no matter what efforts are made to prop up the sport, interest is not there. “We can see it by our live handle. The older folks are not being replaced,” he said. “There are just too many other things to do out there today. Watching a greyhound race is not at the top of most people’s agenda.”

Jacksonville has consolidated its operations. It has three greyhound permits, and runs all of them out of Orange Park. It shuttered its Jacksonville facility in March 2012, and, as the result of a declaratory statement from PMW, it was able to move its cardroom to a Jacksonville shopping center.¹⁹⁰ The track operator requested a ruling from PMW before it built its new facility in Jacksonville. In effect, PMW sanctioned a form of decoupling, allowing a pari-mutuel facility to open without having to operate a track oval and offer live racing. PMW based its decision on the fact that Section 550.475, Florida Statutes, “makes no reference to the existence of an actual track at the permitted location.” The Jacksonville permit was leased to Orange Park.

With the three permits, Orange Park operates year-round: 340 days and 417 performances in FY 2012. Shelton said the facility just about breaks even but he noted that it is just a matter of time before the losses on racing will become so large that Orange Park will have to close. Even slot machines would not help, as they would not compel people to bet on the dog races, he noted. Slot machines would prop up the business for a while but eventually the sport will die, he said.

¹⁸⁹ Florida PMW, *Independent Auditor’s Report for Pari-Mutuel Permitholders*, FY 2012.

¹⁹⁰ Petition for Declaratory Statement, Jacksonville Kennel Club, DS-2008-38, November 21, 2008.

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Shelton said the facility just about breaks even but he noted that it is just a matter of time before the losses on racing will become so large that Orange Park will have to close. Even slot machines won't help as that won't force people to bet on the dog races, he noted. Slot machines would prop up the business for a time but eventually the sport will die, he said.

Jack Cory, a lobbyist for greyhound owners, said the sport wouldn't be dying if track operators would reinvest in their properties. He noted that some of them have let them deteriorate to the point where going to those tracks is unpleasant. He noted that the intent of the 90 percent rule was to preserve live racing by making sure that live racing had to be offered in exchange for the right to operate a cardroom or casino. "Let's go back to the voters and see if they want to cut back on live racing," Cory said in an interview with Spectrum on May 29, 2013. "We might even agree to reduce the numbers but there is no way we would agree to no live racing at all."

As we have noted throughout this report, operators are looking for ways to reduce the costs of operating pari-mutuel events. Melbourne Greyhound track proposed running two-dog races with a two-kennel roster under the same ownership for its 2013 meet. The American Greyhound Association called the proposal "an affront to the greyhound owners and kennel operators in America who've raised, trained and invested in the development of greyhounds with the intent of competing in full fields (most preferably, eight entries per race), and to those fans who enjoy watching and wagering on such races."¹⁹¹ In light of the opposition, Melbourne withdrew its petition for two-dog races.

Grey2K USA, an organization calling for the end of dog racing on humane grounds, frames the issue this way: Should the state "force a business to conduct one activity so that it may offer another?"¹⁹² According to Grey2K, nearly two-thirds of the 1,199 licensed greyhound owners live out of state. As for humane issues, the organization claims that 8,000 greyhounds are kept in kennel compounds in rows of small stacked cages. Dogs are kept in cages 20 to 23 hours a day. Nine cases of severe neglect have been documented at Florida dog tracks and kennels since 2004.¹⁹³ As of May 21, 2013, Florida greyhound tracks must report to the state the death of any racing greyhound that occurred at a track or kennel.¹⁹⁴

Jai Alai

The object of Jai-Alai is to hurl the ball (pelota) against the front wall with the goal being that an opponent will be unable to return it. The game can involve doubles or singles. Games are

¹⁹¹ National Greyhound Association, "Two-dog race plan condemned," February 13, 2013. <http://ngagreyhounds.com/issue/january-february-2013/article/two-dog-race-plan-condemned>.

¹⁹² Grey2KUSA, "Decouple Live Greyhound Racing," <http://www.grey2kusa.org/pdf/DecoupleLiveGreyhoundRacingFL.pdf> (accessed May 23, 2013).

¹⁹³ Grey2K Florida Senate testimony, February 4, 2013 http://www.flsenate.gov/PublishedContent/Committees/2012-2014/GM/MeetingRecords/MeetingPacket_1997.pdf.

¹⁹⁴ Florida state statute 61D-2.

7 to 9 points. It used to be that as many as eight different teams would play. A losing team would go to the end of the bench.¹⁹⁵ Florida is the only state that continues to offer jai alai, which accounted for 3 percent of the state's total pari-mutuel handle in FY 2012.

Of all the pari-mutuel sectors, jai alai has sustained the steepest cuts in attendance and popularity. Since 1990, total handle has fallen 91 percent, live handle 96 percent, player awards 63 percent and performances, 63 percent. In 1990, 3.9 million people paid to watch the sport. In 2012, total paid attendance was 9,068.¹⁹⁶

The six jai alai operators suffered an operating loss for FY 2012 of \$25.6 million; \$21.6 million came from Ft. Pierce-Miami Jai Alai, whose auditor expressed concern whether the frontons could continue to stay in business. The slots at Miami Jai Alai may improve its fiscal situation.¹⁹⁷ From pari-mutuel operations, the jai alai sector sustained an operating loss of \$14 million. Cardrooms were able to generate an operating profit of \$1 million. Miami Jai Alai had the highest handle at \$6.6 million in FY 2012; Hamilton Jai Alai, the lowest at \$2.00.¹⁹⁸

The Miami fronton opened in 1926. Through the 1980s, business was brisk. The fronton was renovated and seating expanded from 7,000 to well over 13,000. But things changed as new forms of gambling became legal in 1960s and 1970s.¹⁹⁹

Like other pari-mutuel sectors, jai alai is required to offer a minimum number of performances to keep its cardroom open. And the number depends on when the cardroom opened. As noted in other pari-mutuel sectors, the 90 percent rule requires that live performances be equal to at least 90 percent of what was conducted the year before the cardroom opened. Performances in FY 2012 ranged from a high of 214 at Dania to 24 at Hamilton. A performance consists of eight games.

Last year, Ocala stretched the letter of the law when it hired two locals who played each other over and over to comply with the minimum-performance law. The operation drew protests from jai alai players in South Florida who picketed the fronton. They argued that having the same two players play was a gimmick to comply with the law. General Manager Brian Matthews told us in an interview on May 21 that he had no choice but to run jai alai the way he did because it loses so much money, adding, "We can't get anyone to watch it." According to the financial audited report submitted to the state for FY 2012, Ocala lost \$453,000 on jai alai. Part of that included a \$22,000 tax because Matthews elected to run only 41 performances instead of the 100

¹⁹⁵ Hamilton Jai Alai and Poker website, <http://www.hamiltondownsjaijai.com/> (accessed May 17, 2013).

¹⁹⁶ Florida PMW, *Annual Reports*, FY 1990-FY 2012.

¹⁹⁷ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders*, FY 2012.

¹⁹⁸ Florida PMW, *Annual Reports FY 2012*.

¹⁹⁹ Michael Mooney, "Echoes of a Dying Game," SB Nation, February 28, 2013
<http://www.sbnation.com/longform/2013/2/28/4036934/jai-alai-sport-in-america-miami>.

required by the state. “It was cheaper for me to pay the tax than it was to stay open,” he noted. “If this was just jai alai, we would have been closed long ago.

Glenn Richards operates Hamilton Jai Alai and Poker. He operates pretty much the same way as Ocala, and acknowledged to us in an interview on May 8, 2013, that he is not happy about it. “People call it a joke, and I cannot disagree,” he said. “It is either do this or shut the door. We cannot get anyone to watch this anymore.” Hardly anyone is betting on it any more either. The total handle in FY 2012: \$2.²⁰⁰

Richards relies on a four-person Jai Alai roster. One is a father and his son, who both at one time played professionally at South Florida frontons. Richards must hold 100 performances over a FY year to retain his cardroom license, which opened in 2004. He is hopeful he can stay open until next year when the law will allow him to reduce his performances to 40.

For now, his four players play several times a day over a one-week period from March to June to meet the 100-performance requirement.

g. Critical Issues to Address

The thoroughbred sector is clearly the healthiest of the sectors but it too has sustained steep declines in live handle. What’s keeping many of the other pari-mutuel facilities open is cardroom and slot revenue but eventually, if the downward trend continues, it is likely that even those revenues will not be enough to keep some greyhound tracks and frontons open. Many operators acknowledged to us that the prospect of possibly operating slot machines was enough for them to continue to stay in business and sustain significant losses. In FY 2012, the pari-mutuel operations at the greyhound tracks sustained operating losses of \$35 million, Jai Alai, \$14 million and harness, \$2.4 million. Only the thoroughbred tracks were able to realize an operating profit, \$10.6 million, from their pari-mutuel operations.

One area that Spectrum’s research indicates is in need of review is the law requiring a minimum number of performances. When the law was adopted in 1996, the intent was to assist pari-mutuels by providing a funding stream for purses. But operators say times have changed, and the current law prevents them from reacting to today’s business climate. Many track operators across the country have reduced racing dates, which, in turn, lets them increase average purses and lower operating costs. In Florida, a number of operators are forced to run well over 300 performances a year.

At the same time, horsemen and dog owners stress that some operators have done all they can to destroy their pari-mutuel operations in an effort to convince the Legislature to adopt “decoupling,” which would remove the requirement that a minimum number of performances be held.

²⁰⁰ Florida PMW, Annual Report, FY 2012,

Pennsylvania relies on a racing advocate to ensure that its racino operators do not ignore racing interests. Each year, the Pennsylvania Gaming Control Board compiles an annual benchmark report to measure the impact that slot machine revenues have had on the horse racing industry. Florida has no such review mechanism. Purses at the harness track, even with a casino, have actually declined, and horsemen say that casino operations overshadow the track. The track is considering shutting down the grandstand, which would make it the only track in the country where patrons watch the finish of a race one-sixteenth of a mile away from the finish line.

With respect to casinos, as we noted in this report, the thoroughbred and quarter horse sectors are treated differently when it comes to pari-mutuel requirements. This is true even within the horse racing sector itself. Thoroughbred and quarter horse operators, for example, must have a contract in place with horsemen before they can open a casino. There is no such requirement for harness of the other pari-mutuel sectors. Almost all racino states require that a certain amount of gross gaming revenue be set aside to enhance purses. There is no such requirement in Florida.

Another contentious issue that may come before the Legislature is how to define a race or a game. Jai alai and dog track operators have argued that the current law is vague enough that it allows them to run just two dogs in a race or have just two jai alai players play over and over. There is the barrel-racing issue that has drawn national attention. An administrative law judge recently ruled that PMW had no right to issue a barrel-racing permit for quarter horse racing.²⁰¹

15. Cardrooms

a. Nationally

Five states including Florida allow cardrooms that are not inside a casino. Typically, cardroom games are restricted to poker and poker variants, although Washington began allowing cardrooms in 1997 to offer blackjack.

It is difficult to compare cardroom performance in Florida with cardrooms in other states because Florida is the only state that restricts its cardrooms to pari-mutuel facilities that, for the most part, are racing-only operations. Other states such as Washington and California allow their cardrooms in standalone facilities. Montana does not provide any data. Minnesota has only one cardroom.²⁰² Because of the differences from state-to-state in cardroom operations, the American Gaming Association stopped collecting revenue numbers for cardrooms effective with its 2009 annual *State of the States* report.

²⁰¹ State of Florida Administrative Hearings, Case No. 11-5796RU, Administrative Law Judge John Laningham.

²⁰² 2008 *State of the States* p. 35.

We tracked performance data for California, as its cardroom business model is the closest to Florida's. California had 119 cardrooms in FY 2002. In FY 2007, the number fell to 92.²⁰³ Despite the drop-off, its gross receipts increased from \$563 million to \$794 million, an increase of 46 percent. During the same time period, Florida's gross receipts increased from \$2.8 to \$54.2 million, a nearly 17-fold increase.

b. Florida

The first Florida cardrooms, which are restricted to poker and dominoes, opened on January 1, 1997. While dominoes is a permitted game, most facilities do not offer it. Palm Beach Kennel Club said it stopped offering it after months went by and no one played the game. By the end of the first fiscal year, nine cardrooms were operating.²⁰⁴ Gross receipts, or the amount received by the cardroom from players, totaled \$2.2 million that first year. At that time, the winnings of any player in a single round, hand or game could not exceed \$10. Players at a five-handed seven-card stud table would simply put in \$2 each and all betting and raising would cease. The dealer simply dealt the rest of the hand face up. A cardroom could only operate two hours prior to post time and up to two hours after the last pari-mutuel event. The state established a 10 percent tax on gross receipts, a rate that continues to this day. Additionally, each operator must pay cardroom table fees annually in the amount of \$1,000 for each table to be operated.²⁰⁵

Poker in Florida began to increase in popularity in 2003, when the Legislature amended the law to enable the poker pot to exceed \$10, but players could still not bet more than \$2 with any given action. Up until then, poker gross receipts had not increased much at all but they soared from \$2.8 million in 2003 to \$18.5 million in FY 2004. With more venues added, the figure continued to rise by double-digit percentages through 2009 when it totaled \$102 million. In FY 2012, it reached \$131.5 million. The change that made Florida a major poker playing state was the removal of all betting limits as of July 1, 2010. Today, there are 24 cardrooms. In 2003, there were only 10. Other cardroom rule changes that increased the profitability of cardrooms included a provision that also took effect July 1, 2010, that increased their hours of operation to 18 hours during the week and 24 hours on weekends.²⁰⁶

The cardroom law was created to boost operations at pari-mutuel facilities. They had to be at a track or jai alai fronton. At jai alai and greyhound facilities, 4 percent of cardroom gross receipts are used to fund purses and player awards; the figure is 50 percent at horse race facilities.

²⁰³ *State of the States, 2004-2008.*

²⁰⁴ Florida PMW, *Annual Report, FY 1998*, p. 3.

²⁰⁵ Florida PMW, *Annual Report, FY 2012*.

²⁰⁶ *Ibid.*

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But with opening of Bestbet in Jacksonville in February 2012, Florida had its first off-track betting parlor. PMW made it possible for that to happen when it issued a declaratory statement to allow pari-mutuel businesses to operate a separate cardroom and simulcast parlor if the license holder closed an existing facility and opened a poker room in the same county and within 30 miles of the old one.²⁰⁷ Jacksonville Greyhound Racing Inc. closed its Jacksonville track in 2009 but retained its license and transferred its racing dates to nearby Orange Park, which it also owns. Jacksonville was then able to transfer its cardroom license to the off-site location in Jacksonville, and establish the biggest cardroom in the state of Florida, without having to build a track oval. Geographical constraints make it difficult for other such license transfers to occur.²⁰⁸ But we note that Palm Beach Kennel Club acquired an inactive jai alai permit and then converted it into a greyhound permit. At issue is whether it can now operate a cardroom from a remote location as Jacksonville Racing has done.²⁰⁹ The matter is currently before the courts.

Palm Beach Kennel Club had the highest cardroom receipts in FY 2012 at \$11.4 million; Hamilton Jai Alai and Poker the lowest at \$596,000.²¹⁰ Palm Beach Kennel Club Manager Noah Carbone, in a May 16, 2013, interview said the rule changes have made Florida one of the top poker venues in the country. He said before the rule changes, professional players from Florida would travel to Atlantic City and Nevada to play poker. Now, they stay here, he said. Further, many tourists are also playing now that the table limits have been removed.

Carbone said he would like to see the state remove the requirement that cash cannot be placed on a poker table. The law currently requires that players use only chips. He believes that relaxing the cash rule will increase profits for the cardrooms. The cardrooms have become so profitable that they have enticed new pari-mutuel operations to open and have resulted in still others continuing to remain open even though their pari-mutuel activity generate substantial losses, as we have noted throughout this report.

For example, the greyhound sector cardrooms generated an operating profit in FY 2012 of \$38.8 million while their pari-mutuel activities had an operating loss of \$35 million. Daytona Beach Kennel Club had the highest cardroom operating profit of \$6.4 million. All but one of the greyhound tracks had cardroom operating profits.²¹¹ The racing sector cardrooms also generated an operating profit of \$2.6 million.²¹²

²⁰⁷ Roger Bull, "Jacksonville Kennel Club to open poker room near Regency Square mall," *The Florida Times-Union*, June 28, 2011 <http://jacksonville.com/news/metro/2011-06-28/story/jacksonville-kennel-club-open-poker-room-near-regency-square-mall>.

²⁰⁸ Interview May 21 with Gene McGee, lobbyist for Jacksonville Racing Inc.

²⁰⁹ Interview May 18 with PBKC officials.

²¹⁰ Ibid.

²¹¹ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders, FY 2012*.

²¹² Ibid.

Some operators, such as Jamie Shelton, the CFO of Jacksonville Greyhound Racing, noted though that cardroom revenues have begun to level off across the state. In an interview with Spectrum on May 30, 2013, Shelton said that it is unrealistic to expect cardroom revenue to continue to subsidize pari-mutuel operations. At some point, he noted that there will come a point where the cardroom profits cannot cover the pari-mutuel losses. “It is just a matter of time,” he said.

FY 2013 data show that cardroom revenue has begun to decline at many facilities. We compared the 10-month period ending April 30 with the previous year: Calder was off by 17 percent, Tampa Bay Downs, 14 percent and Pensacola Greyhound track, 10 percent. Thirteen of the 24 cardrooms associated with live racing sustained declines.²¹³ Should these downward trends continue, the ramifications for the pari-mutuel operations could be ominous.

16. Charitable Bingo

Florida’s bingo statute authorizes the conduct, handling of proceeds and limitations of bingo games by charitable organizations. All charitable organizations must meet the state’s statutory requirements as well as be qualified as an exempt 501(c.) organization under the federal Internal Revenue Code.

Florida’s bingo laws require that all proceeds from the conduct of the bingo games be donated to charitable organizations, less actual business expenses for the operation, conduct and playing of bingo. The statute strictly prohibits the net proceeds from bingo games from being used for any other purpose. For more detail on the regulatory aspects of bingo, see Chapter II (D)(1)(c).

Bingo is not regulated by the State of Florida. However, municipalities and/or counties that permit bingo have their own ordinances that govern its operation. Most municipalities require a business tax license, or occupational license, to conduct bingo. The licenses are issued annually and require copies of IRS financial statements.

Spectrum interviewed charitable bingo owners/operators, a bingo industry publisher as well as bingo equipment distributor executives in an effort to assess the size and state of charitable bingo in Florida.

In Florida, charitable bingo is conducted by charitable organizations on the premises of the qualified organization (such as a VFW hall, Elks Club, church, etc.) or at “bingo halls” that lease their premises to a charitable organization. The state statute also provides for a condominium association, a cooperative association, a homeowners’ association or a mobile home owners’ association to conduct bingo provided that any net proceeds after paying prizes and deducting operating expenses are donated to a qualified charitable organization.

²¹³ Review of PMW pari-mutuel wagering reports.

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Bingo halls and charitable organizations that utilize “hall-for-hire” arrangements must meet all state statutory requirements, including a minimum one-year lease agreement at a reasonable rental cost. Lease arrangements vary and often include “rent per session” or percentage of sales agreements.

Some bingo halls have lease arrangements with one “lead” charitable organization while others lease the premises to multiple qualified organizations. For example, Bingo Magic of Lake Worth, in Greenacres, has a “lead” charity lease arrangement with the Department of Florida Jewish War Veterans of the United States of America, and Bingo at Four Corners, in Pompano Beach, has lease agreements with 20 qualified charities with each charitable organization arranging to conduct a bingo session at the bingo hall on a scheduled day or night.

All charitable bingo conducted in Florida is run by volunteers who are members of the charitable organizations. In the bingo halls we observed, the facility’s owner/operator and any other compensated employees are paid by revenues derived from the facility’s food concessions.

Since bingo is not regulated by the State, the statewide total net proceeds from bingo games that is donated to charity is not quantifiable. Several bingo publications and/or websites list the available bingo games throughout the state; however, most of the published lists we researched were not inclusive or current. Spectrum estimates that there are currently between 300 to 400 bingo active operations in Florida.

Based on our interviews with bingo owner/operators as well as others associated with charitable bingo in Florida, it is apparent that statewide participation in charitable bingo is trending significantly downward. The number of available bingo locations is dwindling and participation is rapidly decreasing. For example, daily attendance at Bingo at Four Corners is down from a highpoint of over 400 bingo players per day in the 1990s to an average of approximately 100 players per day currently. Historically, the amount of revenues received by charities from this bingo hall has gone from \$30,000 to \$50,000 per month in 1995 to approximately \$10,000 a month currently. In Palm Beach County, the number of bingo halls in has decreased from six to two since over the past decade. Moreover, the general increase in rent and fixed operating expenses paid by bingo hall operators for their premises continues to rise and has had a negative effect on net proceeds.

Based on our research, the downward trend in bingo in Florida is attributable to several factors including:

- Overall downturn in the national economy
- Competition from other forms of gaming including casinos, racinos and lottery
- Competition from high-stakes bingo conducted at tribal gaming locations
- Statutory-limited jackpot prizes of \$250 maximum
- Aging demographic of bingo players

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- Statutory limitations preventing more progressive games
- Weather-related (hurricanes) events
- Proliferation of adult arcades and Internet cafes

Charitable bingo in Florida, as currently sanctioned, is increasingly less competitive. As each new form of gambling has been introduced – legal and otherwise – bingo revenues continue to decline. Those associated with bingo in Florida said the downward trend in bingo participation is multifaceted but pointed to the fact that bingo is unable to compete with the costly marketing efforts and giveaways of Indian casinos, pari-mutuel operators and high-stakes tribal bingo facilities. Most bingo players live fairly close to the bingo location, and in the regions with other forms of gaming located nearby, the revenue impact is most pronounced.

Bingo distributors we interviewed agreed with the observation that an overall downward trend due to competition from various other forms of gaming and the outdated \$250 statutory limit on jackpot prizes. They pointed to Miami-Dade and Broward counties as prime examples of where competition from the opening of racinos has substantially adversely affected bingo participation. For example, the number of bingo locations in Broward County has shrunk from eight to one since racinos have opened.

Florida's bingo operators indicated that the state's players tend to be older and are dying at a significant rate. Many are senior citizen who no longer drive or feel comfortable going out in the evening. These one-time regular bingo players now have expanded gaming options nearby and choose to frequent these facilities, which may offer bus transportation to casinos and/or racinos. However, the introduction in the 1990s of hand-held "card-minders" that automatically mark dozens of cards instantly has allowed older and/or handicapped bingo players to keep up and has leveled the playing field for many seniors and disabled patrons.

In Florida, the downward trend in net bingo proceeds directly impacts the charitable organizations intended to benefit from this activity. However, those associated with bingo interviewed by Spectrum all emphasized that bingo and expanded gaming can coexist if bingo is allowed to offer the right jackpot prizes and game content. Most agree that bingo, unlike other gaming options, is an "a social thing" that people play with friends and relatives. Bingo is considered "social or soft gaming" that distinguishes it from harder forms of gaming such as casinos or pari-mutuel gaming.

Indeed, numerous published reports, including a recent *Wall Street Journal* article,²¹⁴ point to a renewal of bingo in the United States. Progressive approaches that include new technological advances, coupling bingo with other entertainment amenities, linked jackpots and higher prize offerings have resulted in more bingo participation by younger players and college

²¹⁴ Julie Jargon, "How Do You Spell Hipster? It Could Be B-I-N-G-O," *The Wall Street Journal*, Page A1, April 10, 2013 <http://online.wsj.com/article/SB10001424127887324883604578398973682460716.html>.

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students. Some of these innovative practices range from bingo being offered in bowling alleys and in venues that offer alcoholic beverages to specialized offering such as “hip-hop” and “cosmic” bingo. These newer, “hip” versions of bingo have given rise to younger patrons, particularly among the Hispanic population in South Texas, Arizona and California. Also noteworthy is a new approach in Illinois, where legislation has been introduced to allow bingo on hand-held devices in bars and restaurants.

The bingo equipment distributors we interviewed indicated that bingo participation across North America has been trending downward but provided several particular examples of upward trends in states where recent progressive statutory reforms have been implemented. For example, in Virginia and Minnesota, electronic pull-tab bingo and other newer game offerings have resulted in an increase in participation rates. Other progressive reforms, such as in Ontario, Canada, where new regulations provide for splitting proceeds between the bingo owner/operators and charities has resulted in significant upward trends in overall proceeds.

In several other states, the proliferation of Internet/sweepstakes cafes has adversely affected traditional bingo participation. Tim Stewart, President and CEO of Bingo King, a worldwide bingo equipment distributor, estimates that gross sales in states such as Ohio and California where Internet cafes have spread have declined more than 20 percent.

In Florida, the recent enactment of legislation that bans Internet cafes and adult arcade has adversely affected some bingo operators in the state who also had adult arcade games on their premises. The bingo halls we visited that previously had operational adult arcade games took the games out of play in order to comply with the new law.

The bingo operators with arcade games had previously offered prizes that were essentially free credits for regular bingo play. Many traditional bingo players would arrive well before the scheduled start of regular bingo and play the arcade games hoping to win free credits (such as “bingo bucks”) toward the cost of bingo cards for that day. It was also pointed out the extra time spent in the bingo hall usually resulted in the patron purchasing food or beverages at the hall’s concession. Now, bingo players have little incentive to arrive early because there are no “gaming activities” until the traditional bingo game starts. The loss of the adult arcade games in bingo halls have driven many bingo players to casinos and racinos where gaming is basically around the clock.

The legal challenges to the new Florida Internet cafes and adult arcades prohibition are currently ongoing and the final remedy is unclear at this time. Local law enforcement authorities now have enhanced tools to enforce the new law and recent published reports have documented considerable law enforcement efforts throughout every part of the state.

Gale Fontaine, President of the Florida Arcade and Bingo Association, said her trade group currently has about 215 members and has been losing bingo members steadily over the past decade. With all the recent developments regarding arcade games, she said the organization has over 50 new arcade members that joined this year. The connection between bingo and adult

arcades is quite prominent with many bingo hall owners/operators also in the arcade business or having arcade games within the bingo hall itself.

Michael Wolf, the Bingo Association's legal counsel, said the group has filed a lawsuit seeking to halt enforcement of the new law in regard to adult arcades. He said the same types of games are in bowling alleys and children's arcades and the law is being enforced discriminatorily against the adult arcades.

In regard to the new law's effect on traditional bingo, Dennis Conroy of *Bingo Bugle*, a monthly publication distributed in metro markets throughout the United States (including several Florida editions), pointed out that the new law may be a positive development for bingo in Florida. He said he it is likely that there will be an increase in applications for traditional bingo game operations due to the new law and the end result would be an increase in overall bingo revenues.

Florida also has one of the nation's most prominent high-stakes Indian bingo markets. In fact, most point to Florida's Seminole Classic Casino in Hollywood to be the birthplace of high-stakes Indian bingo. The Seminole Classic Casino is located across the street from the Seminole Hard Rock Casino. The one-story building started as a high stakes bingo hall about 30 years ago; however, the facility has slowly been transformed mostly into a slots-heavy casino with only about 15 percent of the gaming floor still devoted to bingo. On a recent tour of the Seminole Classic Casino, Spectrum observed that the bingo parlor that once had over 1,500 seats is now down to about 400 seats. Seminole Gaming advised Spectrum that its bingo revenue for 2012 was \$4.1 million, continuing a steady decline from \$24.6 million in 2001.

The Miccosukee Tribe of Indians of Florida, located in Miami, operates a 1,000-plus seat High Stakes Bingo Hall within its Resort & Gaming complex. The facility operates daily bingo games from 9 a.m. to 11 p.m. and has extensive bus service to the facility from throughout the greater Miami-Dade area. The bingo hall advertises over \$35,000 in daily bingo jackpots and has a large email promotion system that caters to regular bingo players.

Most observers agree that Florida's state-sanctioned model of charitable bingo is good for Florida, in that it provides needed funding for the state's many charitable organizations. Many of the bingo hall owner/operators have a genuine connection to the charitable organizations they help support. As Chris Thomas, owner/operator of Bingo Magic in Lake Worth, said for the system to work you have to be "in your community" through the charitable organizations that bingo helps to support.

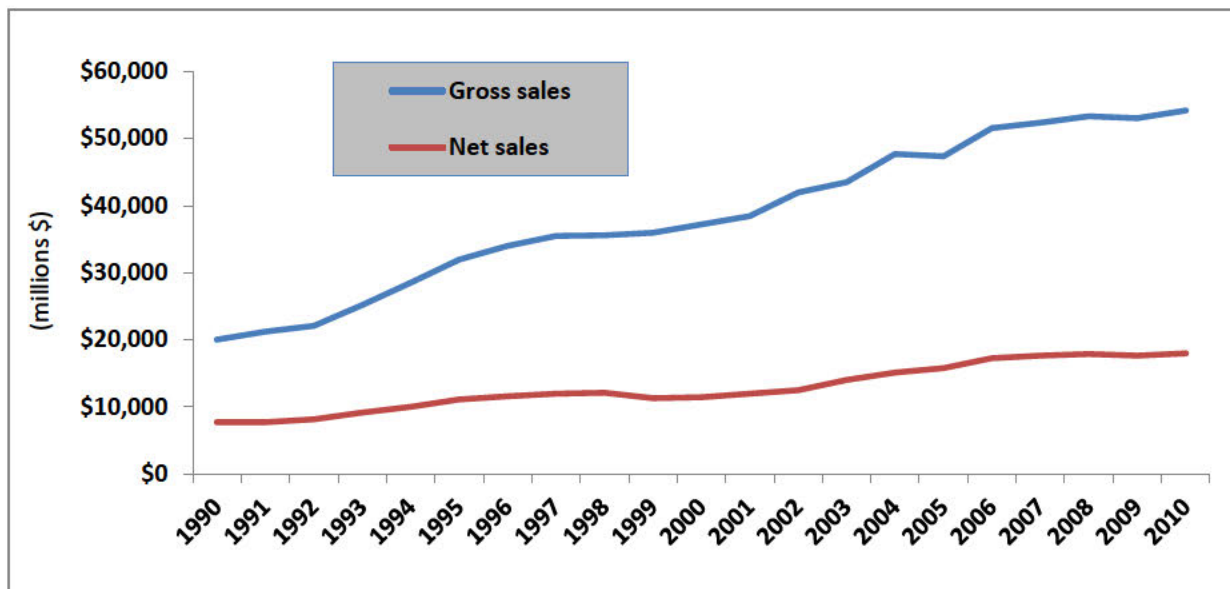
Unlike the other forms of gaming available in Florida, bingo is distinctive in that it is truly a "social thing" that players often enjoy with friends and relatives. Its traditional role in charitable organizations is well documented in the state. Policymakers and stakeholders need to closely exam the role bingo plays in Florida so it can fulfill the intent of the original enabling legislation.

17. Lottery

a. Nationally

The first modern state lottery began in New Hampshire in 1964.²¹⁵ A large number of states began introducing lotteries in the 1980s, and currently, the only states without a lottery are Alaska, Alabama, Hawaii, Mississippi, Nevada, Utah, and Wyoming (although Wyoming in March 2013 enacted lottery legislation). By 2012, the Florida Lottery ranked third in the nation, behind New York and Massachusetts, in total sales revenue (FY 2011).²¹⁶ Each of these states had net receipts (total sales minus prizes paid and administrative costs) of over \$1 billion.²¹⁷ The following chart shows the trend in US lottery sales between 1990 and 2010, in nominal dollars. Gross sales (handle) represents total lottery sales for all states; net sales represents gross sales minus prizes paid out and administrative costs, or the net amount of revenue for the states. As the chart shows, the net revenue to states has increased modestly over this period.

Figure 24: US lottery sales, 1990-2010



Source: US Census Bureau, *Statistical Abstract*, various years. For fiscal years.

As shown in the chart, lotteries raised almost \$2 billion for state governments in 2010. Lotteries are very popular among politicians because they are often viewed as a “voluntary tax.” That is, even though lotteries represent a relatively high tax rate on spending, citizens can easily avoid the tax simply by not purchasing lottery tickets.

²¹⁵ Charles T. Clotfelter and Philip J. Cook, “On the Economics of State Lotteries,” *Journal of Economic Perspectives*, vol. 4, 1990, p. 107.

²¹⁶ Teresa Markle La Fleur, Byron la Fleur, *La Fleur’s 2012 World Lottery Almanac*, p. 259.

²¹⁷ Douglas M. Walker, *Casinonomics*, 2013), p. 68.

Lotteries are, by far, the most profitable form of legalized gambling. For each \$1 ticket sold, the state keeps approximately 50 cents as “net revenue.”²¹⁸ Roughly 10 to 20 cents is directed to administrative costs, and the remainder is paid out in prizes. Based on the data in the chart above the proportion of net revenue to states was roughly 40 percent in 2010 (over \$5 billion in gross sales and about \$2 billion in net revenue).

Despite the benefits touted by the lottery’s proponents, the lottery – like other forms of gambling – has its critics. A long-running criticism of lotteries is that the revenues tend to come disproportionately from lower-income individuals. As such, the lottery is a “regressive tax.”²¹⁹ In addition, studies have found that the benefits from lottery funded educational initiatives tend to accrue to higher-income individuals.²²⁰ When combined with the tax effect, this compounds the regressivity of the lottery. While critics have termed state lotteries “a tax on the stupid”²²¹ due to their unfavorable odds, lottery play remains the most broadly popular and regionally widespread gambling activity both nationally, where 53 percent report playing the lottery within the past year,²²² and within Florida, where 60 percent of residents report having played the lottery at least once in their lifetimes and 44 percent say they have played within the past year.²²³

Another criticism of lotteries is that, despite the fact that they are often earmarked for programs such as education, it is not clear that the overall level of funding for such programs actually increases. For example, politicians could reduce other types of education funding as lottery contributions to education increase. Thus, the lottery may result in a net increase or decrease to educational funding in a state.

A variety of research has examined the demographics of lottery players. Clotfelter and Cook have provided what is regarded as the most important economic research on lotteries. They find that “the most active 10 percent of [lottery] players account for 50 percent of the total amount wagered, while the top 20 percent wager about 65% of the total.”²²⁴ In addition, Clotfelter and Cook (p. 112) summarize:

- Men play more than women

²¹⁸ Thomas A. Garrett, “The Leviathan Lottery? Testing the Revenue Maximization Objective of State Lotteries as Evidence for Leviathan,” *Public Choice*, vol. 109, 2001, p. 104.

²¹⁹ Charles T. Clotfelter and Philip J. Cook, “On the Economics of State Lotteries,” *Journal of Economic Perspectives*, vol. 4, 1990, p. 112.

²²⁰ Ross Rubenstein and Benjamin Scafidi, “Who Pays and Who Benefits: Examining the Distributional Consequences of the Georgia Lottery for Education,” *National Tax Journal*, vol. 55, 2002.

²²¹ James Walsh, *True Odds: How Risk Affects Your Everyday Life*, 1996.

²²² *2013 State of the States*.

²²³ Robert J. Rotunda, Terry L. Schell, “Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication,” University of West Florida, January, 2012.

²²⁴ Charles T. Clotfelter and Philip J. Cook, “On the Economics of State Lotteries,” *Journal of Economic Perspectives*, vol. 4, 1990, p. 111.

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- Adults play more in their middle years than when young
- Catholics play more than Protestants
- Lottery play falls with formal education
- 46 percent of laborers play; 25 percent of advanced professionals play
- Retirees and students play least of all
- Hispanics in the west and blacks in the east play more than non-Hispanic whites

The Ipsos Reid study for the Florida Lottery discusses demographics specific to Florida lottery players. The study includes a variety of survey questions aimed at understanding people's opinions of the lottery and attitudes toward gambling in general. While 42 percent of respondents agreed that "lotteries are an innocent form of entertainment," 19 percent indicated that they were "morally opposed to gambling."²²⁵ This finding reflects the general differences in opinion that exist across the states.

Overall, state lotteries are the most common forms of legal gambling in the United States. In aggregate, lotteries generate far more income for states than any other form of gambling. Lotteries also provide employment and economic benefits, both from direct employment of approximately 440 employees²²⁶, as well as assistance to a large and diverse network of retailers throughout the state. The Florida Lottery provides local sales through a network of 13,138 retail agents who receive a 5 percent commission on ticket sales.²²⁷ This sales network operates through a wide variety of establishments including convenience stores, gas stations, bars, restaurants, grocery stores, drug stores, liquor stores, newsstands, etc. Spectrum research in Massachusetts demonstrates the importance of lottery sales to the continued operation of these many small businesses providing entry level employment throughout the state.²²⁸

b. Florida

Florida is one of many states that has adopted lotteries that earmark the revenues for special purposes, such as education. The Florida Lottery contributed over \$1.3 billion to the state's Educational Enhancement Trust Fund during the 2012 fiscal year and \$24 billion since the lottery's inception in Florida in 1988. Lottery revenues are used for scholarships for college

²²⁵ Ipsos Reid, "2012 General Population Segmentation: Final Report, April 30, 2012. http://flalottery.com/exptkt/FloridaSegmentationFinalReport_30April2012.pdf.

²²⁶ Florida Lottery, Lottery Insider, <http://www.lotteryinsider.com/lottery/florida.htm>.

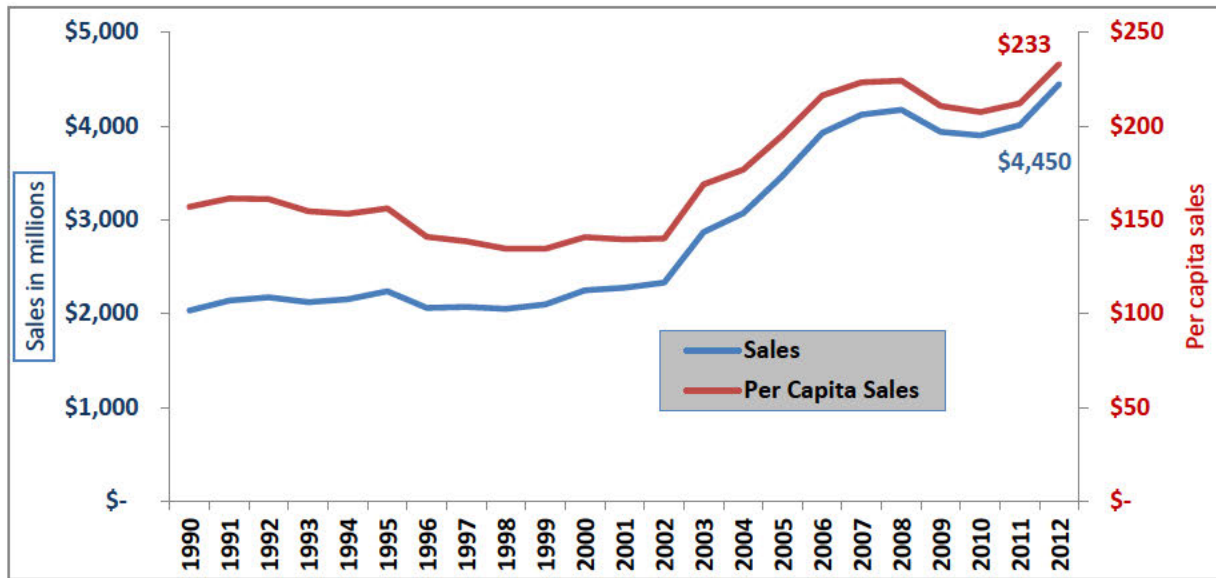
²²⁷ Teresa Markle La Fleur, Byron La Fleur, *La Fleur's 2012 Lottery Almanac*, p.66.

²²⁸ Spectrum Gaming Group, *Facing The Lottery's Future*, December 4, 2012, Amended January 8, 2013.

students, construction and renovation on college campuses and at K-12 schools in the state.²²⁹ Many states have similar programs that use earmarked lottery funds.

As noted above, the Florida Lottery is one of the highest selling in the country. The following chart illustrates Florida lottery gross sales and per capita sales from 1990 through 2012.

Figure 25: Florida lottery sales, 1990-2012



Data source: Florida Lottery, Florida Office of Economic & Demographic Research; for fiscal years

In Florida, as in other states, the lottery has been criticized as being a regressive form of raising government revenue, disproportionately targeting the poor. For example, a 2005 report from the Brookings Institution notes:

“A number of studies have investigated the demographic predictors of lottery gambling and have tended to find that, on average, state lottery products are disproportionately consumed by the poor. ... The data reveal the following general trends. First, lottery gambling extends across races, sexes, and income and education groups. Second, black respondents spend nearly twice as much on lottery tickets as do white or Hispanic respondents.

“The average reported expenditure among blacks is \$200 per year, \$476 among those who played the lottery last year. Black men have the highest average expenditures. Third, average annual lottery spending in dollar amounts is roughly equal across the lowest, middle, and highest income groups. This implies that on average, low-income households spend a larger percentage of their wealth on lottery tickets than other households. Interestingly, the regressivity of the state lottery appears to vary across lottery products.

²²⁹ Florida Lottery, “Dollars to Education” <http://www.flalottery.com/education.do> (accessed May 9, 2013).

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“Low-income lottery players are more likely than other lottery players to bet on instant games. Among NORC survey respondents who report playing the lottery, 38 percent of those in the lowest-income third report that they purchased an instant ticket the last time they played the lottery, compared to 27 and 19 percent of players in the middle and highest-income third. Higher-income players are more likely to have purchased a ticket on a jackpot lotto game - 56 percent of those in the highest-income third, 49 percent in the middle group, and 39 percent in the lowest-income third.

“The NORC survey also asks respondents about their favorite state lottery game. Instant games are the most common reported favorite among those in the lowest-income third, while jackpot lotto games are by far the most common stated favorite among those in the higher income categories.”²³⁰

Spectrum has asked the Florida Lottery for Zip Code and other information related to examining both the proportion of lottery purchases in poor neighborhoods, as well as the proportion of tickets sold to non-Florida residents. As of this writing, Spectrum has not received a response.

18. Retail Gaming

Seven states currently authorize what Spectrum terms “retail gaming,” which is the placement of a small number of electronic gaming devices (typically 5 to 10) in authorized retail locations – often liquor-licensed establishments. Electronic gaming device (“EGD”) is a catchall term for slot machines, video lottery terminals, video poker machines, electronic bingo game, or any other slot-like gambling machine. At year end 2012, EGDs operated in 12,042 locations in the seven states.²³¹ In the five states where full-year data were reported for fiscal year 2012, the retail EGDs generated \$2.3 billion in gross gaming revenue.

In Illinois, Louisiana, Montana and Nevada, the retail gaming programs are regulated by their respective gambling control boards/agencies. In Oregon, South Dakota and West Virginia, the respective state lottery operates the retail gaming programs. The states use a variety of taxes, revenue sharing, franchise fees and/or device fees to collect revenue from the EGDs. The host establishments receive a share of the revenue based on a formula established by the state.

Retail gaming programs are seen as successful from a revenue standpoint because of their wide geographic distribution and convenience. However, they are controversial because they

²³⁰ Melissa Schettini Kearney, “The Economic Winners and Losers of Legalized Gambling,” Brookings Institution, February 2005, p. 16 <https://www.documentcloud.org/documents/266971-the-economic-winners-and-losers-of-legalized.html>

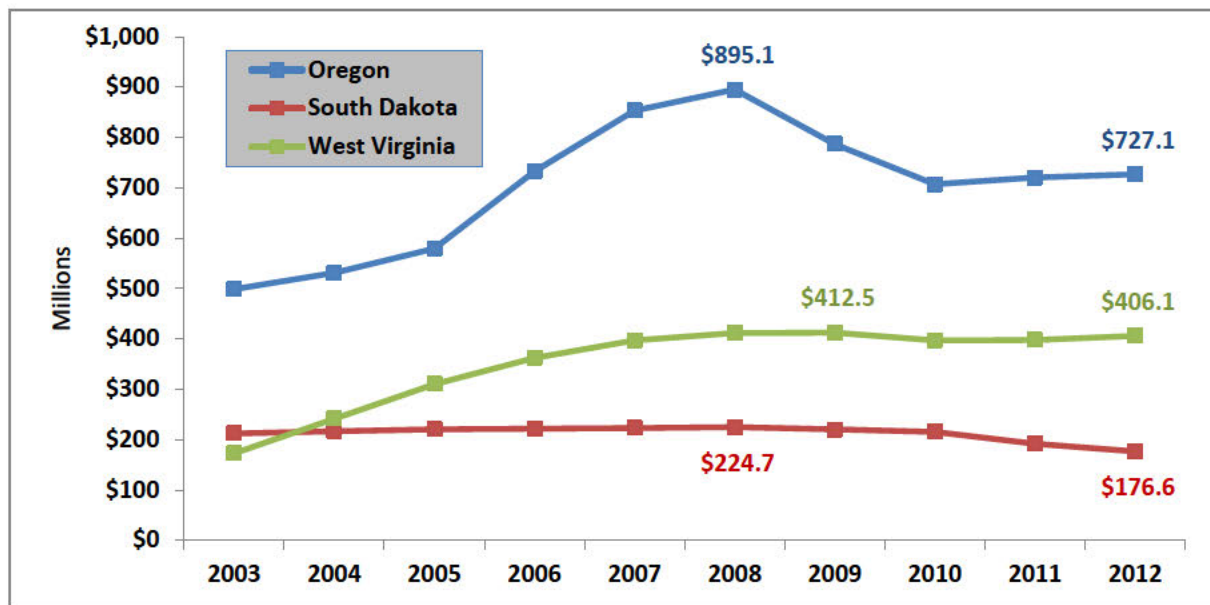
²³¹ 2013 *State of the States*, p. 4.

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EGDs may be too convenient for those with, or susceptible to, gambling problems and because they may be in plain view of children.

Following are the revenue results – in net sales (i.e., gaming revenue) – for the three retail gaming programs operated by state lotteries:

Figure 26: Oregon, South Dakota and West Virginia lottery retail gaming revenue, 2003-2012



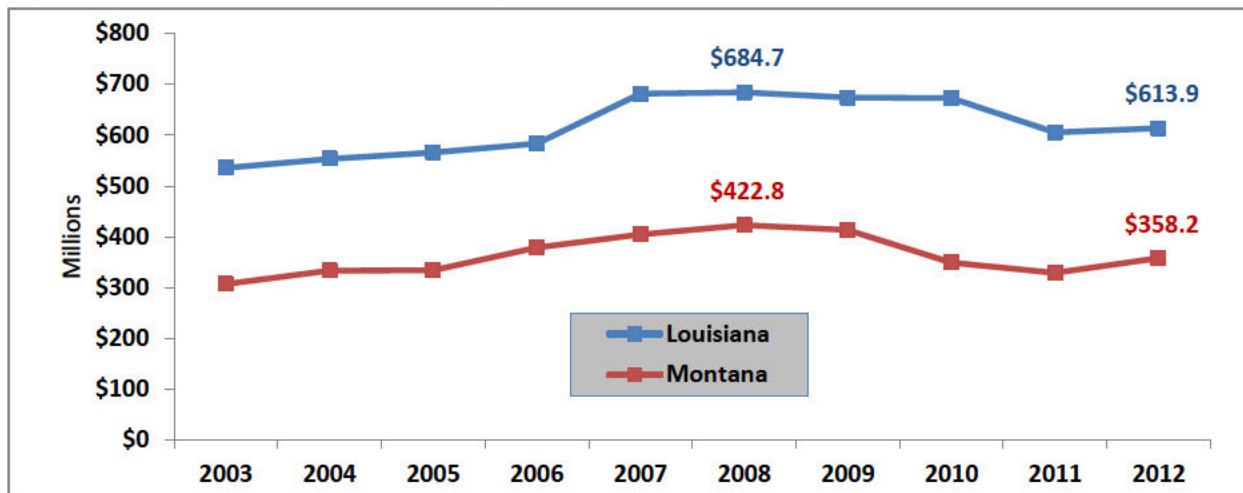
Sources: Oregon, South Dakota and West Virginia lotteries; for fiscal years

Retail gaming is a crucial part of the three lotteries' total revenue: In FY 2012, Oregon Video Lottery net sales accounted for 69 percent of total lottery sales; the Video Lottery accounted for 88 percent of sales in South Dakota; and the Limited Video Lottery ("LVL") net sales accounted for 26 percent of total lottery sales – but 52 percent when excluding the racetrack casinos, which are also overseen by the Lottery.

The Oregon Video Lottery permits six EGDs in authorized liquor-licensed establishments and 10 at racetracks. The South Dakota Lottery permits 10 EGDs in liquor-licensed establishments. The West Virginia LVL permits six EGDs in liquor-licensed establishments and 10 in fraternal organizations.

As noted, four states authorize retail gaming that is independent of the lottery. Nevada does not report retail gaming revenue, and Illinois, which launched its program in September 2012, has yet to report a full year of results. The following chart provides the retail gaming revenue for Louisiana and Montana:

Figure 27: Louisiana and Montana retail gaming revenue, 2003-2012



Source: Louisiana and Montana gaming control boards/agencies; for fiscal years

In some states, enterprising businesses have attempted to create a casino-like environment by putting multiple authorized EGD locations side by side. In Oregon, residents and legislators have become concerned about a concentration of 12 such establishments that form “lottery row” on Hayden Island, near Portland. “For years they’ve watched a group of legitimate restaurants morph into ‘lottery row,’ a strip of 12, gaming-focused establishments where food takes a back seat to lottery games and cigarette and alcohol sales.”²³² Oregon House Speaker Tina Kotek this year sponsored bills “that would give state and local governments dramatic new powers to shut down lottery outlets and bars that either gain most of their profits from video machines or become known for violent crime, drug dealing and excess noise.”²³³

Other states have considered retail gaming programs over the years, and Spectrum believes that states will continue to consider implementing retail gaming as other forms of gambling within their borders become saturated or difficult to legalize.

Key issues in considering the authorization of retail gaming include:

- Whether the easy accessibility could exacerbate problem gambling.
- Whether the devices would be in sight of minors who patronize a host establishment.
- Whether the EGDs would cannibalize existing casino or lottery play.
- The types of EGDs that would be allowed.
- The tax scheme/distribution of revenue.
- Which state agency would be responsible for directing and/or regulating the program.

²³² Casey Parks, “Jantzen Beach’s ‘Lottery Row’ will remain after Oregon lottery commission pulls proposed limits,” *The Oregonian*, August 5, 2012 http://www.oregonlive.com/portland/index.ssf/2012/08/jantzen_beachs_lottery_row_wil.html.

²³³ Harry Esteve, “Lottery ‘casinos,’ problem bars under assault by Oregon House speaker,” *The Oregonian*, March 20, 2013 http://www.oregonlive.com/politics/index.ssf/2013/03/lottery_casinos_problem_bars_u.html.

19. Sports Betting

The 1992 federal Professional and Amateur Sports Protection Act (“PASPA”) outlawed sports betting while grandfathering the four states that already had authorized it in some form. The four states are Delaware, Montana, Nevada and Oregon.

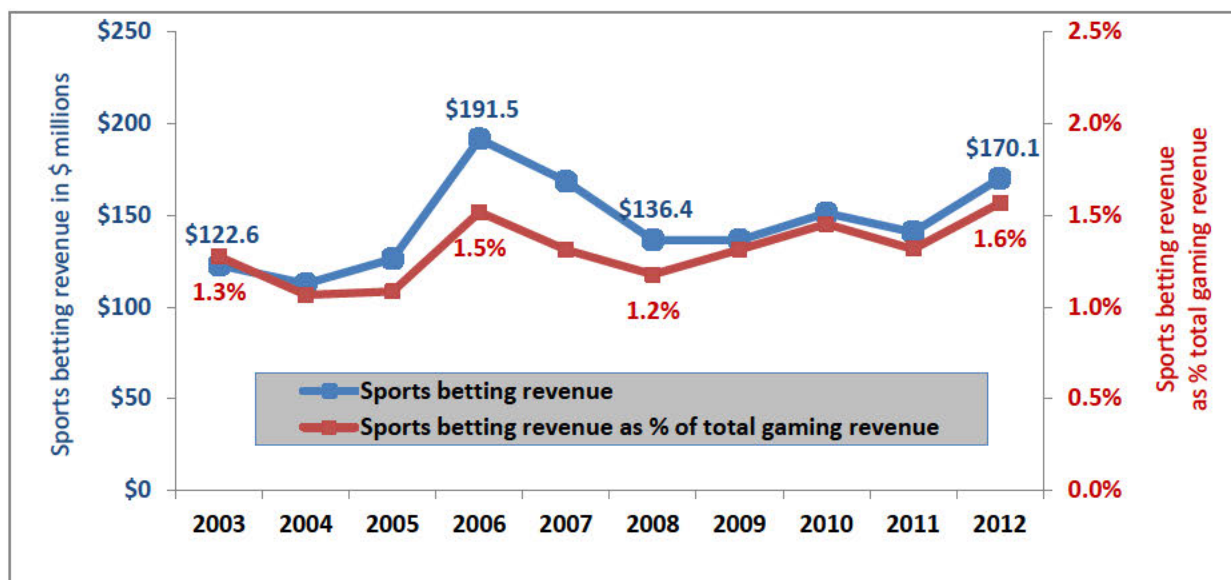
Only Nevada offers traditional sports betting; i.e., the opportunity to wager on a single-event outcome, covering both professional and amateur sports, based on odds posted by the casino. A sports book operator sets the initial “line,” or odds of winning, and then typically adjusts the line based on wagering patterns and/or event information, with the goal of attracting the same amount wagered on both sides of the bet. The casino makes its money by effectively charging a commission on the bets, although it can incur a significant win or loss if a lopsided amount is wagered on the winning or losing team.

The Nevada Gaming Control Board regulates sports betting, as it does all casino games in the state.

Over the last 10 years, the Nevada casino industry has retained between 4 percent and 8 percent of sports betting wagers as net gaming revenue. Nevada casino operators generally describe their sports betting operations as “marginally profitable.” At large casino hotels, sports betting attracts many guests who otherwise might not visit the property – and who spend on food, beverage, lodging and other amenities. Further, sports bettors often are accompanied by a non-sports-betting partner who will play other casino games.

Over the last 10 years, Nevada sports betting revenue has accounted for between 1.1 percent and 1.6 percent of all gaming revenue. At the major casino hotels on the Las Vegas Strip over the same period, sports betting accounted for between 0.74 percent and 1.52 percent of all gaming revenue.

Figure 28: Nevada sports betting revenue performance, 2003-2012



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Source: Nevada Gaming Control Board data

In 2012, 45 percent of the \$3.4 billion wagers made in Nevada casinos were on football, followed by basketball at 28 percent, baseball at 20 percent and other sports at 6 percent, according to the Nevada Gaming Control Board. Nevada's sports books do a particularly brisk business leading up to the Super Bowl and NCAA basketball tournament. The Nevada Gaming Control Board reported that the state's sports books took 2013 Super Bowl wagers of \$98.9 million and won \$7.2 million.²³⁴

The Nevada legislature in May 2013 defeated two bills that would have expanded sports betting:

- One would have allowed “entities” – as opposed to individuals – to place wagers. Such entities could be investment funds or other groups so long as they were based in Nevada.
- Another would have allowed wagering on the outcome of federal elections.

In Delaware, sports betting is restricted to parlay bets on National Football League games only. The parlay requires a bettor to wager on three or more individual games in one wager. “To win the bet, the player must win all the wagers in the parlay. If the player loses one wager, he loses the entire bet. However, if the player wins all the wagers in the parlay, he wins a higher payoff than if he had placed the wagers separately.”²³⁵

Delaware in 2009 passed legislation allow sports betting on all major sports, but a federal appeals court ruled later that year that the activity is restricted to the state's pre-PASPA structure of allowing only NFL parlay bets. As such, the sports betting takes place only during the NFL season.

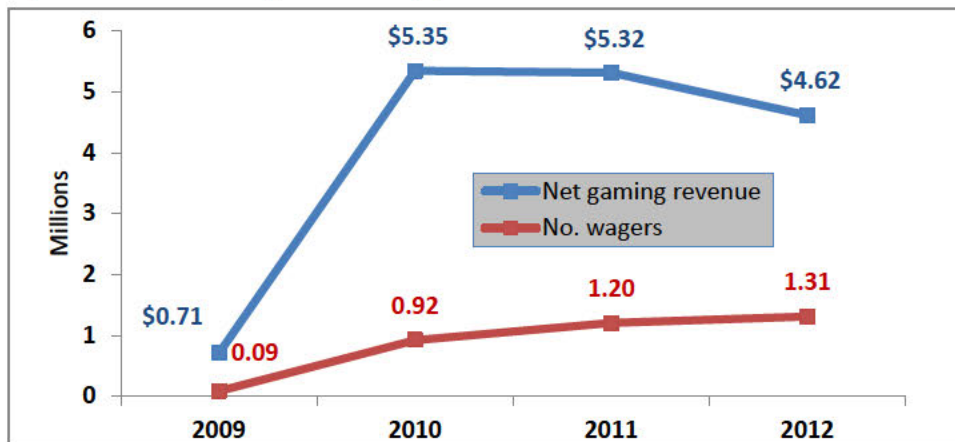
The Delaware Lottery is the state's regulator and provider of sports betting, which is offered at both the state's three racetrack casinos (also overseen by the Lottery) and, effective in 2012, at 31 authorized retail locations.

In 2012, Delaware reported \$19.7 million in sports betting wagers on 1.3 million wagers, resulting in net gaming revenue of \$4.6 million. Of the net gaming revenue, 86 percent was generated in the three racetrack casinos and 14 percent in the 31 retail locations. The following chart shows the Delaware sports betting results since its inception:

²³⁴ Nevada Gaming Control Board press release, February 4, 2013
<http://gaming.nv.gov/modules/showdocument.aspx?documentid=7577>.

²³⁵ Delaware Sports Lottery rules <http://www.delottery.com/games/sports/> (accessed May 3, 2013).

Figure 29: Delaware Sports Lottery performance, 2009-2012



Source: Delaware Lottery

Note in the chart above that revenue has declined despite an increase in wagers. This is because bettors were luckier/more skillful or, from the operator's perspective, the lines may have been poorly set. Delaware operators say their sports books are barely profitable or break-even enterprises. As in Nevada, the real value of the sports books is that they generate traffic for other, more profitable segments within the gaming complex.

In Oregon, the Lottery offered Sports Action from 1989-2006, in which bettors would wager on NFL parlays and, for a lesser time, National Basketball Association parlays. The state ended all sports betting games as a condition of hosting NCAA basketball tournament games.²³⁶

Montana does not offer traditional sports betting.

The federal ban on sports betting is currently being challenged by the State of New Jersey, whose voters in 2011 voted to authorize the activity. If New Jersey is ultimately successful, Spectrum believes other states would follow New Jersey in offering sports betting. Four states – Georgia, Kansas, Virginia and West Virginia – are supporting New Jersey's appeal, not necessarily out of support for the cause but because they see it as a violation of "equal sovereignty" among states.²³⁷

The four major professional sports leagues and the NCAA vigorously oppose sports betting, believing it undermines the integrity of sports in two ways: It encourages fans to root based on a team "covering" the point spread as opposed to the actual game outcome, and it could make players susceptible to accepting bribes in exchange for point-shaving; i.e., ensuring that a player's team covers or does not cover the point spread. Nevada regulators and sports book

²³⁶ Anne Peterson of The Associated Press, "NCAA to bring bit of March Madness to Rose Garden," *The Register-Guard*, July 7, 2006
<http://news.google.com/newspapers?id=SF1WAAAAIBAJ&sjid=sfADAAAAIBAJ&pg=4652%2C1191260>.

²³⁷ John Brennan, "Haskell Invitational horse race gets a title sponsor," *The Record*, May 7, 2013
http://www.northjersey.com/news/Four_states_back_NJ_challenge_of_federal_ban_on_sports_betting.html.

operators argue that by regulating and tracking bets, they are able to spot suspicious betting patterns that could signify nefarious activity.

Illegal sports betting towers over legal sports betting in size and scope. The National Gambling Impact Study Commission in 1999 reported that the size of illegal sports betting nationwide ranges from \$80 billion to \$380 billion annually,²³⁸ vs. \$2.9 billion wagered in Nevada's sports books in 2011.²³⁹

Globally, sports betting is projected to represent 10 percent of all land-based gambling revenue in 2013, according to London-based H2 Gambling Capital. On the Internet, however, sports betting is by far the most popular form of gambling, projected to represent 45 percent of the 2013 global total.²⁴⁰

20. Illegal/Unregulated Gambling

Unsanctioned and unregulated gambling has long taken place in every state and, by its nature as an "underground" activity, can be difficult to assess. The Internet site Havocscope, which profiles illegal activity globally, estimates that illegal gambling in the US generates \$150 billion annually.²⁴¹ As in most states, illegal gambling has a long and storied history in Florida, beginning with the genesis of Florida's tourism economy. It has been said that for every hotel that Henry Flagler built, he also built a church and a gambling hall nearby.²⁴²

Unregulated gambling is the broader definition for these activities and it includes everything from slots and table games offered outside casinos, amusement or arcade machines, sports betting through bookies, privately-run sweepstakes and numbers games, cock or dog fighting, as well as private wagers between individuals. To catalogue and profile all forms of unregulated gambling is a large study in itself; for the purposes of this report we will provide an overview of the most prevalent types of non-sanctioned gambling and a brief description of the most prominent and widespread illegal or unregulated gambling activities in Florida.

²³⁸ National Gambling Impact Study Commission ("NGISC"), *Final Report*, June 1999, p. 2-14.
<http://govinfo.library.unt.edu/ngisc/>.

²³⁹ American Gaming Association Sports Wagering fact sheet; <http://www.americangaming.org/industry-resources/research/fact-sheets/sports-wagering>, accessed May 7, 2013.

²⁴⁰ H2 Gambling Capital, Global Gambling Data summary, April 9, 2013.

²⁴¹ Havocscope, "Illicit Trade Value: United States," <http://www.havocscope.com/tag/united-states/>.

²⁴² Mary Ellen Klas, "Gambling's Long History in Florida," *Tampa Bay Times*, November 24, 2009,
<http://www.tampabay.com/news/perspective/gamblings-long-history-in-florida/1054214>.

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The participation rates of Florida residents in various forms of illegal or unregulated gambling activities are documented in the 2011 survey sponsored by the Florida Council on Compulsive Gambling Inc. for lifetime, past 12 months, and past 7 days, as follows:²⁴³

Figure 30: Illegal and unregulated gambling participation in Florida, 2011

Gambling Activity	Lifetime %	Past Year %	Past Week %
Poker	22.1	12.0	3.4
Sporting Events Through a Pool	19.9	11.1	0.9
Cards/Dice/Dominos Not at Casinos	19.4	11.9	2.2
Bingo	19.1	5.7	1.1
Slot/Poker Machines Not at Casinos	18.7	7.2	1.2
Playing Sports Games	13.1	7.3	2.0
Table Games Not at Casinos	9.9	5.0	0.2
Sporting Events Through a Bookie	8.2	5.0	1.0
Pull-Tabs	7.4	2.9	0.3
Arcade or Video Games	6.8	3.8	0.8
Fantasy Sports	5.0	3.6	1.5
Internet Gambling	4.8	3.3	0.8
Car Races	2.7	1.2	0.6
Mah Jong	1.5	0.8	0.4
Cock or Dog Fighting	1.1	0.4	0.0
Policy, Numbers, or Bolita	0.8	0.5	0.1
Other	0.7	0.0	0.0

Source: Florida Council on Compulsive Gambling

The above table does not include playing the stock market, which was also profiled as a gambling activity in the FCCG study, while it does include poker played privately and betting on sporting events through a pool, which are generally perceived to be acceptable forms of wagering even if they are not regulated. Bingo is another generally accepted form of gambling, but unregulated bingo wagering can compete with charitable and regulated bingo operations elsewhere in the state. Unregulated gambling activities of more immediate concern include playing casino style games outside the casinos, sports betting through bookies, and numbers games offered outside the Florida Lottery.

It should also be noted that the 2011 FCCG survey, while carefully weighted and designed to be representative of Florida's diversity, completed less than 3 percent of its interviews in Spanish or Creole,²⁴⁴ which indicates that illegal gambling prevalence among Latinos and other minority groups may be somewhat underrepresented in the above findings. In addition, any survey questions regarding illegal or unregulated activities such as gambling are less likely to be openly and honestly answered by respondents, so it is reasonable to assume that

²⁴³ Robert J. Rotunda, Terry L. Schell, *Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication*, University of West Florida, January, 2012.

²⁴⁴ Ibid.

the prevalence of illegal gambling activities may be higher than documented in self-reported surveys.

Until recently, Internet cafes offering sweepstakes games and arcades with gambling-style machines that offered cash-equivalent prizes operated through real or perceived loopholes in Florida law – in either case without regulation and enforcement; now they are explicitly illegal. Internet/sweepstakes parlors constitute a shadow gambling category which is now receiving increased attention across the country and has been banned in many states. Advocates contend that this is legal activity because players simply purchase Internet access time blocks and are not wagering money on the prospect of receiving a greater reward, which is the traditional definition of gambling. Critics argue that there is little difference between the electronic gambling devices employed and video slot machines, and those players are incited by the opportunity to win prizes with monetary value. In 2011 *Businessweek* estimated that there could be as many as 5,000 Internet cafes operating nationwide generating \$10 billion to \$15 billion dollars in revenue.²⁴⁵

On April 10, 2013, Florida Governor Rick Scott signed into law HB 155, which effectively proscribed sweepstakes gambling.²⁴⁶ This action followed the well-publicized Allied Veterans of the World prosecution which resulted in the arrest of 57 people in racketeering indictments for illegal gambling²⁴⁷ and eventually led to the resignation of former Lt. Gov. Jennifer Carroll.²⁴⁸ At the time of the bill's passage, the Internet/sweepstakes gaming industry was estimated to be operating 1,000 Internet cafes statewide throughout the state producing approximately \$1 billion in annual revenue, according to the Florida League of Cities.²⁴⁹ This legislation effectively banned Internet cafes and the “maquinitas” by included language which defines what constitutes illegal gambling and closing loopholes which have existed in Florida for decades and had allowed the earlier growth of unregulated wagering. Among other things HB 155 updates the definition of both illegal slot machines and legal arcade games, requiring that “amusement games or machines” must operate only “by means of the insertion of a coin” not swipe cards, and that, in order to be distinguished from “casino style games” they must be

²⁴⁵ Felix Gillette, “The Casino Next Door,” *Businessweek*, April 11, 2011
http://www.businessweek.com/magazine/content/11_18/b4226076180073.htm.

²⁴⁶ Mary Ellen Klas, “Gov. Rick Scott signs Internet café ban bill into law,” *The Miami Herald*, April 10, 2013
<http://www.miamiherald.com/2013/04/10/3334274/gov-rick-scott-signs-Internet.html>.

²⁴⁷ Mike Schneider, “57 Indicted in Florida Gambling Scandal,” Associated Press, March 13, 2013
<http://www.wctv.tv/home/headlines/57-Indicted-in-Florida-Gambling-Scandal-197837441.html#.UZ5DrPzD-M8>.

²⁴⁸ Aaron Deslatte, Amy Pavuk and Rene Stutzman, “Lt. Gov. Jennifer Carroll resigns amid federal Internet café probe,” *Orlando Sentinel*, March 13, 2013 http://articles.orlandosentinel.com/2013-03-13/news/os-jennifer-carroll-resigned-20130313_1_Internet-cafes-jennifer-carroll-federal-probe.

²⁴⁹ “Florida Internet Cafes, Legislative Indecision Requires Local Governments to Make Tough Choices,” *Florida League of Cities* <http://www.floridaleagueofcities.com/Assets/Files/Pre-emptionThreatsInternetCafeDRussell.pdf>.

classified as games of “skill” rather than chance.²⁵⁰ Specifically, the new legislation stipulates that legal machines cannot be “casino-style games in which the outcome is determined by factors unpredictable by the player or games in which the player may not control the outcome of the game through skill.”²⁵¹

The stricter interpretation of gambling in the legislation cited above also potentially impacts the approximately 200 “adult arcades” that offer slot style gambling outside of state or tribal-regulated slot machines as well as hundreds of children’s arcades and arcade restaurants. These unregulated “amusement slots” represent a gray area of gambling activity and one which has been criticized both for taking advantage of seniors and for teaching minors and even children to gamble. Most adult arcades offer video gaming machines very much like the video devices found in Internet cafes but instead of buying time online players can win small prizes and gift cards. Adult arcades were specifically prohibited from dispensing gift cards as prizes in the recent legislation which also limits top prize values to no more than 75 cents.²⁵²

Unsurprisingly, Internet cafés, adult arcades, amusement arcades, and children’s restaurants have fought the legislation.²⁵³ Internet cafés alone have been estimated to employ as many as 14,000 people who will now be unemployed.²⁵⁴ The Florida Arcade & Bingo Association has appealed in Broward County, so far unsuccessfully, the inclusion of arcades in the HB 155 legislation.²⁵⁵ So have trade associations for the restaurants, bowling alleys, skating rinks, etc., which also operate arcade style machines, sometimes using swipe cards. Companies such as Dave and Buster’s and Chuck E. Cheese, which feature arcade-style games for youngsters, may also be affected under the new legislation by restrictions on prize value and requirements that arcade games not be games of chance.²⁵⁶

Internet café operators have previously sought injunctions to prevent local government bans prior to the enactment of HB 155, particularly the unsuccessful fight against the ban in

²⁵⁰ The Florida Senate, “CS/HB 155: Prohibition of Electronic Gambling Devices,” April 10, 2013 <http://www.flsenate.gov/Session/Bill/2013/0155>.

²⁵¹ Ibid.

²⁵² Kathleen Haughney, “Gov. Rick Scott signs bill banning Internet cafes,” *Orlando Sentinel*, April 10, 2013 http://articles.orlandosentinel.com/2013-04-10/news/os-scott-signs-Internet-cafe-ban-20130410_1_florida-arcade-association-group-allied-veterans-gale-fontaine.

²⁵³ Mary Ellen Klas, “Gov. Rick Scott signs Internet café ban bill into law,” *The Miami Herald*, April 10, 2013 <http://www.miamiherald.com/2013/04/10/3334274/gov-rick-scott-signs-Internet.html>.

²⁵⁴ Kathleen Haughney, “Gov. Rick Scott signs bill banning Internet cafes,” *Orlando Sentinel*, http://articles.orlandosentinel.com/2013-04-10/news/os-scott-signs-Internet-cafe-ban-20130410_1_florida-arcade-association-group-allied-veterans-gale-fontaine.

²⁵⁵ Nick Sortal, “Seminole also fighting suit filed by senior arcades,” *Sun Sentinel*, May 17, 2013, http://articles.sun-sentinel.com/2013-05-17/business/fl-senior-arcade-appeal-051713-20130516_1_senior-arcades-arcade-association-florida-arcade.

²⁵⁶ Erin Sullivan, “Internet Café Law May Have Unintended Targets,” *The Tampa Bay Times*, May 20, 2013 <http://www.tampabay.com/news/business/Internet-cafe-law-may-have-unintended-targets/2121416>.

Broward County. More recently, two arcade operators in Broward County, Boardwalk Brothers, Inc. and Play It Again Fla. LLC, filed for an injunction to HB 155, claiming that the law is “arbitrary, irrational, not reasonably related to a legitimate governmental purpose, and void for vagueness”. This suit, filed in US District Court and naming Michael Satz, state attorney for Florida's 17th Judicial Circuit as defendant, saw the Seminole Tribe of Florida intervene as a defendant before U.S. District Judge James I. Cohn refused to grant the arcade plaintiffs an injunction against the law.²⁵⁷ Additional legal action is expected to be filed in Tallahassee on behalf of Internet café owners, gaming machine manufacturers, and software companies, according to persons involved in the industry.²⁵⁸ In addition, grass roots seniors groups, such as Seniors 4 Justice, are organizing in support of their local pastime, as well as legal teams from commercial restaurants with amusement arcades.²⁵⁹

Amusement arcade slots have long been a feature of many East Coast beach resorts and can easily be found in states which already have legalized casino gambling, such as New Jersey, as well as those which currently have not, such as New Hampshire.²⁶⁰ One primary issue affecting whether these types of establishments catering to children remain open in Florida is whether they increase the chance for kids to become gamblers when they reach adulthood. Many gambling opponents view youth arcades as a “slippery slope” leading directly to full-blown adult gambling behavior.

The bill clarified the illegality of “*maquinitas*,” gray market video gaming machines similar to arcade slots but also housed in gas stations, convenience stores, restaurants, cafeterias, and bars throughout the state. The new law caused a reversal of Miami mayor Tomás Regalado’s attempted policy initiative to regulate the *maquinitas* through municipal licensing and permit fees.²⁶¹ Apparently, Mayor Regalado’s efforts to regulate the *maquinitas* were not successful. Since adopting an ordinance more than two years ago requiring each establishment to register for a \$500 permit fee, not a single *maquinita* operator has applied for the license.²⁶² The passage of HB155 has emboldened local law enforcement authorities to take action against small-scale *maquinita* operations, which are numerous in Florida. While no one knows exactly how many

²⁵⁷ Deshayla Strachan, “Arcades Fail in Challenge to Florida Gambling Law”, *Courthouse News Service*, June 6, 2013, <http://www.courthousenews.com/2013/06/06/58300.htm>.

²⁵⁸ Ray Weiss, “Internet cafe fallout's 'personal side'”, *The Daytona Beach News Journal*, April 28, 2013, <http://www.news-journalonline.com/article/20130428/NEWS/304289997?p=2&tc=pg>.

²⁵⁹ Glenn Garvin, “Despite law, cities quiet on kids’ gaming machines”, *Miami Herald*, May 13, 2013, <http://www.miamiherald.com/2013/05/12/3394108/despite-law-cities-quiet-on-kiddie.html>.

²⁶⁰ Bob Sanders, “N.H. Already Has Slot Machines - And Lots of Them,” *New Hampshire Business Review*, May 17, 2013 <http://www.nhbr.com/May-17-2013/NH-already-has-slot-machines-and-lots-of-them/>.

²⁶¹ Charles Rabin, “Miami Police Make Raid and Seize ‘Maquinitas’ as Mayor Does About Face,” *The Miami Herald*, April 18, 2013 <http://www.miamiherald.com/2013/04/18/3352109/miami-police-make-arrests-and.html>.

²⁶² Charles Rabin and Melissa Sanchez, “Miami says video-gaming machines known as *maquinitas* are illegal,” March 21, 2013 <http://miamiherald.typepad.com/nakedpolitics/2013/03/miami-says-video-gaming-machines-known-as-maquinitas-are-illegal.html>.

actually exist and what revenue they produce, Miami Police Chief Manuel Orosa estimates that there are more than 1,000 maquinitas active in his city alone, and each is non-compliant with the city ordinance.²⁶³

On June 4, 2013, the US District Judge James I. Cohn for the Southern District of Florida denied a motion by Broward County adult arcades Boardwalk Brothers Inc. and Play It Again FLA LLC for an injunction against HB 155. The arcade owners argued that the law was unconstitutionally vague and violated their First Amendment right of association. Among Judge Cohn's conclusions was that because gambling is a vice activity and can be banned altogether, "the State has a significant interest in proscribing the behavior regulated in the statute." The judge further found that "it is doubtful that patrons who unable to frequent the Plaintiff's commercial establishments will suffer any First Amendment harm." The judge also noted that the statute is not forcing the arcades out of business, just limiting the types of games offered.²⁶⁴

Although bingo for money is legal in Florida if operated by charitable organizations and veterans groups which qualify for 501(c) or 528 status, instant bingo games in the form of pull tabs (except for those sanctioned organizations) or electronic bingo in all forms are not sanctioned under Florida law.

Another prominent illegal gambling activity in Florida is *bolita*, a numbers game imported from Cuba in the 1920s. The name "bolita" literally means "little ball" in Spanish and refers to a lottery drawing which first became popular among Cuban immigrants in Ybor City, where originally players tossed a sack filled with numbered balls back and forth between them until the round was called and the last person holding the bag withdrew a single ball with the winning number. Bolita's peak popularity occurred in the Great Depression during the 1930s when it spread throughout the state. In 1938, Tampa featured approximately 125 bolita operations grossing as much as \$20,000 per day.²⁶⁵ The game spread with Cuban immigration to the north into New York and New Jersey, where "Spanish Raymond" Marquez built a bolita empire in the 1960s.²⁶⁶ Like all privately run numbers games in the US, bolita gambling has been sidelined by the evolution of state sponsored lottery operations over the past 40 years. However, the prospect of superior relative odds, zero taxes, and cohesive immigrant community traditions have preserved bolita gambling, which still competes with the regulated Florida Lottery, and the game remains popular today across the straits in Havana.

Other forms of illicit and unregulated gambling in Florida include electronic bingo, cock fighting and dog fighting, betting on sporting events, and Internet gambling. Pitting animals

²⁶³ Charles Rabin, "Miami Police Make Raid and Seize 'Maquinitas' as Mayor Does About Face," *The Miami Herald*, April 18, 2013 <http://www.miamiherald.com/2013/04/18/3352109/miami-police-make-arrests-and.html>.

²⁶⁴ *Boardwalk Brothers Inc., a Florida corporation, and Play It Again FLA, LLC, a Florida limited liability company, vs, Michael Satz, State Attorney for the 17th Judicial Circuit, in and for the State of Florida*; entered June 3, 2013.

²⁶⁵ Schwartz, p. 381.

²⁶⁶ Ibid.

against each other and wagering upon the outcome is an ancient human activity that is now so unacceptable to mainstream society that the practice, while still occurring frequently, is deeply underground and receives little public attention except for law-enforcement actions.

21. Conclusion

Gambling has evolved to become a major US industry, largely because it is popular and profitable – both for operators and for the states that tax and regulate it. All but two states (Hawaii and Utah) have some form of legalized gambling, although the size, scope, types, tax rates, and regulatory schemes vary by state. For reasons discussed in following chapters, the combination of consumer acceptance, technological advances (such as the Internet) and government desire for revenue will continue to cause further expansion. We return to the observation put forth by John Sowiński of No Casinos: “The solution to having too much of it is to have more of it.”

Expansion comes at a cost, both internally to the industry and externally to society. Expansion runs the risk of cannibalizing certain types of gambling – notably the pari-mutuel industry, which has long been in decline both nationally and in Florida – and it will sharpen the debate about how much is too much. Importantly, expansion will further place a focus on assessing the societal and personal costs associated with gambling; we discuss this in general terms in Chapter II (G) below.

C. The New US Frontier: Internet Gambling

1. Nationally

Internet gambling has become a reality in the US only within the past year. On December 23, 2011, the Department of Justice issues an opinion in response to inquiries from the Illinois and New York lotteries reversing its long-held position and declaring that the 1961 Wire Act applies only to sports betting. This reversal opened the door to state by state legislation to regulate Internet gambling and online lottery sales.

Since the beginning of 2012 three states have passed such enabling legislation and each one follows a different model. Delaware was the first state to pass enabling laws and will roll out Internet wagering through a platform controlled and maintained by the Delaware Lottery. The state’s three licensed racetrack casinos will offer branded websites offering most casino games and the lottery will offer Internet lotto sales. Nevada is the first state to actually regulate gambling operations via the Internet on April 30, 2013, as Station Casinos opened online operations through its partner, Ultimate Poker. As of May 14, 2013, UltimatePoker.com had

surpassed 1 million hands of online poker.²⁶⁷ New Jersey quickly followed Nevada into legalized Internet gambling, with Governor Chris Christie signing legislation only five days after Governor Brian Sandoval did.

At this time state legalized Internet wagering is available only to residents or visitors currently located within a state's borders, as verified by geo-location software. Interstate compacting is expected to follow suit similar to US lotteries constructing interstate compacts for multi-state lottery games (such as Powerball and Mega Millions). A summary of US legal Internet gambling jurisdictions is found in the following table. At least 10 states are considering enabling legislation in a variety of forms, including California, Pennsylvania, Michigan, New York, Illinois and Iowa.

Figure 31: Legal US jurisdictions for Internet gambling

State	Legalization Date	Operator	Games Offered	Implementation Date
Delaware	July 23, 2012	Delaware Lottery	Lottery Casino (some games)	September 30, 2013
Nevada	February 21, 2013	Nevada casinos and partners	Poker only	April 30, 2013
New Jersey	February 26, 2013	Atlantic City casinos	Casino (all games)	November 26, 2013

Sources: Delaware Lottery, Nevada Gaming Control Board, New Jersey Division of Gaming Enforcement

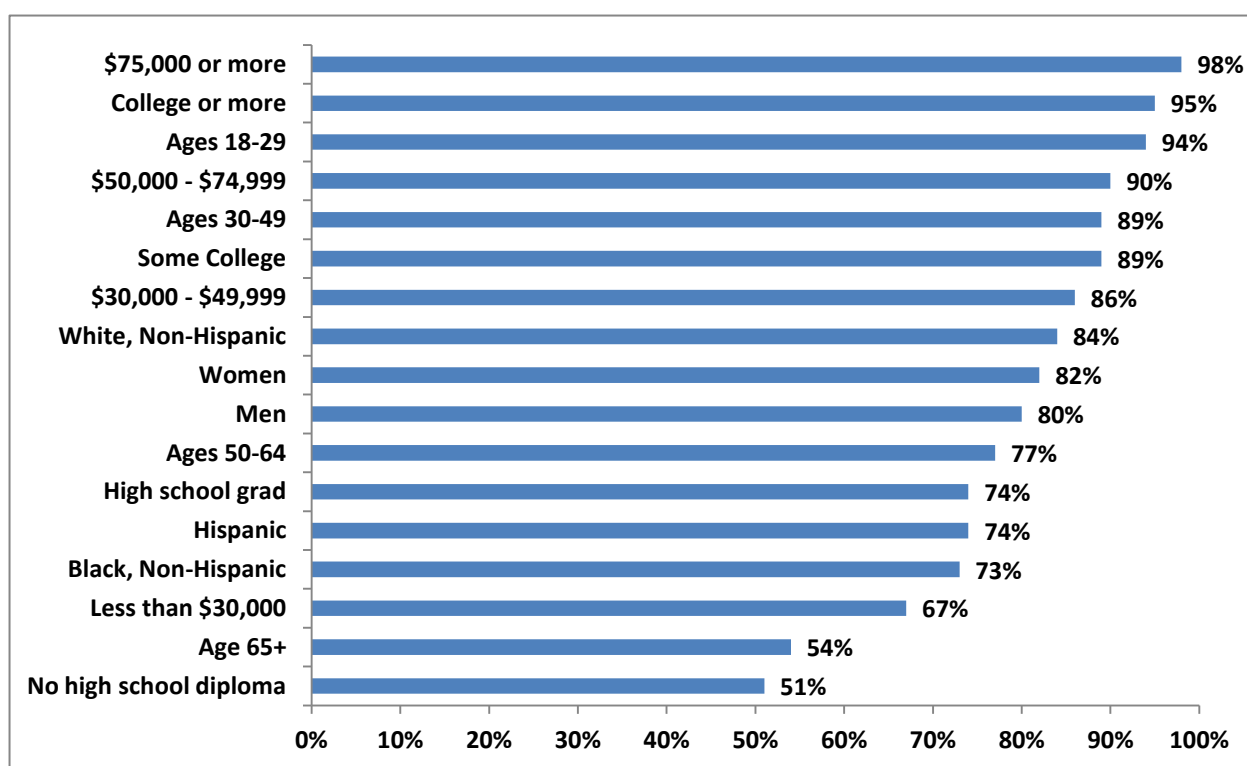
The Internet has revolutionized a wide variety of US economic sectors over the past decade and a half as e-commerce has become firmly established as a major sales channel. One segment of the domestic economy where the Internet and mobile connectivity have notably not been major factors is in the field of gambling. Both commercial and tribal casinos in the US, as well as domestic lotteries find themselves in the same situation demographically. Their core player base is aging and not being fully replaced by a younger generation. In casinos this is particularly true of slot machine patrons. For lotteries it is most prevalent among weekly instant ticket customers. Moreover, both casinos and lotteries frequently evidence the 80/20 rule, or the "Pareto Principle," that 80 percent of revenue often is derived from 20 percent of the customer base. For both of these gambling industries, the prevalent demographic of the Internet user is under-represented in their own player base, thus the Internet and mobile channels constitute an opportunity for engaging future customers. Also, with Internet distribution channels, the breadth and frequency of play will often increase, thereby spreading the generation of revenue across a broader spectrum of the player base.

A strong majority of Americans use the Internet regularly. According to the Pew Research Center, as of December 2012, 81 percent of US residents use the Internet and 65

²⁶⁷ Dan Wetzel, "Ultimate Poker's legal online betting foray could be a game changer in the U.S.," Yahoo Sports, May 15, 2013 <http://sports.yahoo.com/news/spt--ultimate-poker-s-legal-online-betting-foray-may-be-a-game-changer-in-the-u-s---010335301.html>.

percent have broadband access.²⁶⁸ Regular and frequent Internet users demonstrate the following demographic traits: they are usually younger, better educated, more affluent, more likely to be working full time, and more likely to be earning more income than the population as a whole. Frequency of Internet usage tends to be consistently higher among younger demographic ranges. A nationwide Gallup Poll conducted in December 2008 found that Americans below the age of 50 spend the most time online: 62 percent of those under 30 spend more than one hour online per day, as do 54 percent of those people 30 or older but under the age of 50.²⁶⁹ A more recent Pew Post Election survey confirmed these demographic statistics and indicated that Internet usage is broadening among gender and racial demographics while remaining upscale in relation to income and educational demographics.²⁷⁰

Figure 32: Internet usage frequency by demographic group, 2012



Source: Pew Internet Post Election Survey, November 14 – December 9, 2012

Internet gambling also opens the door to new kinds of games not currently considered gambling, such as monetized social games and betting on the outcomes of peer-to-peer and massive multiplayer online games. Social games are generally played with others via a social

²⁶⁸ Pew Internet & American Life Project, Pew Research Center, Internet Adoption 1995-2012 [http://pewInternet.org/Trend-Data-\(Adults\)/Internet-Adoption.aspx](http://pewInternet.org/Trend-Data-(Adults)/Internet-Adoption.aspx).

²⁶⁹ Gallup Poll, 2008 <http://www.gallup.com/poll/113638/nearly-half-americans-frequent-Internet-users.aspx>.

²⁷⁰ Pew Internet Post Election Survey, November 14 – December 9, 2012, Pew Internet & American Life Project, December 2012 [http://pewInternet.org/Trend-Data-\(Adults\)/Whos-Online.aspx](http://pewInternet.org/Trend-Data-(Adults)/Whos-Online.aspx).

network or on a social media platform. The potential size of this market is staggering. On October 4, 2012, Facebook reported that it had passed the 1 billion user threshold²⁷¹ and half of these users are estimated to play some type of social game.²⁷² The top five casino games played on Facebook are Double Down, Bingo Blitz, Best Casino, Slotomania, and Texas Hold'em. These five casino-style games on a single platform attract a total of 11,240,000 daily active users.²⁷³ Social casino sites throughout the United States attracted a total of 35.4 million monthly players in 2012.²⁷⁴

The proportion of people who play for money on a social gaming site is fractional, usually in the low single digits, but multiplied by the total number of players on the site, the revenue quickly adds up. Monetized social gaming is estimated to have produced \$1.6 billion in revenue globally with \$660 million being generated in North America.²⁷⁵

While leveraging the Internet can deliver a broader audience to commercial gambling operations, the 24/7 access from the comfort of one's own home clearly increases the opportunity for problem gambling issues. Multiple studies show a potentially higher rate of problem gambling incidence for Internet gambling compared to land-based gambling, while multiple competing studies show identical problem gambling rates for both online and "offline" gambling. The Florida Council on Compulsive Gambling survey conducted in 2011 documented problem gambling prevalence within the state's general population at 2.1 percent for lifetime occurrence and 1.2 percent for past-year occurrence.²⁷⁶ These rates are generally consistent with the prevalence of problem gambling within land based gambling, benchmarked at 2.3 percent in 2008 according to the American Gaming Association,²⁷⁷ but should be carefully monitored if Internet gambling ever becomes legal in Florida.

²⁷¹ Somini Sengupta and Nick Bilton, "A Billion Users Raise Stakes at Facebook for Revenue," *The New York Times*, October 4, 2012 <http://bits.blogs.nytimes.com/2012/10/04/facebook-passes-1-billion-active-users/>.

²⁷² Social Media Platforms for Gaming and Gambling, *Online Casino Reports*, October 13, 2012 <http://www.onlinecasinoreports.com/news/specialreports/2012/10/13/social-media-platforms-for-gaming-and-gambling.php>.

²⁷³ Ibid.

²⁷⁴ SuperData Research, "Social Casino Metrics: Industry Trends & Analyses," August, 2012 <http://www.superdataresearch.com/social-casino-metrics/>.

²⁷⁵ SuperData Research, "Social Casino Metrics."

²⁷⁶ Robert J. Rotunda, Terry L. Schell, *Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication*, University of West Florida, January, 2012.

²⁷⁷ "Casino Expansion and Its Impact on Pathological and Problem Gambling Prevalence Rates," American Gaming Association, <http://www.americangaming.org/industry-resources/research/fact-sheets/history-problem-gambling-prevalence-rates>.

22. Internet Poker Evolution

Poker was first introduced to the US between 1810 and 1825 through New Orleans and originally developed from the German game *pochen* and its French derivative *poque*.²⁷⁸ This card game evolved to include draws and jackpots as it spread throughout the Mississippi valley and the American West during the second half of the 19th Century.²⁷⁹ By the middle of the 20th Century poker games had become part of American culture and a frequent feature in residences. Due to its long history and wide popularity poker had come to represent the quintessentially American monetized social game.²⁸⁰

While poker enjoyed tremendous popularity among casual and social gamblers in homes and social clubs, it was not a popular casino game. In 1970 there were less than 50 poker tables in the city of Las Vegas and less than 70 in the entire state of Nevada.²⁸¹ The reason for this low importance of poker as a casino game was its lack of profitability. Poker tables must be staffed with dealers and supplied with chips and amenities by the casino, rounds take a relatively long time but the game is played in competition with the other players and usually for small stakes with the casino only earning a rake of approximately one-tenth of the pot at the conclusion of each round. In 1970 it seemed certain that poker would remain a social game played for small stakes in private homes around den or basement card tables.

All that changed with the convergence of three sequential events: the establishment of the World Series of Poker, the advent of television coverage, and the development of the Internet. In 1970 the first official World Series of Poker (“WSOP”) was played at Binion’s Horseshoe in Las Vegas, a casino which at the time did not even have a poker room.²⁸² From humble beginnings this competition grew to include the most well-known poker players of the time and eventually featured a million dollar prize for the winner, prominently displayed in a glass case at Binion’s. In its second year the WSOP Jack Binion changed the tournament format from an election to a freeze-out competition²⁸³ where participants post an entry fee and losing players are eliminated until the winner takes all. As interest in the tournament grew, television coverage was initiated in 1973 by CBS Sports and commentary was provided by Jimmie “The Greek” Snyder, himself a participant in the 1969 forerunner of the WSOP. The game which was favored in this tournament was no-limit Texas hold’em, where the audience could watch the first three community cards dealt to the center of the table – the flop – and suspense would build along with the betting as the

²⁷⁸ Schwartz, p. 249.

²⁷⁹ Ibid.

²⁸⁰ *Gambling Impact and Behavior Study*, Report to National Gambling Impact Study Commission, National Opinion Research Center at the University of Chicago, April 1, 1999.

²⁸¹ *World Series of Poker, A brief History, From Moss to Gold*, Nolan Dala <http://www.wsop.com/wsop/history.asp>

²⁸² Ibid.

²⁸³ Schwartz, p. 413.

fourth card – the turn – and the last community card – the river – were dealt. This format was much more attractive for television audiences than draw games where inscrutable “poker faces” were the only indicators as to what was going on in the player’s heads. As TV technology continued to evolve, by 2000 the television audience could also view players’ two hole cards via miniature cameras in the table surface which added even more suspense to the televised games.

The advent of Internet technology revolutionized poker tournaments by allowing huge numbers of players to qualify for tournaments through the Internet via satellite rounds. The initial WSOP competitions involved a dozen players in total. In 1982 the tournament drew 52 players and by 2000 there were 450 players.²⁸⁴ In 2003, the worldwide popularity of poker in general and the WSOP in particular exploded when an unknown amateur with a suitably relevant moniker, Chris Moneymaker, won a seat at the tournament through a \$40 satellite round on PokerStars and went on to beat out 838 other contestants and win \$2.5 million in the final round.²⁸⁵ One year later a total of 2,576 players contested for a \$5 million first prize. In 2006, the pinnacle of WSOP popularity, a total of 8,773 players participated,²⁸⁶ the vast majority entering the tournament through Internet satellite rounds.

This timely convergence of television and Internet technology had caused online poker to skyrocket in popularity over the early portion of the last decade. However, in 2006 Congress passed the Unlawful Internet Gambling Enforcement Act (“UIGEA”), which suppressed Internet wagering by making it illegal for payment processors to handle gaming transactions. Internet poker participation in the US crashed after passage of this legislation and many of the more reputable offshore operators, including Party Poker and 888.com, voluntarily withdrew from the US market. Despite UIGEA, a number of offshore sites continued to take bets from US players until April 15, 2011, now known in the industry as “Black Friday,” when the US Department of Justice entered indictments against Full Tilt, Absolute Poker, and Poker Stars and seized their assets and domain names.²⁸⁷ The indictments alleged fraud and in the case of Full Tilt the creation of a Ponzi scheme where player deposits were used to fund operations and salaries paid to celebrity player spokespersons. After the Black Friday indictments, US Internet poker participation truly plunged as players lost confidence in many offshore sites and withdrew their deposits. Some committed or professional players even established foreign residences in order to continue playing poker online.²⁸⁸

²⁸⁴ Schwartz, p. 477.

²⁸⁵ Toby Bochan, *The World Series of Poker Explodes in Popularity*, About.com
http://poker.about.com/od/tournaments/a/wsophistory_2.htm.

²⁸⁶ Ibid.

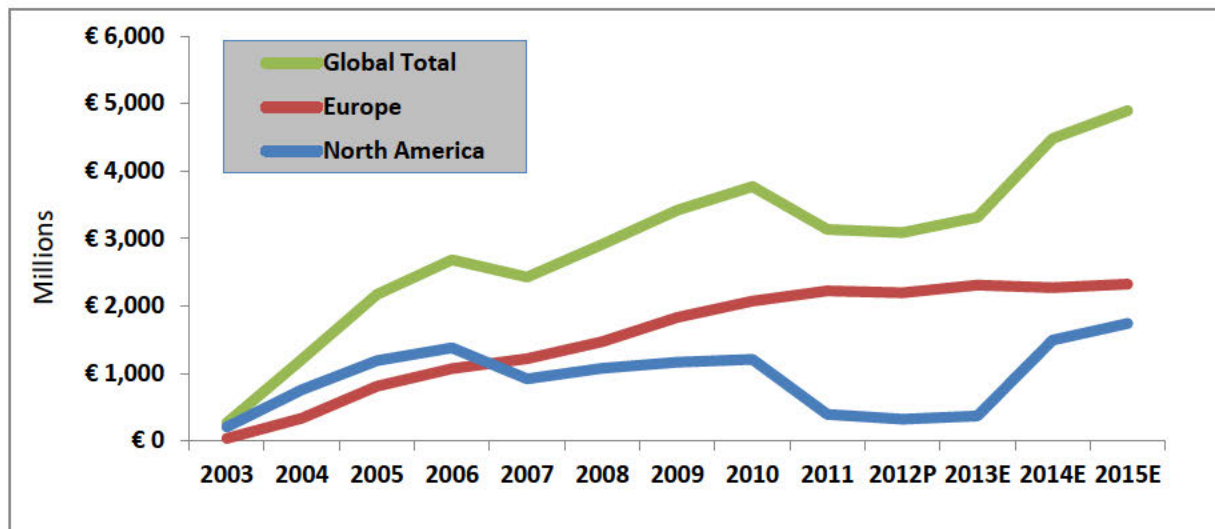
²⁸⁷ Chad Holloway, *The Black Friday Timeline: One Year Without Online Poker*, Pokernews, April, 2012,
<http://www.pokernews.com/news/2012/04/the-black-friday-timeline-one-year-without-online-poker-12445.htm>.

²⁸⁸ Bernard Lee, *One Year After the Black Friday Indictments*, ESPN.com,
http://espn.go.com/poker/story/_/id/7816101/one-year-black-friday-indictments-steve-gboro780-gross-found-own-path.

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After UIGEA, most major Internet poker operators turned their sights away from the US, a trend which accelerated after Black Friday, resulting in the development of a flourishing Internet poker in Europe. This market is dominated by Internet only operators based in offshore jurisdictions. It is also characterized by high volumes of players (liquidity), and intense competition among the top tier poker sites which results in low player retention, lucrative free play bonuses, celebrity player-sponsors, and due to all of the above, low operating profit margins. Since Black Friday, global Internet poker revenues have declined worldwide as the former boom continues to recede.

Figure 33: Internet poker revenues globally, Europe and US



Source: H2 Gambling Capital

However, this decline in the popularity of poker is expected to reverse dramatically in the next few years as Internet gambling becomes legal on a state by state basis in the US. On December 23, 2011, the US Department of Justice issued an opinion in response to a request by the New York and Illinois state lotteries, reversing their previous position held for more than a decade that the 1961 Wire Act prohibited Internet wagering. Since then three states have passed enabling legislation for Internet gambling in the US and all three follow different models. Nevada will offer poker only gambling through commercial providers licensed by the state. Delaware will offer most games currently featured at the three racetrack casinos licensed by the state through a central platform controlled by the lottery. New Jersey will allow Atlantic City's commercial casino operators to offer all games currently approved by the Division of Gaming Enforcement over the Internet utilizing licensed providers. In addition, at the time of this writing, California has multiple bills legalizing Internet poker before the legislature and other states, including Illinois, Pennsylvania, Mississippi, Iowa, and New York have considered various bills to legalize Internet wagering.

23. Lotteries Online

Following the Department of Justice opinion of December 23, 2011, reversing its long held position that the 1961 Wire Act barred state lotteries from participating in online gambling, 13 states have introduced legislation regarding some form of Internet gambling. Illinois and Georgia quickly implemented legislation permitting online lottery ticket sales and are the only two US state lotteries currently leveraging the Internet sales channel.

Currently, lotteries in New York, Minnesota, New Hampshire, North Dakota, and Virginia offer some form of online subscription for lotto tickets. The Delaware State Lottery will begin selling tickets online as well as offering most casino games through a lottery controlled platform in September, 2013. Massachusetts, the most successful lottery in the nation, commissioned a study last year to examine the issue of Internet sales and develop a strategy for implementation. Early this year Massachusetts introduced legislation authorizing tickets sales via the Internet. Maine has altered its gaming statute in response to the federal ruling, and Vermont has commissioned a study of the potential impact if Internet ticket sales were implemented.²⁸⁹

Florida has also introduced enabling legislation for Internet lottery sales. Senate Bill 266, sponsored by State Senator Gwen Margolis (D-Miami) and co-sponsored by Representative Joe Gibbons (D-Hallandale Beach) through HB 275, was filed on January 17, 2013, but never advanced and has since died.²⁹⁰ If passed, this bill would have authorized ticket sales over the Internet “via a subscription mechanism.”²⁹¹ In May 2013, Michigan, after defeating prohibitory legislation in 2012, announced that the Michigan Lottery will be offering online sales through a system titled “iLottery” as early as spring, 2014.²⁹²

24. Conclusion

The Internet offers great opportunities nationally and internationally for all gambling providers, be they commercial, tribal, state lottery, or illegal/non-regulated, to expand their reach to a new audience that is often younger and more affluent than their current customers. Internet access promises to take gambling beyond the casino floor and into the living rooms and bedrooms of Americans which opens a whole new range of opportunities as well as potential problems. For both the casino industry and state lotteries, Internet gambling and ticket sales represent the future of gaming, offering the means to broaden their appeal, widen their marketing

²⁸⁹ 2012 Legislation Regarding Internet Gambling or Lotteries, National Conference of State Legislatures.

²⁹⁰ Jessica Green, “Legislators file bill allowing online lottery in Fla.” WTXL News, January 30, 2013 http://www.wtxl.com/news/legislators-file-bill-allowing-online-lottery-in-fla-poll/article_eb5c9006-6aff-11e2-8c88-0019bb30f31a.html.

²⁹¹ Ibid.

²⁹² “Michigan Lottery Eyeing Internet Sales Launch in 2014,” *The Inquisitor*, April 30, 2013 <http://www.inquisitr.com/654782/michigan-lottery-eyeing-Internet-sales-launch-in-2014>.

footprint and engage the next generation of players in order to replace aging player bases. At the same time, the increased convenience of Internet play also poses the issue of cannibalization of brick and mortar sales for all gambling providers, while 24/7 access to gambling in the privacy of one's home raises the specter of increased problem gambling.

The inability of the US Congress to debate and resolve the legality of Internet gambling left a vacuum over the past decade which was filled by offshore operators which now dominate a vibrant European Internet gambling market generating \$15 billion in 2012 and an expanding global industry estimated at \$34 billion last year.²⁹³ By 2015, Internet gambling is expected to represent 10 percent of all gambling revenue globally.²⁹⁴ Internet will likely continue to expand beyond the three states currently permitting the practice, absent passage of any federal legislation. A completely legalized US Internet gambling market would be estimated to generate \$7.1 billion after five years of operation. New York would be the largest market (\$1.02 billion), followed by California (\$984 million), Florida (\$786 million), Illinois (\$652 million), and New Jersey (\$570 million).²⁹⁵ Ranking as the third largest potential market in the US, Florida would need to carefully consider the pros and cons of Internet wagering and develop an effective strategy for addressing the issue as more and more states can be expected to pass enabling legislation in the future

D. Overview of Gambling Regulatory Schemes

A general description of gambling regulatory schemes, including: State-operated, consolidated agency oversight, multi-agency oversight, and the use of local and state commissions; authorizing and revocation mechanisms; taxation schemes.

In this section we review the structure of the Florida gaming regulatory agencies as well as those of a number of other states and also address how each state addresses the most critical points of regulation.

1. Overview of Florida's Regulatory Structures

Preliminarily, we observe that each state has its own "personality" with regard to gaming venue, laws, history of gaming, priorities, etc., but there are also common themes that often, but not always, shine through regardless of differences. It is these themes of regulation that can be very instructive. Practices repeated are often in place for a good reason – because they have been considered important in many locations over long periods. This is not to say that they should not

²⁹³ H2 Global Summary, H2 Gambling Capital, April 9, 2013.

²⁹⁴ Ibid.

²⁹⁵ US Regulated Internet Gaming Forecast, H2 Gambling Capital, April 9, 2013.

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change if circumstances warrant, but it is important to understand the primary principles of gaming regulation.

The overriding regulatory interest that permeates all effective legislative schemes is the recognized need to engender public confidence and trust in the integrity of the regulatory process and gambling operations. To this end, regulatory agencies are charged with the responsibility of ensuring that unsavory and nefarious influences are prohibited from infiltrating the authorized gambling industry. This mandate is especially important for an industry that historically has been susceptible to corrupt influences. In Spectrum's experience, the linchpin of effective regulation is a comprehensive licensing process designed to ferret out unsuitable persons and entities from participating in this highly lucrative industry. In order for the regulatory apparatus to succeed, it is imperative that licensure be limited to those persons and entities that are able to demonstrate their good character, honesty and integrity.

There are also significant differences in the regulatory structures formulated to accomplish this laudatory objective of effective oversight. Of course, states have regulatory structures that are designed to account for their particular population, location and statutory requirements. For example, in Ohio the location and even the owners of the casino locations were part of the referendum initiative that was approved by the voters in 2010.²⁹⁶ Thus, the regulatory structure did not have a component for *selecting* an applicant, like Massachusetts, Maryland or Kansas. But the referendum did have a component for *evaluating* an applicant like virtually all states, which was tied to an affirmative showing of integrity and financial suitability.

In another example, many states, such as Pennsylvania, Kansas and Maryland, have a requirement for renewal of licenses, including the licenses of owners of casinos. Other states, such as Nevada and (at this time) New Jersey, have no such requirement, though both have a "call forward" provision which requires companies to provide additional information under certain conditions, with some discretion allowed by the persons in authority.

Many regulatory structures have been created and are almost unchanged from the original enabling legislation, some have had minor changes, and others have been radically altered since first implemented. Sometimes the length of time that a regulatory structure has been in existence has made a significant difference as to whether there have been changes. For example, one might expect New Jersey and Nevada to have made some changes to their regulatory structures because of how long the gaming industry has been operating in those states. Indeed, New Jersey has experienced radical changes just in the last few years to their regulatory agencies: the Casino Control Commission and the Division of Gaming Enforcement.²⁹⁷ On the other hand, Nevada has not had significant regulatory changes in many years.

²⁹⁶ Ohio Ballot Board Final Language, Issue 3, 2009, p 9
http://www.sos.state.oh.us/sos/upload/publications/election/Issues_09.pdf (accessed May 27, 2013).

²⁹⁷ New Jersey Senate Bill S12, signed into law on February 1, 2011,
<http://openstates.org/nj/bills/214/S12/documents/NJD00021986/> (accessed May 26, 2013).

Other regulatory structures have changed a moderate amount to accommodate the growth of their gaming industry but much of the regulatory apparatus has remained. For example, Iowa has changed primarily from a riverboat gambling state with considerable pari-mutuel gaming to a state that has mostly land-based casinos. Their regulatory structure has primarily expanded but not changed in form to take these changes into account.²⁹⁸ Maryland has reconstituted its Maryland Lottery to what is now the Maryland Lottery and Gaming Control Commission and Maryland Lottery and Gaming Control Agency and it now regulates casinos with slots and table games. Kansas at one time had a Racing Commission but now that agency has evolved into the Racing and Gaming Commission. Pari-mutuel gaming in Kansas has, at least for now, ceased.

a. Florida Regulation of Pari-Mutuel and Slot Machine Facilities

Chapter 849, Florida Statutes, generally prohibits the conduct of commercial gambling, unless expressly authorized by law. As an exception to the prohibitions in Chapter 849, gaming is permitted at licensed pari-mutuel wagering tracks and frontons, pursuant to Chapter 550, F.S., and also by the state operated lottery, pursuant to Chapter 24, F.S. There are also Native American casinos in Florida and charitable bingo games. Free-standing, commercial casinos and slot parlors are not authorized in the state. The state earlier this year enacted amendments to Chapter 849 that prohibit the operation of Internet/sweepstakes cafes.

Pari-mutuel wagering is authorized for horse racing, harness horse racing, quarter horse racing, greyhound racing, jai alai games and cardroom poker games. These forms of gaming activity are permissible only at a licensed pari-mutuel facility. In addition, slot machine gaming at pari-mutuel facilities is authorized in Broward and Miami-Dade counties. There are 28 pari-mutuel facilities located in Florida (plus inter-track at Ocala).

Chapter 550, F.S., provides for a comprehensive regulatory system with specific licensing and other regulatory requirements for the pari-mutuel industry. The Division of Pari-Mutuel Wagering (“PMW”) is the regulatory agency exclusively entrusted with oversight responsibility for these various authorized forms of gaming activity at pari-mutuel facilities. The PMW is a program area of the Department of Business and Professional Regulation within the Executive Branch of Florida’s government. (Annual Report of Division, 2011-2012) As detailed below, the Florida regulatory design empowers the regulatory agency with broad oversight and licensing responsibilities over all participants in the pari-mutuel gaming industry.

The Division has also been designated by the Florida Legislature as the State Compliance Agency with the authority to fulfill the state’s oversight responsibilities in accordance with the Gaming Compact between the Seminole Tribe of Florida and the State. (Section 285.710, Florida Statutes.) The Seminole Tribe operates seven casinos in Broward, Hillsborough, Collier, Glades, and Hendry counties.

²⁹⁸ See further discussion of Iowa’s regulatory structure below.

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Notably, PMW has no authority to regulate other forms of gaming activity such as lottery, bingo or so-called cruises to nowhere. The Florida Lottery regulates lottery operations. Counties that permit bingo have their own individual ordinances which govern their operation. We also note that the Miccosukee Tribe does not have a gaming compact with the State and therefore operates exclusively under federal jurisdiction as a Class II gaming entity.

The Director of PMW is Leon M. Biegalski. The Office of the Director is responsible for such areas as budget planning; rule promulgation; policy development; legislative analysis of proposed legislation; strategic planning; and enforcement of administrative actions. There are six functional units which operate under the management of the Office of the Director: Auditing; Investigations; Operations; Slot Operations; Revenue and Financial Analysis; and State Compliance Agency.

The Office of Investigations is responsible for conducting background investigations of applicants for permits and occupational licenses and the enforcement and investigation of suspected violations that occur in pari-mutuel wagering, cardroom and slot machine gaming facilities. PMW says typical investigative cases include falsified license applications, criminal history checks, animal cruelty, and the use of performance altering medications and/or illegal substances during races. The Office of Investigations also conducts inspections of all new pari-mutuel, cardroom and slot machine facilities prior to opening and all facilities are routinely monitored by investigators to ensure compliance with the gaming statute and applicable regulations.

The Office of Auditing performs annual compliance audits to verify that statutory accounting procedures are utilized and to identify any fraudulent activity. The auditors reconcile pari-mutuel wagering pools for more than 80,000 races and games annually to ensure integrity in the wagering activity.

The Office of Operations is responsible for ensuring that the day-to-day operation of races and games are conducted appropriately, consistent with the statute and regulations. It is also responsible for administering the licensing process. All individuals and businesses who work or conduct business at a racetrack, fronton, cardroom or slot machine facility or who have access to money wagered, restricted areas and/or racing animals, are required to obtain an occupational license issued by PMW. Slot facility occupations requiring a license include, but are not limited to: slot operations managers; slot shift managers; floor supervisors; slot tech supervisors; slot technicians; slot attendants; security and surveillance personnel; count room and cage personnel; information systems managers; systems analyst supervisors; operations analyst supervisors; and revenue audit managers and supervisors.

Every racing and cardroom occupational license applicant is fingerprinted, and then re-fingerprinted at the time of license renewal five years after initial licensure. Every slot machine occupational license applicant is fingerprinted and then again every three years at renewal. Slot machine licensees pay an annual license fee of \$2 million and a regulator fee of \$250,000.

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A slot machine business entity occupational license for slot machine management companies, service companies, manufacturers, vendors, distributors and testing laboratories is \$1,000 for a one-year license and \$2,000 for a three-year license. All officers, directors and shareholders with 5 percent or more interest in the business entity are required to be fingerprinted. Those persons who need to have access to the slot machine facility are also required to obtain a Slot Machine Business Employee Occupational License.

Annual cardroom operator licenses are issued to permit holders who operate cardrooms, with a fee of \$1,000 per table. Cardroom business licenses are issued to any cardroom distributor, management company, supplier or vendor conducting business with a cardroom. In addition, cardroom employee occupational licenses are required for all cardroom employees except food service, security, maintenance and mutuel teller employees. Possession of this license does not allow access to any restricted area other than the cardroom. A pari-mutuel/cardroom supervisor license is necessary for supervisors of food service, security, maintenance and mutuel teller employees who require access to restricted areas of the track as well as the cardroom. Finally, a pari-mutuel/cardroom employee license is needed for food service, security, maintenance and mutuel teller employees who require access to restricted areas of the track as well as the cardroom.

The Office of Slot Operations oversees the pari-mutuel facilities that have slot machine gaming. A key element of that regulatory oversight is to ensure that every slot machine has been certified by an independent testing laboratory. The Office of Revenue and Financial Analysis is responsible for safeguarding and accounting for state revenues derived from authorized pari-mutuel gaming activity.

The State Compliance Agency conducts inspections of Indian gaming facilities.

Though it appears PMW addresses most areas of the regulatory process we note that full commercial casinos are not yet present in Florida, and the state's law and policy has not, as of yet, been designed to encompass all regulatory aspects of a casino gaming regulatory agency. Additional or more in-depth regulatory processes may be needed when and if commercial casinos are implemented.

Division Application Requirements

The following are the filing requirements of the Division:²⁹⁹

- **LICENSE TERM:** Florida Slot Machine Business Licenses are valid for the fiscal year (three-year licenses are also available). The application fee is \$1,000 for a one-year license, \$2,000 for a three-year license.
- **OFFICERS AND DIRECTORS:** No license is issued. All Officers, Directors, and Shareholders of 5 percent or more interest in the business entity who do not need

²⁹⁹ Filing requirements provided by PMW.

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access to a slot machine facility in Florida, must submit a fingerprint card and the \$40.50 fingerprint processing fee upon submission of the Slot Machine Business Entity Occupational License Application, and an Authorization for Release of Information form must be completed. Any Officer, Director, or Shareholder of five percent or more interest of a business entity who needs access to a slot machine facility in Florida, must obtain a Slot Machine Business Employee Occupational License. Officer/director/ shareholder(s) must submit fingerprint cards and pay \$40.50 fingerprint fee the first year and \$16.50 every three years thereafter.

- An Authorization for Release of Information form must be completed for the business.

NOTE: Any business employee who needs access to a slot machine facility in Florida must obtain a Slot Machine Business Employee Occupational License.

The following is a detailed list of application requirements for a Slot Machine Business Employee license:

- An Individual Slot Machine Occupational License Application form must be completed.
- LICENSE TERM: Florida Slot Machine Business Licenses are valid for the fiscal year. The application fee is \$50 for a one-year license, \$100 for a three-year license, plus a \$40.50 fingerprint processing fee. An Authorization for Release of Information form must be completed for each employee. Applicants for Slot Machine licensing must be 21 years of age or older. Applicants must submit his/her fingerprints for a criminal history background check and pay the \$40.50 fingerprint processing fee when submitting an initial application. Every three years after the initial fingerprint submission, upon renewal, the applicant must pay \$16.50,

The disclosure forms required for natural persons require disclosure of prior license and criminal history information among other things. Though the disclosure requirements are substantial the forms that are used by PMW do not include a document on the order of the multi-jurisdictional disclosure form provided by the International Association of Gaming Regulators,³⁰⁰ which is utilized by many casino gaming regulatory agencies. While this specific form is not essential to the process the disclosure of information that is required on that form is critical to the process of investigations.

Some specific information such as a financial net worth statement for natural person qualifiers is not required by the forms now utilized by PMW.

³⁰⁰ The multi-jurisdictional form is available online at several locations, including: <http://iagr.org/wp-content/uploads/Multi-Jurisdictional-Application.pdf> (accessed May 28, 2013).

Additional Functions of PMW

In addition to these functions of a typical gaming regulatory agency for slot machine facilities, PMW also has comparable responsibilities for pari-mutuel wagering. The regulation of pari-mutuel wagering also includes many other functions such as the collection of urine and blood samples. PMW utilizes a racing laboratory under contract that collected over 86,000 samples in FY 2012.

Florida thus has already adopted a “consolidated regulatory agency” model in which one agency addresses almost all the regulatory functions, including pari-mutuel wagering. (Later in this report we will review a number of other states’ regulatory agencies and address the best practices of regulatory models.)

Changes to the Division because of Slot Machine Licensing

The absorption by PMW of the licensing function has significantly added to its staff. Before the implementation of slot machine licensing the agency had 62 full-time employees. In FY 2013 there were 115 appropriated employees, 50 of which were dedicated to slot machine licensing. Four full-time-equivalent positions were added for oversight of the compact between the State and the Seminole Tribe. There would be significantly more staff added if full casinos were implemented.

Even with this increase in the PMW budget it is apparent that the agency is still heavily dedicated, in staff, to the regulation of pari-mutuel operations rather than slot operations, even though the State’s revenue comes by this time primarily from the operation of the slot machine operations. This is due to the numbers of facilities – 28 pari-mutuel operations vs. six slot operations.

b. Lottery

The Florida Lottery requires submission of a company application form and a host of other requirements for approval to be a lottery retailer.³⁰¹ The application requires identification of the persons associated with the company who have a 10 percent holding and the identification of any criminal record for those persons. The disclosure form also requires a short explanation of the business operation.

Retailers must agree to a seven-page contract that addresses Public Entity Crime and the maintaining of certain bank accounts. Record-keeping and access to records by the Lottery is also required. The following is a description of the vendor registration process provided by the Lottery:

“The Florida Lottery uses MyFloridaMarketPlace (the State of Florida's eProcurement system) which includes a statewide enterprise on-line vendor registration process. This

³⁰¹Florida Lottery <http://flalottery.com/howToApply.do> (accessed May 24, 2013).

system is designed to streamline interactions between vendors and state government entities that purchase goods and services, and provides a user-friendly Internet portal where vendors can register, receive information on upcoming bids, post information on products and services, and receive purchase orders electronically.

“Section 24.103(6), Florida Statutes defines a “Vendor” as “a person who provides or proposes to provide goods or services to the department, but does not include an employee of the department, a retailer, or a state agency.”³⁰²

c. Charitable Bingo

Section 849.0931 of the Florida Statutes authorizes the conduct, permitted uses of proceeds and limitations of bingo games by “charitable organizations.” These are defined as charitable, non-profit and veterans' organizations engaged in charitable, civic, community, benevolent, efforts or scholastic works and other similar activities. All charitable organizations must be qualified for exemption from federal income tax as an exempt organization under the provisions of section 501(c) of the Internal Revenue Code.

The statute mandates that all proceeds resulting from the conduct of the bingo games are donated to charitable organizations, less actual business expenses for the operation, conduct and playing of bingo. The statute strictly prohibits the net proceeds from bingo games from being used for any other purpose.

Section 849.0931, Florida Statutes (1993), contains various other provisions intended to assure that the primary benefactors of the authorized bingo games are actually the charitable, non-profit and veterans' organizations, and not private persons. These include requirements that the operators must be bona fide members of the organization conducting the bingo game, must not be compensated for the operation of the bingo game, and must be residents of the community where the organization is located. The protective statutory provisions also include requirements that the property upon which the bingo games are held must either be owned by the worthy organizations or leased by worthy organizations for not less than one year, provided that the rent is not unreasonable for the location.³⁰³

Bingo is not regulated by the State. However, municipalities and/or counties that permit bingo have their own local ordinances that govern its operation. Most municipalities require a business tax license, or occupational license, to conduct bingo. Some require a special exemption waiver for that activity (bingo) in order to qualify for a business tax license. The licenses are issued annually and require copies of IRS financial statements.

³⁰² Florida Department of Management Services
http://www.dms.myflorida.com/business_operations/state_purchasing/myfloridamarketplace.

³⁰³ Report of the Twelfth Statewide Grand Jury: The Operation of Commercial Bingo Halls in the State of Florida; October 25, 1995.

d. Native American Casinos

The gaming compact between the Seminole Tribe and the State (“Seminole Compact” or “Compact”) was executed by the Governor on April 27, 2010 and ratified by the US Department of the Interior on July 7, 2010.³⁰⁴ The Seminole Compact has a term of 20 years, expiring on July 31, 2030,³⁰⁵ although the expiration for house-banked card games (including blackjack, chemin de fer and baccarat) expires July 31, 2015, unless renewed.

The Seminole Compact authorized covers games at seven locations and also requires the tribe to regulate its casinos under specific internal control requirements.³⁰⁶ The Compact names the Seminole Tribal Gaming Commission (“Gaming Commission”) as the tribal governmental agency that has the authority to carry out the Tribe’s regulatory and oversight responsibilities.³⁰⁷ The Compact also provides for the monitoring of the tribal casinos by the State.³⁰⁸ Licensing is also addressed in the Compact.³⁰⁹

The Gaming Commission has established a regulatory structure that Spectrum believes is thorough and substantial. Ed Jenkins is Director of Compliance and Regulations for Gaming and has significant experience with the FBI and with the gaming industry. He indicates he has worked for the tribe since 2001 and has established a regulatory agency which he indicates is independent and capable. Perhaps an example of this independence is the requirement that surveillance departments within the casinos are required to report to the Gaming Commission and not to operations.

The surveillance department is critical to internal controls because it is designed to be the eyes and ears to any crime that may be occurring at the casino floor. It is the last line of defense against crimes committed by any patron or employee, including management. In Spectrum’s experience, often casino management will balk at providing sufficient staff to the department and argue against creating a reporting line which establishes a point of view which is free from influence by casino management. Spectrum believes a reporting line that goes to casino operations leaves a casino vulnerable to a host of crimes, including collusion at the highest levels.

The fact that the Gaming Commission requires this independence is one sign that regulatory requirements are being taken seriously. There are other signs as well. Gaming Commission staff is present at the casinos 24 hours a day, seven days a week. The license

³⁰⁴ Department of the Interior News Release July 7, 2010.

³⁰⁵ Seminole Compact, p 49

³⁰⁶ Ibid., p. 13 and 14.

³⁰⁷ Ibid., p. 3 and 23.

³⁰⁸ Ibid., p. 25.

³⁰⁹ Ibid., p. 31.

process, including the licensing or registration of all employees, seems significant (though Spectrum notes there is no renewal to a license).³¹⁰ The fact that someone of significant experience such as Ed Jenkins was hired is another indication of the significance that the Seminole Tribe has placed on regulation. It is also important that Jenkins's reporting line appears also to be independent from casino management influence.

25.Regulation in Other States

Spectrum reviewed and analyzed gaming laws and interviewed representatives from several other states. In addition, we reviewed the Florida Senate interim report of October 2010, *Review of Casino Gaming in Other States*.³¹¹ Based on our experience working for, with, and studying, state regulatory agencies across the country, we selected several gaming commissions for discussion in this report that we believe would be insightful into various regulatory models.

a. Introduction: Establishment of Standards

All states and many foreign jurisdictions require companies to apply to be a casino operator, and require companies to show qualification in such areas as good character, honesty, integrity, the absence of a criminal record, and financial stability. There are variations in the extent to which persons associated with the company and associated companies must file and establish these standards. Most, if not all, states that have implemented casino gaming, or are in the process of doing so, such as Massachusetts, Maryland, Kansas and Ohio, require that parent companies as well as all those natural persons with an ownership interest beyond a certain percent (5 percent is often used) to file and establish these qualifications. In addition, those officers, board members and executives deemed to be qualifiers due to their prominence in the company must demonstrate these qualifications. Since these associated companies and natural persons can have an influence over the casino operator it is incumbent upon a state to require the establishment of such standards.

The selection of casino operators is the starting point of establishing public trust in the casino industry as one of integrity. It is critical that this step be completed carefully and thoroughly. Through this process the state is not only establishing that the gaming industry is one of integrity, but that the selection of who will be a casino operator has been done with integrity by the state. In cases where the selection process was called into question (the Pennsylvania grand jury investigation has been addressed in the section of this report on Effective Regulation: Trends and Best Practices in the Governance and Regulation of Gambling and is an example of a

³¹⁰ Phone interview with Ed Jenkins May 17, 2013. Mr. Jenkins did note, however that if an employee changes positions there is an additional investigation.

³¹¹ Florida Senate, *Review of Casino Gaming in Other States*, October 2010.
<http://www.flsenate.gov/Committees/InterimReports/2011/2011-133ri.pdf>.

selection process called into question), the expense to the state of re-establishing that trust can be enormous.

b. Bid Process or Non-Competitive Application

Beyond requiring of the qualification standards noted above, licensing decisions depend on basic policy: The state must decide how and in what way it wishes to limit the numbers of operating casinos, or whether unlimited numbers of casinos may be issued. There are two primary methods for awarding licenses: competitive bidding and non-competitive applications. The former process occurs in situations where there are a finite number of licenses permitted in a particular region, while the latter method is utilized in instances where an infinite number of licensees are permitted by law. For both methods, there are still essential qualification requirements relating to a person's and an entity's showing of good character, honesty and integrity.

If a state determines the demand is great enough, an unlimited numbers of casinos may be appropriate, but the state must address if that level of competition would potentially saturate the market and negatively affect the financial viability of the businesses involved. Nevada allows unlimited numbers of casinos in unlimited locations; all other states have some limitations.

Limitation to a specific area of the state can create a destination area. For example, New Jersey's requirement that casinos be located in Atlantic City was intended to create just such an area. States such as Pennsylvania, Maryland, Kansas and Massachusetts limit the number and types of casinos that are permitted and their location. Within those limits these states required a competitive bid process that required applicants to show the value of their application in such areas as economic development and job creation in the area.

c. Regulatory Structures Consolidated or Separated Oversight

Though generalizations can be made about regulatory models there are no two states that have regulatory agencies which are truly comparable in all respects. There are simply too many unique forums, too many different types of gaming venues, and too many unique legal structures in every state. The states which are addressed below, while not intended to be a complete survey of every state, are very illustrative of both the uniqueness of different states' regulatory structures and their similarities:

Massachusetts

The Massachusetts Gaming Commission ("MGC"), which has begun the process of awarding four casino licenses, was created by law in November 2011. That law provided for

commercial casinos in the state, created a provision which could allow for an Indian casino, and brought the pari-mutuel industry under the auspices of the MGC.³¹²

This law also created one agency, whose five members serve full-time, and which consolidated responsibilities and authorities for investigations, prosecution of violations, policy formulation and decision making. With the exception of the Massachusetts Lottery, the MGC has wide reaching purview over gaming matters.

Thus the MGC is an example of an agency which has consolidated oversight. An important part of this consolidation is the Investigation and Enforcement Bureau (“IEB”), the “primary enforcement agent for regulatory matters.”³¹³ The IEB has numerous responsibilities, including the authority to conduct or limit investigations,³¹⁴ the decision on certain license matters and the holding of relevant hearings.³¹⁵ The IEB is a law enforcement agency and works directly with and will include members of the Massachusetts State Police. Because of its designation as a law enforcement agency it can request fingerprint criminal records checks directly from the FBI. The Massachusetts Expanded Gaming Act takes measures to assure the independence of the IEB’s investigations, specifying that the commission “shall not place any restriction upon the bureau’s ability to investigate or prosecute violations of this chapter or the regulations adopted by the commission.”³¹⁶

In many states, there are agencies or bureaus that have the responsibilities of the IEB but which are separate from the gaming commission/decision-making authority. As will be discussed later, some of these agencies are part of or connected to the State Police and many times they report to the Attorney General of the state. In Massachusetts the IEB reports to the MGC, which has ultimate authority over license decisions and policy matters. And the IEB is only one of a wide range of consolidated responsibilities under the auspices of the MGC.

Another consolidation that has taken place in Massachusetts is the fiscal authority and responsibility which has been given to the MGC. The MGC is the trustee for the many funds created by the Expanded Gaming Act and for all revenue collected by from the commercial casinos.³¹⁷ In many other states trustee responsibilities are under the authority of the State Treasurer.

Still another responsibility under the MGC is that of the Racing Commission. The Racing Commission was a separate agency until passage of the Expanded Gaming Act, but now is under

³¹² Massachusetts Expanded Gaming Act, Chapter 194 of the Acts of 2011
<http://massgaming.com/about/expanded-gaming-act/> (accessed May 28, 2013).

³¹³ Ibid, Section 6. Although the IEB is part of the MGC it is also required to work in conjunction with the Attorney General’s Office on criminal matters, pursuant to Section 6.

³¹⁴ Ibid., Section 12 b.

³¹⁵ Ibid., Sections 30 and 31.

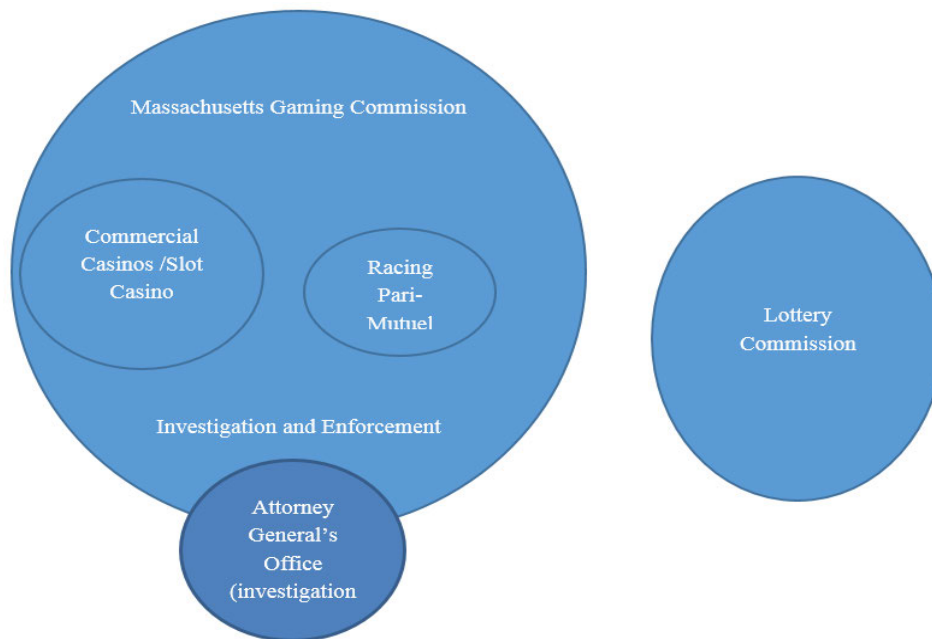
³¹⁶ Ibid., Section 34.

³¹⁷ Ibid., Section 4

the authority of the MGC. Thus the MGC is a host racing commission and an off-track betting commission and also has responsibilities over simulcasting.³¹⁸ Despite this, the MGC is primarily a gaming commission, with the majority of its resources and staff devoted to casino gaming.

In Massachusetts, the extensive responsibilities of the MGC can be represented in chart form, as indicated below. All functions, relating to gaming, with the exception of the lottery, are encompassed under the purview of the MGC, although the Attorney General also will have investigative authority into casino criminal activities.

Figure 34: Massachusetts gaming regulatory structure



Source: Massachusetts state agencies, Spectrum Gaming Group

Ohio

The State of Ohio is a contrast to Massachusetts in that there are several agencies involved in the regulation of gaming. The Ohio Casino Control Commission (“OCCC”) has the primary responsibility for regulating the four commercial casinos but other agencies are involved as well. The OCCC is comprised of seven members who serve as part-time officials.³¹⁹ The Ohio Bureau of Criminal Identification is involved in the license application process as the agency responsible for receiving reports from the FBI.³²⁰ The Division of Taxation is responsible for

³¹⁸ Ibid., Section 7

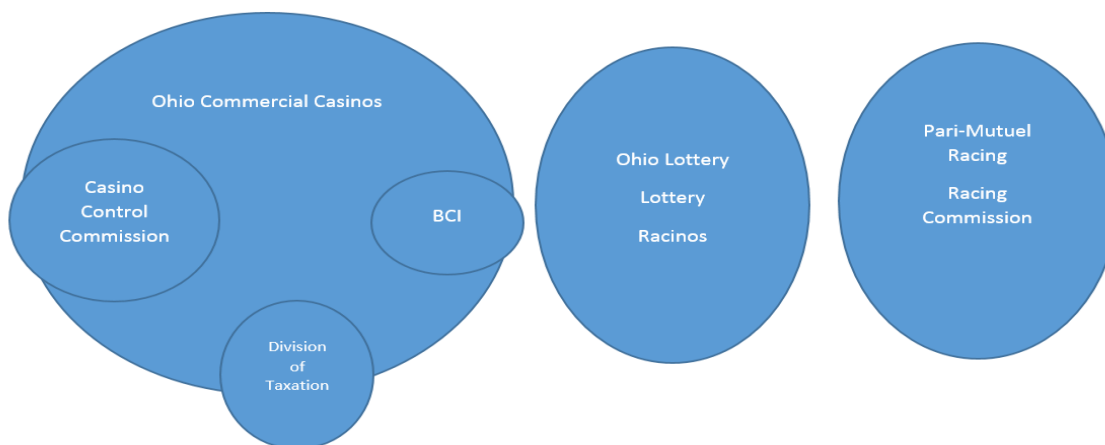
³¹⁹ Ohio Revised Codes Chapter 3772 <http://codes.ohio.gov/orc/3772.02> (accessed May 25, 2013).

³²⁰ Ibid., section 3772.07.

collection of the gaming revenue.³²¹ The Ohio Lottery is a separate agency that oversees the traditional lottery as well as racetrack VLTs. The Ohio State Racing Commission oversees Pari-mutuel gaming and Racing.

This separation of responsibilities is depicted in the following diagram:

Figure 35: Ohio gaming regulatory structure



Source: Ohio state agencies, Spectrum Gaming Group

Maryland

In Maryland a 2012 referendum approved table games at the existing slots casinos.³²² The change re-constituted the State Lottery as the State Lottery and Gaming Control Agency (“LGCA”).³²³ This agency now has regulatory responsibility and authority over the commercial casino industry as well as the Lottery. The change resulted in the addition, at one time, of 44 employees for the agency to handle the added responsibilities of table games.³²⁴ Maryland’s gaming industry evolved from the lottery and the regulatory agency has evolved to handle the significantly greater responsibilities of a gaming agency as well as the lottery program.

³²¹ Ohio Department of Taxation website, http://www.tax.ohio.gov/gross_casino_revenue.aspx (accessed May 20, 2013).

³²² Maryland Gaming Expansion Question, Question 7 (2012) http://www.elections.state.md.us/elections/2012/ballot_questions/Question_7_Summary.pdf (accessed May 25, 2013).

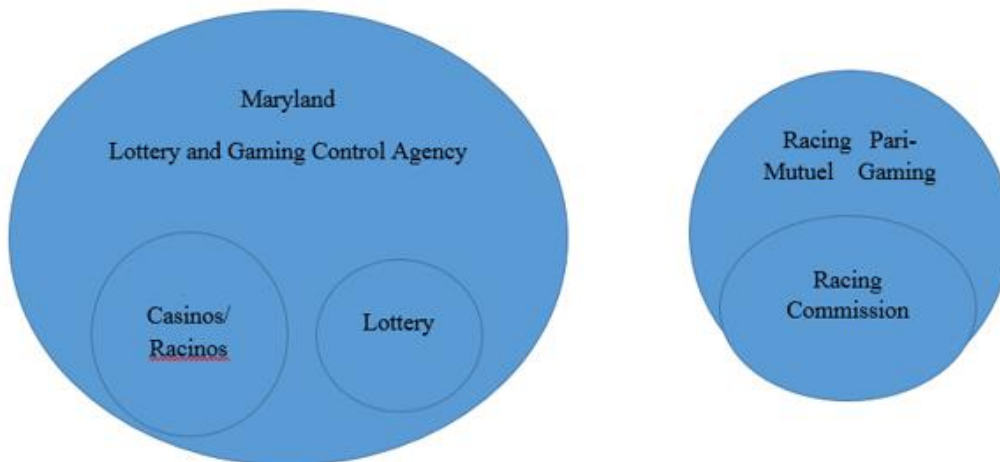
³²³ August 2012 Special Session on Gaming in Maryland from the Governor’s Website <http://www.governor.maryland.gov/session.asp> (accessed May 24, 2013).

³²⁴ *Baltimore Business Journal*, November 15, 2012 <http://www.bizjournals.com/baltimore/news/2012/11/15/kirby-fowler-named-chair-of-maryland.html> (accessed May 24, 2013) .

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There is also a separate Racing Commission in Maryland within the Department of Labor, Licensing and Regulation which oversees the pari-mutuel industry. Maryland's gaming structure is depicted below.

Figure 36: Maryland gaming regulatory structure



Source: Maryland state agencies, Spectrum Gaming Group

New Jersey

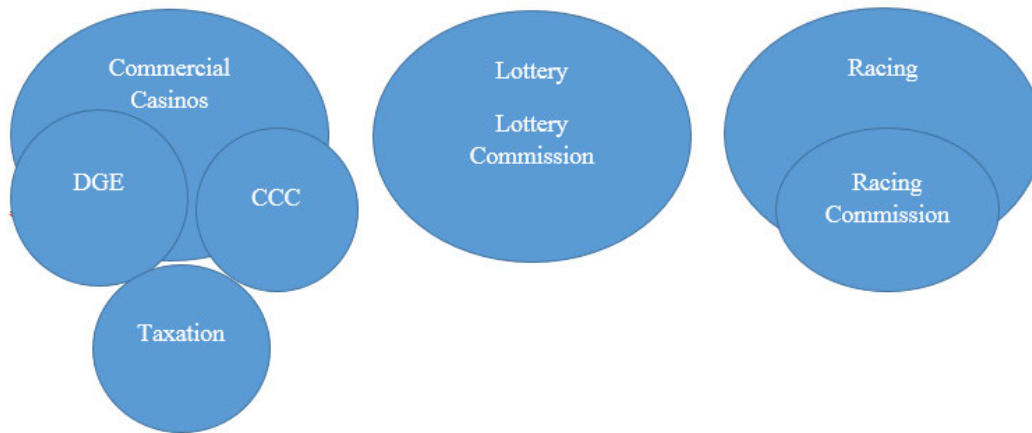
Until recently, the New Jersey Casino Control Commission was the agency responsible for the day-to-day oversight of operations, internal controls, regulations, licensing, financial analysis and auditing. The Division of Gaming Enforcement was responsible for investigations and enforcement. Those responsibilities have shifted and now the Division of Gaming Enforcement has more responsibilities in auditing, licensing and financial analysis. Much of the day-to-day oversight of operations and licensing requirements has been eliminated.³²⁵ The Division of Taxation took responsibility for the collection of several taxes previously collected by the Casino Control Commission, including the gross revenue tax.³²⁶

In New Jersey, the Lottery is regulated by a separate Lottery Commission and Racing is regulated by a separate Racing Commission.

³²⁵ Senate Bill S12 and New Jersey Casino Control Act.

³²⁶ New Jersey Division of Taxation website regarding New Legislation 2011
<http://www.state.nj.us/treasury/taxation/newlegislation2011.shtml> (accessed May 25, 2013).

Figure 37: New Jersey gaming regulatory structure



Source: New Jersey state agencies, Spectrum Gaming Group

Pennsylvania

Pennsylvania's dominant regulatory agency is the Pennsylvania Gaming Control Board ("PGCB"). The state has confronted issues regarding its regulatory structure, as a grand jury investigation and report cited initial structural weaknesses, which are useful for instructional purposes.³²⁷ That grand jury report is dealt with in significant detail later in this report.

Some of the changes that were implemented by the PGCB, such as the creation of an independent reporting line for the Bureau of Investigations and Enforcement ("BIE"), are valuable in illustrating the priorities that should exist for any regulatory agency. These points are further discussed in our summary portion below. Since the grand jury report there have been changes to the PGCB and the only link between the BIE and the PGCB now is for administrative functions.

Although the Pennsylvania statutes require approval by one of the two racing commissions (Horse or Harness) for a Category 1 (racino) license, as a practical matter the PGCB oversees and takes major responsibility for the regulation of gaming operations at racinos. The PGCB is fully responsible for the non-racino casinos in the state.

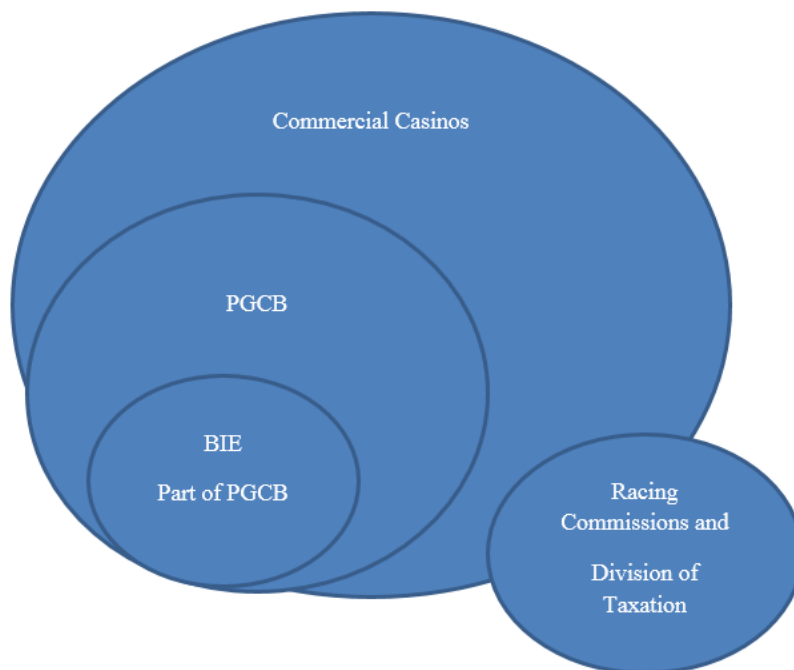
The PGCB is not a law enforcement agency but it works closely with the State Police in its investigations. The Department of Revenue is the trustee for the gaming revenue³²⁸ but the

³²⁷ Donald Gilliland, "Pennsylvania Gaming Control Board riddled with culture of 'noncriminal misconduct,' grand jury report says," *The Patriot-News*, June 12, 2011
http://www.pennlive.com/midstate/index.ssf/2011/06/grand_jury_report_describes_cu.html.

³²⁸ Pennsylvania Statutes Title 4 Chapter 14.

PGCB oversees the internal controls and the day-to-day operations of the casinos. The Pennsylvania model is illustrated below.

Figure 38: Pennsylvania gaming regulatory structure



Source: Pennsylvania state agencies, Spectrum Gaming Group

Kansas

Kansas has a unique organizational structure which involves two primary agencies. The Kansas Lottery technically owns the games in the casinos and the revenue that comes from those games.³²⁹ The managers of the casino operations own the facilities and are “paid a fee.”³³⁰ Though this is the legal wording in the Kansas Expanded Lottery Act, for practical purposes there are mainly only subtle differences in the collection of taxes from other states.

The Kansas Lottery, however, is responsible for the gaming revenue and conducts a regular reconciliation. A daily reconciliation through electronic means is done on slot revenue and a monthly reconciliation is done of the table game revenue.³³¹ The Kansas Lottery is also responsible for the lottery program in the state.

³²⁹ Kansas Expanded Lottery Act, for example New Sec. 3(a) indicates: “The Kansas Lottery may operate one lottery gaming facility in each gaming zone.”
http://krgc.ks.gov/images/stories/pdf/Statutes_and_Regulations/kansas_expanded_lottery_act.pdf (accessed May 25, 2013).

³³⁰ Ibid., New Sec. 35.

³³¹ Ibid.

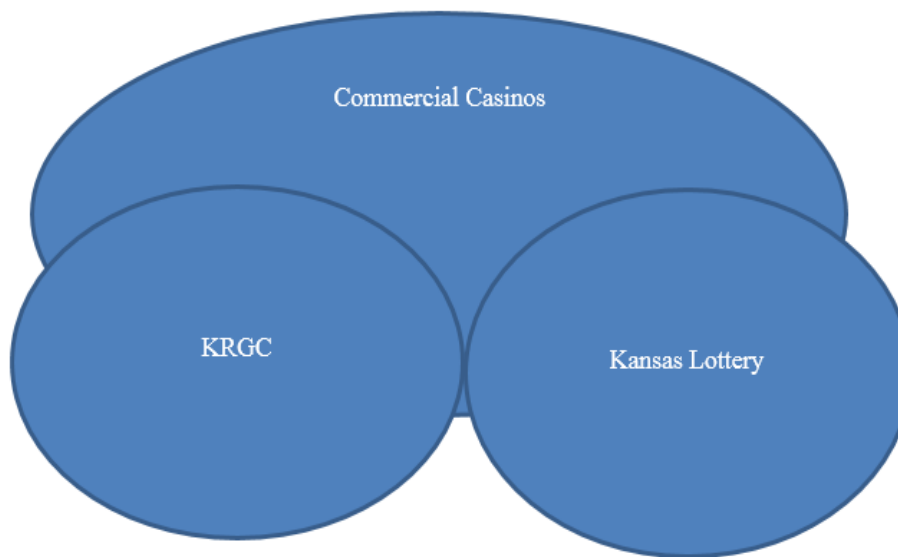
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It is the Kansas Racing and Gaming Commission (“KRGC”) that performs the bulk of the typical regulatory functions over the casinos, including oversight of casino operations, investigations and licensing. The KRGC also performs audits on casino revenue. This is an acknowledged though minor overlap of functions between the two agencies, but this redundancy is not considered a bad thing. According to representatives from both agencies, the system works well and helps to create a needed assurance of integrity.

Pari-mutuel gaming has become inactive in Kansas, without any performances since 2008.³³² Thus the KRGC’s focus is on casino gaming.

The Kansas model is depicted below:

Figure 39: Kansas gaming regulatory structure



Source: Kansas state agencies, Spectrum Gaming Group

Iowa

Iowa has a primary agency that regulates the 18 commercial casinos in the state but other agencies are utilized in more minor roles. The Iowa Racing and Gaming Commission (“IRGC”) performs most typical functions including licensing and the oversight of daily operations. Employees and gaming related companies are licensed. Investigations, however, are primarily carried out by the Department of Criminal Investigations (“DCI”). The DCI is also present at each casino and play a major role in investigations of criminal activities and enforcement.³³³

³³² Interview with representative of the KRGC.

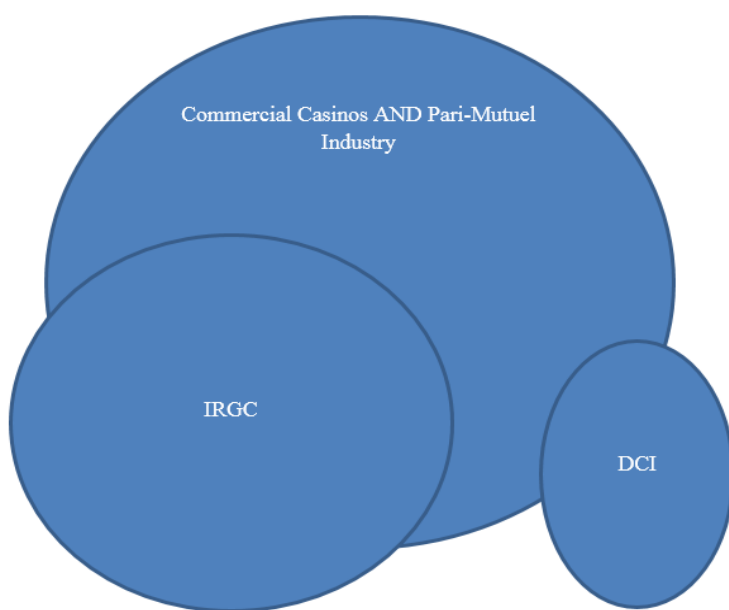
³³³ Gathered from Interview with representative of the Iowa Racing and Gaming Commission 5-20-2013.

The Department of Revenue is the trustee for the gaming revenue though the IRGC and takes responsibility for assuring the internal controls are followed and for auditing.³³⁴

The IRGC has a parallel with the Florida PMW in that it is also responsible for pari-mutuel wagering in the state. The IRGC is responsible for the presently operating pari-mutuel facilities of one horse track and two dog tracks in the state. Though this agency does have pari-mutuel wagering regulatory responsibilities there are also considerable differences with the Florida PMW. The Iowa pari-mutuel industry has significantly fewer facilities than Florida and there is no requirement to limit casino gaming in pari-mutuel facilities.

The organization of the agencies involved in Iowa is depicted below:

Figure 40: Iowa gaming regulatory structure



Source: Iowa state agencies, Spectrum Gaming Group

d. Regulatory Oversight Critical Functions

Regulatory agencies that oversee commercial casinos have a number of typical functions. While there are variations in the details as to the depth of regulation and the specifics of procedures, the *types* of functions have become standard in almost all states.

Some of the most critical of those functions include licensing, ongoing review of daily operations, internal control requirements and auditing. Each of these is addressed below:

- **Licensing:** All regulatory agencies investigate and make a determination regarding the qualifications of companies and natural persons that apply to operate, work in or

³³⁴ Ibid.

service casinos. Some states have more extensive requirements than others. All states require casino operators and companies that supply gaming related equipment or services, such as slot machines, to file for a license. Some states, such as Pennsylvania and Massachusetts, require companies that supply non-gaming goods or services to file for a license under certain conditions (in Pennsylvania a certification, which is similar to a license, is required). In Massachusetts, the MGC may require any vendor regularly conducting over \$250,000 of business with a gaming licensee within a 12-month period or \$100,000 of business in a three-year period to be licensed as a gaming vendor.³³⁵ The Pennsylvania Gaming Control Board requires companies that conduct over \$500,000 worth of business to be certified.³³⁶

Without having some mechanism for a regulatory agency to review all contracts with a casino operator, even those that relate to non-gaming companies, the regulatory agency may be unaware of the movement of large amounts of money or the infiltration of organized criminal elements. The need for close examination of non-gaming enterprises such as construction companies became evident in New Jersey in the Bayshore Rebar matter, among others.³³⁷

Similarly, almost all states require either licensing or registration of employees that work in the gaming areas. Some states, such as Massachusetts, also require employees that work in non-gaming positions to be registered.³³⁸ Spectrum has found that it is good policy to require licensing or registration of such persons because of the potential for such individuals to be involved directly or through collusion in theft or other crimes in a casino operation.

The attention to detail of this process is critical as it is the first step in assuring integrity of the casino industry in that state.

- **Ongoing Review of Daily Operations:** Virtually all states also maintain a presence in the casino. The extent of this presence varies from a 24/7 inspector or agent publicly visible level, such as exists in Pennsylvania, Massachusetts and Ohio, to a limited law enforcement presence such as what now exists in New Jersey. The inspector or agent presence includes greater scrutiny of ongoing gaming operations and transactions. As

³³⁵ Massachusetts Expanded Gaming Act, section 31 (d).

³³⁶ Pennsylvania Gaming Control Board <http://gamingcontrolboard.pa.gov/?p=75> (accessed May 29, 2013).

³³⁷ As indicated in the following article, which is a report of the final Bayshore Rebar hearing, the company was denied a license in 1989 and 1997. George Anastasia, "'The other Joey Merlino' gets casino service license," *Philadelphia Inquirer*, May 6, 2010 http://articles.philly.com/2010-05-06/news/24958581_1_hearing-examiner-mob-ties-joey-merlino.

³³⁸ Massachusetts Expanded Gaming Act, section 30 (c).

happened in New Jersey, such requirements may be stringent in the early years and then relaxed somewhat as the both the industry and regulatory system mature.³³⁹

- **Internal control requirements:** Virtually all states have requirements that require the casino operation to address internal controls within their operations. Internal control requirements may mandate that certain departments such as surveillance and internal audit are created, separation of such duties such as income control and table games to prevent incompatible functions, and document controls.
- **Auditing:** Regulatory agencies have an audit function over the casino operations, though the extent and frequency of such audits may vary. At a minimum, best practices demonstrate that the casino regulatory agency must conduct random unscheduled audits relating to the collection of gaming revenue.
- **Underage gambling and problem gambling:** All jurisdictions are justifiably concerned with the problems associated with underage gambling and problem/compulsive gambling. Statutory schemes attempt to cope with such important public policy concerns. One such endeavor entails the formation of a self-exclusion list whereby self-proclaimed problem gamblers can voluntarily decide to be excluded from gambling activity. Once a person is placed on the self-exclusion list, the casino operator is obligated to take appropriate measures to enforce the exclusion from gaming activity, including a cessation of direct marketing to the individual. With respect to underage gambling, such activity is generally harshly punished, both as to the underage patron and the casino operator.

e. Table of Organization of Regulatory Agencies

Organizations of regulatory agencies are largely divided by the functions detailed above and by functions that allow for these actions, with some additional functions that are needed in most government agencies. In 2010, Spectrum did a review of gaming agencies that address the types of tables of organization. This report will borrow from that earlier research.³⁴⁰

The following are departments or offices that are typical in casino regulatory agencies:

- **Investigations.** Casino regulatory agencies have staff devoted to investigations, though as detailed on the section regarding regulatory structures, investigatory functions are often separated from those functions that decide licensing.
- **Licensing:** The license function often has its own staff because the specific activities of licensing are often most efficiently accomplished by those familiar with

³³⁹ Spectrum Gaming Group, "Gaming Regulation: Overview, Primer," prepared for the State of New Hampshire, January 26, 2010 http://www.nh.gov/gsc/calendar/documents/20100216spectrum_regulatory.pdf.

³⁴⁰ Ibid.

applications, the review of investigatory reports and data collection relevant to the process.

- **Operational Review of Casinos:** Casino regulatory agencies often have an inspection or agent staff that is devoted to the operations of casinos. In some cases there is both a law enforcement and civilian presence. A civilian presence in a casino operation can assist in the oversight of internal controls and is less expensive than a law enforcement presence. A law enforcement presence is necessary also for criminal purposes.
- **Internal Controls:** There is typically a group of staff devoted to the review of the casino's internal controls. Typically, especially in jurisdictions that involve larger casinos, the internal control plans of a casino are submitted for review and approval by this group
- **Financial Analysis:** Casino regulatory agencies are responsible for the collection of revenue, thus the analysis of trends in incoming revenue is useful and possibly critical.
- **Auditing:** Auditing of the considerable sums of revenue in a casino industry by the regulatory agency is especially critical. Nearly all agencies employ staff devoted to such functions.
- **Other functions:** Casino regulatory agencies are in great need of services in Information Technology since the management of revenue and license data is an ongoing, regular and challenging process. There is also a need for the accounting for and transfer of funds, as many regulatory agencies are the trustee of funds. There is also a need for typical services such as administration, human resources, and public information dissemination.

Regardless of the regulatory scheme employed, Spectrum has found that regulation is most effective when it provides the following, as noted in the aforementioned 2010 report:³⁴¹

- Provides for sufficient regulatory oversight by creating a unit or team that is frequently on the casino floor, accessible to the public and visible to casino employees
- Creates a license structure that addresses all those that participate in the gaming industry, including the casino licensees, the companies that service those licensees and the employees. It is only by examining the background of all those who seek to participate in the industry that integrity can be assured.
- Creates a decision-making structure that allows for independence from the investigatory branch of the regulatory structure. In addition, sufficiently staff the decision-making agency to ensure it has adequate resources to carry out its duties.

³⁴¹ Ibid., p. 19.

f. Full- and Part-Time Decision-Making Authorities

Agencies in all casino gaming states have full-time staff.³⁴² However, as documented in the section of this report on regulatory structures, no two states are the same in the composition of the staff or even in the number of agencies that employ them. There is also a mixed bag regarding the decision making authorities (often called commissions) in each state.

The argument for a full time gaming commission can go back to the time of Abscam at the start of the New Jersey Casino Control Commission (Commission).³⁴³ At that time the Commission was part-time (except for the Chairman who was full-time). After Abscam, the law in New Jersey was changed to require full time commissioners. A full time commissioner, which is allowed no other occupation, is likely to be more focused on their positions. The tradeoff may be that full time commissioners should be paid a full time salary.

Two of the most recently formed commissions, the Ohio Casino Control Commission and the Massachusetts Gaming Commission, went in different directions when they formed their agencies.³⁴⁴ As is also documented in the aforementioned Spectrum report of 2010, there is no specific trend on this issue.³⁴⁵ The appropriate answer for a state forming a new gaming commission would depend in the size and complexity of the gaming industry. Surely the larger gaming industries would require more license making decisions and a full-time position may be more appropriate.

26.Application Forms

a. Form of Application and Background Investigations

The basic application form that is used by many casino regulatory agencies for natural persons is the multi-jurisdictional personal history disclosure form.³⁴⁶ This form is often supplemented with an additional form that is designed to take into account a state's specific requirements. The multi-jurisdictional form requires disclosure of information on family background, offices and positions, employment and licensing data, testimony before a license agency, company ownership information, civil and criminal arrest history, financial data, and a net worth statement.

³⁴² In addition to the information in this report also see Ibid., p. 17.

³⁴³ The following is an article provides a summary of the Abscam sting: <http://socyberty.com/government/abscam-operation/> (accessed May 29, 2013).

³⁴⁴ Ohio's Commission is part time, see 3772.02. Massachusetts' commissioners are full-time, see the Massachusetts Expanded Gaming Act, Section 3.

³⁴⁵ Spectrum New Hampshire report, p 17.

³⁴⁶ The multi-jurisdictional form is available on the web on several locations, such as at: <http://iagr.org/wp-content/uploads/Multi-Jurisdictional-Application.pdf>.

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Gaming agencies also often require a Business Entity Disclosure Form³⁴⁷ which typically requires information about the business, the directors and trustees, officers, voting owners, compensation, contracts, transactions, testimony, violations, bankruptcy proceedings and licenses,

Other forms are often used by casino regulatory agencies for other types of applications including for employees in lower level positions and companies that are not gaming related. Pari-mutuel agencies commonly use a smaller form than the multi-jurisdictional form.

It is a universally accepted practice for casino gaming regulatory agencies to conduct background investigations, either by its internal staff or by retaining the services of a third-party investigative firm, to evaluate an applicant's suitability for licensure. The licensing process for authorization to operate a casino facility or to be employed in a gambling establishment, commences with the filing of a license application by the applicant, to be followed by the requisite suitability background investigation.

The costs of the investigation are usually paid by the applicant. An application for a casino license will necessarily include individual applications filed by the company's owners, managers, officers, directors, parent companies and shareholders owning at least 5 percent of the company's equity securities.

b. Confidentiality of Information

When crafting a specific license application that requires certain background information to be provided by the applicant, in advance of the requisite suitability background investigation, an important consideration for any regulatory agency involves a determination of whether material provided in an application is to be treated as confidential or whether it would be made available upon request to the public. Generally, most gaming jurisdictions consider personal information contained in an application, especially financial data, to be confidential. Some jurisdictions, most notably Ohio and Massachusetts, which have broad right-to-know laws, have narrowly drawn rules governing confidentiality of material received. By contrast, New Jersey affords broad confidentiality protections for information submitted as part of the application process. The procedures that govern confidentiality usually coincide with the particular state's rules for public access to government agency documents.

27. Enforcement Proceedings

Casino regulatory agencies are empowered to oversee all aspects of the licensed entity's gaming operations. This regulatory oversight includes periodic on-site inspections, investigations of suspected wrongdoing, examination of internal control procedures to ensure compliance, and

³⁴⁷ An example are the Massachusetts forms listed on this website <http://massgaming.com/licensing-regulations/applications/>.

the imposition of disciplinary action for violations of applicable regulatory requirements. Sanctions vary from stern warning letters to the imposition of fines, to suspension of licenses for a finite term, and in the most egregious cases, to the revocation of licenses. Depending on the gravity of the accusation, there may be a disciplinary adjudicatory hearing to resolve the matter.

It is noteworthy that a gaming license is considered to be a revocable privilege, rather than a right of entitlement. Common violations applicable to the operating entity include the following:

- Impermissibly permitting underage gambling
- Failing to properly exclude a person who is on the agency's exclusion list
- Failing to adhere to internal control procedures governing the operations of the games and the movement of money
- Failing to notify the regulators about operational or organizational changes
- Failing to detect criminal conduct or to take appropriate action when learning of criminal activity on the casino premises
- Failing to provide adequate surveillance or security for casino operations.

a. Enforcement of Illegal Gambling

We spoke to officials in Florida, Iowa, Kansas, Maryland, Massachusetts, New Jersey and Pennsylvania and found that the investigation of illegal gambling is handled by law enforcement officers (as opposed to regulators). Whether the state gaming regulatory agency regulates illegal gambling or not depends primarily on whether they are authorized to do so based on whether they have law enforcement authority, in most cases. Even when the state gaming regulatory agency has such authority, the actual prosecution of such matters is normally referred to the county or local prosecuting authority.

Ohio is one such example. The Ohio Casino Control Commission has authority under the casino control act³⁴⁸ to levy and collect penalties for some noncriminal violations. Criminal violations are referred to the Attorney General's office or local prosecuting office. As a practical matter the casino control act is a fairly new law and the actual prosecution of criminal matters depends on the circumstances. Internet cafes have been of major concern in Ohio. The addressing of the legality of these cafes has been taken up by the General Assembly,³⁴⁹ however we were informed that there was recently a further complication: Some Internet cafes, in addition to using the normal internet machines in the cafes, were employing the equivalent of slot machines. The Attorney General's office and the Ohio Casino Control Commission staff

³⁴⁸ The Ohio Casino Control Act, 3772. 99 (e) (12)

³⁴⁹ See for example this article addressing the matter <http://www.wkbn.com/2013/06/04/ohio-governor-signs-internet-cafe-crackdown/>

cooperated in the matter – which we found to be a common theme among states. Illegal gambling often comes in forms that are not completely anticipated. In this case, the Casino Control Commission staff was used to help determine the nature of the machines and whether they met the definition of slot machines.³⁵⁰ There are law enforcement agents with the Casino Commission, but prosecution for criminal illegal gambling would come from other state offices. Internet cafes are a subject unto themselves.³⁵¹

In Massachusetts the State Police handle illegal gambling investigations, but it is important to note that the Massachusetts Gaming Commission has a State Police unit assigned to it. Either the Gaming Commission unit of the State Police or another branch of the State takes responsibility for the matter, dependent on exact nature of the type of illegal gambling.

New Jersey's model is somewhat different. There are two primary agencies in New Jersey: the Casino Control Commission and the Division of Gaming Enforcement. Gaming Enforcement is the prosecutorial arm for civil matters, and also has State Police assigned to it, under the purview of the Attorney General's Office. The State Police in Gaming Enforcement would be involved in investigating illegal gambling.

In Pennsylvania, the Gaming Control Board has no authority over illegal gambling. The State Police would take the lead on those matters and likely would work with local law enforcement and prosecuting authorities, depending on the nature of the illegal gambling.

In Maryland the Lottery and Gaming Control Agency has no authority over illegal gaming. Matters are turned over to the State's Attorneys. In Iowa, illegal gaming matters are not addressed by the Iowa Racing Commission. Instead such matters are turned over to the Division of Criminal Investigation.

In Kansas, however, the Racing and Gaming Commission does take the lead on such matters. There are enforcement agents at the Racing and Gaming Commission that can make arrests on such issues. Prosecution, as is the case in many states, rests with the local prosecutors. Also in Kansas there is controversy and court challenges surrounding "gray machines," which further complicates matters.³⁵²

In Florida, the Department of Law Enforcement advised us that local or county law enforcement and prosecutors are assigned such matters. The Division of Pari-Mutuel Wagering does not have authority over illegal gaming, though as in other states it may obtain information on such matters. If such information is obtained, the Division of Pari-Mutuel Wagering would

³⁵⁰ See this article on the involvement of different offices <http://www.ohioattorneygeneral.gov/Media/News-Releases/June-2013/Search-Warrants-Served-at-Illegal-Casino-Locations>

³⁵¹ From the American Gaming Association Website <http://www.americangaming.org/government-affairs/priority-issues/internet-sweepstakes-cafes>

³⁵² See this article summarizing the gray machine issue: http://cjonline.com/news/local/2010-10-25/gray_machine_clarity_sought and also the supreme court ruling <http://www.kscourts.org/cases-and-opinions/opinions/SupCt/2011/20110408/102786.pdf>

work with local officials and follow up as needed, though they would act more in an information sharing role than investigatory.

28.Costs: How Regulators are Addressing Expansion of Gaming

The regulatory model that has been accepted in many jurisdictions is that the cost of investigations should be paid for by applicants. As Spectrum noted in its 2010 report for the State of New Hampshire, “A subcomponent of this category is that those companies and individuals applying for a casino or vendor license should be required to pay for all costs associated with the conduct of their background investigations. This requirement allows the regulatory agency to undertake what are often complex and multi-faceted entity and other investigations without having the taxpayers of the state pay for these types of investigations.”³⁵³

29.Gaining an Expertise in Casino Gaming

The regulation of casino gambling is unique from other types of business activity because of the speed of the transactions, the amount of money that changes hands and the way in which transactions are completed. Unlike any other type of business money changes hands in some cases with no documentation. For example at table games the allocation of chips by the dealer to the customer after the playing of a hand, (or the throwing of dice, or the spinning of a wheel, etc.) permits no documentation.

The types of transactions at slot machines are comparable in some respects to transactions in other businesses but it too is challenging in a regulatory sense. There can be multiple transactions over short periods between a machine and a patron involving what might be a great deal of money. Jackpots worth seven figures can originate from the risking of a very small amount from the patron.

Because of the nature of the business there are unique types of crimes that will be attempted in the gaming industry. Criminals can be attracted simply because of the large amounts of money involved, but there are also ample unique ways to commit crimes in casinos. Two examples, of many, are card cheats at table games and attempts at altering the computer chips in the slot machines.

The regulatory structure that a state adopts, and all the functions involved in that structure, including investigations, audits, licensing, etc., are all ultimately designed with one purpose in mind: to create an appropriate gaming and business activity and to minimize any criminal activity. The states’ collection of gaming revenue depends on the fulfillment of this purpose, but just as important is the public’s perception of the integrity and fairness of the gaming industry.

³⁵³ Spectrum New Hampshire report, p. 4.

While gaining an expertise in the types of transactions in casino gaming is critical to regulation of the gaming industry, so too is gaining an expertise in the types of investigations necessary in the examination of applicants for casino operators and the transparency of the licensing process. Casino gaming operators are sometimes parts of multinational companies. The awarding of a license to operate a casino can be lucrative for a company. Thus the investigation, the consideration of the investigatory findings by the licensing authority and the awarding of the license are regulatory matters that must be addressed with thorough understanding and considerable deliberation.

While it may be argued that there are many advantages and disadvantages to expanding gaming, we believe there is no valid argument for the expansion of gaming without taking the proper regulatory measures. While a strong regulatory structure may be expensive to implement, this expense is typically borne by the gaming industry and not taxpayers.³⁵⁴ On the other hand, a weak or flawed regulatory system will invite nefarious and criminal activity, will fail to assure integrity of operations, and will not maintain the public trust and confidence in the regulatory system. Weak or flawed regulations is neither a model which is acceptable to the state nor a model which is an acceptable business practice to the casino industry that is regulated.

30. Other Critical Factors in the Regulatory Structure

There are advantages to creating a consolidated gaming agency, such as the maximum use of resources and the prioritization of functions. The danger in a consolidated agency is illustrated in the early Pennsylvania model. As explained in the grand jury findings, there was a bias created in the agency toward the awarding of licenses and the minimizing of investigative findings that could delay such licenses. The present Pennsylvania model incorporates a more independent reporting line for the investigative functions.

Spectrum has found there can be advantages in separate agencies which have some built-in and intentional overlap of functions. In the Kansas model, for example, there is little if any expense in any overlapping functions, but there is a greater assurance of integrity in having more than one agency involved in the oversight of the state's revenue. Of course, any overlap should be clearly defined and be designed to complement the functions of each agency.

31. Conclusion

Regulatory structures are almost impossible to place into a few models, as each state has unique features relating to its gaming industry. Spectrum believes that a consolidated regulatory agency or a group of agencies which share responsibility can both complete their functions in a competent manner. However there are a number of important considerations. There are a number

³⁵⁴ The norm in the regulation of casino gaming is to require the payment for investigations and other regulatory functions through fees and billings paid by casino applicants and operators

of themes of regulation which almost always shine through regardless of the state, the gaming venues, or the number of casinos or where they are located in the state. These are not themes of a consolidated model of all regulatory issues or a model that is divided between numerous agencies. The themes of regulatory models over casino gaming have to do with the types of regulation that casino gaming demands.

E. Trends and Best Practices in Governance and Regulation

A general description of trends and best practices in governance and regulation of gambling activities.

“Effective regulation” can be defined as regulation that advances a variety of public policies while protecting the overall public interest. While the entire scope of policies to be advanced will – and arguably should – vary from jurisdiction to jurisdiction, certain goals would be considered universal. Such goals would include:

- Promoting public confidence in gaming as both a leisure activity for the public, and as an investment opportunity that would generate interest from casino operators seeking an attractive return on invested capital.
- Fostering public confidence and trust in the integrity of the regulatory process and gaming operations
- Ensuring that individuals and business entities involved in gaming meet universally accepted standards of good character, honesty and integrity.
- Ensuring the prohibition of unsuitable persons and entities from participating in the gaming industry.
- Developing, overseeing and monitoring programs to address problem gambling, including reviewing responsible-gaming policies and practices, while maintaining and enforcing exclusion lists, including self-exclusion.
- Addressing other critical public policy concerns, such as underage gambling, or casino-related demands on law enforcement and other public services.
- Optimizing financial benefit to the jurisdiction from multiple revenue streams, including gaming taxes, employment taxes and tax revenue generated from other sources, such as expanded tourism and purchases of goods and services.
- Maintaining flexibility in writing the rules that govern gaming to make sure that regulators are able to adapt to changes in technology and to revise and reform regulations as circumstances change, and as regulators become more familiar and comfortable with evolving industry practices.

Individual states, as they develop and customize their own statutory and regulatory governing structures, can layer on additional goals that are specific to their own economic,

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political, demographic and competitive landscapes. Such ancillary goals can vary, but often include the following:

- Promoting tourism
- Reviving or improving urban areas
- Creating employment opportunities
- Enhancing the conventions and meetings business
- Creating opportunities for other businesses within the jurisdiction
- Attracting additional capital investment

Establishing such goals is relatively straightforward. Achieving them is often difficult for the following reasons:

- Once a license is issued, the power of regulators and lawmakers to effect change diminishes.
- Sometimes, goals can conflict with each other. For example, a goal of maximizing license fees can conflict with a goal of maximizing capital investment.
- The market does not always cooperate.

Still, jurisdictions that have the ability to establish a competitive bidding process would, with all else being equal, be more likely to achieve goals, since applicants for licensure have more incentive to establish ambitious plans to achieve goals.

We have witnessed that in various states with competitive processes, including Pennsylvania and Massachusetts. At this writing, Massachusetts is pursuing a competitive bidding process, and various applicants have made it clear that they are developing robust policies to achieve goals that range from promoting tourism to training existing Massachusetts adults for the jobs that will be created.

Absent a competitive bidding process, gaming tends to evolve either as a system in which pari-mutuel facilities are grandfathered in, sometimes with requirements for significant capital investment, or with no statutory limit on the number of licenses in specific geographic regions such as the Gulf Coast of Mississippi, Las Vegas or Atlantic City.

Whether a licensing process is competitive or not, however, the ability of regulators to take action after a license is issued diminishes quickly and dramatically. Absent specific violations that would warrant fines or either the revocation or non-renewal of a license, regulators have a limited ability to prod operating licensees in specific policy directions. The larger goal then in the effective regulation of gaming is to align the goals of the public and private sectors.

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Some of these goals noted above may seem to be contradictory. For example, a single licensing jurisdiction would be tasked with developing a positive investment climate while addressing serious policy issues, such as crime and problem gambling. Such seeming contradictions can be best addressed by adhering to what economists refer to as “goal congruence,” a system in which the interests of all stakeholders are parallel.

Such a system is quite achievable in gaming, but is by no means assured in all instances. For example, both the state and the casino operator have a stake in realizing an attractive return on investment. The state receives tax revenue, among other benefits, while investors are rewarded for the risks they have undertaken. Similarly, both the public and private sectors have an abiding interest in promoting public confidence, and in maintaining high standards for integrity. Operators, who are often licensed in multiple jurisdictions, would not want to risk their gaming license in *any* jurisdiction as that would put their licensure at risk in *every* jurisdiction.

Where goals are not congruent, legislators and regulators would have an obligation to ensure that the public’s goals are dominant. If handled effectively, such situations can turn disparate interests into parallel goals. The most illustrative example of this phenomenon can be traced back to 1982, when a bank clerk from Toronto, Brian Molony, was regularly embezzling funds from his employer and gambling with those dollars at Caesars in Atlantic City.

The Molony case – which was widely publicized and became the subject of both a 2002 book, *Stung: The Incredible Obsession of Brian Molony*, by Gary Ross, and a 2003 movie that was inspired by the events but changed the name of the chief subject, *Owning Mahowny* – was viewed by many, including regulators, as a story of greed run amok. Gaming operators were willing to bend rules and not ask questions about a bank clerk clearly gambling over his head, and without paying any heed to issues ranging from the potential of pathological gambling to the issue of gambling with stolen funds.

The New Jersey Division of Gaming Enforcement, the prosecutorial arm of the dual-agency regulatory structure in the state, negotiated a settlement with Caesars for various violations of regulations in the Molony matter, with the casino being required to close its doors – while still paying its staff – on the traditionally busy Friday following Thanksgiving, on November 30, 1985.³⁵⁵ The matter was summarized in *The New York Times* following a decision by the quasi-judicial agency of the state to approve the settlement:

“The Casino Control Commission today ordered Caesars to close its Atlantic City casino for a day as a penalty for violating credit, deposit and reporting regulations to cater to a heavy gambler. The closing, the first ordered by the commission, could cost Caesars nearly \$1 million in lost revenues. Thomas R. O’Brien, director of the New Jersey

³⁵⁵ Present-day Spectrum Gaming Group Managing Director Fredric Gushin, then Assistant Attorney General and Deputy Director of the Division of Gaming Enforcement, participated in the settlement negotiations with Caesars.

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Division of Gaming Enforcement, said it was the harshest penalty to be imposed in the seven-year history of the Atlantic City gaming industry.”³⁵⁶

Nearly 30 years later, that penalty of shutting the casino down for a busy day remains as one of the harshest penalties imposed by regulators in that state (short of an outright license denial), and we are unaware of a similarly harsh penalty imposed in any other gaming jurisdiction.

Six months after that unprecedented closing, Caesars reached a settlement with Canadian bankers, who were the victims of Molony’s crimes. That settlement prompted the following summary in the *Philadelphia Inquirer*:

“Molony was arrested April 27, 1982, a day after he lost \$1 million gambling at Caesars. He got the gambling money by writing loans in the names of both real and fictitious companies.

“In court papers filed in Canada, Caesars said it never asked Molony for credit information and had never asked what he did for a living. The papers said Caesars supplied Molony with tens of thousands of dollars in hotel rooms and airfare by private Lear jet.

“Although he plunked down thousands at the gaming tables, Molony led a modest lifestyle in Toronto, where he wore inexpensive, ill-fitting clothes and left carefully calculated 7 percent tips in restaurants.

“Court documents also show that Molony was able to transfer millions of dollars out of the Imperial Bank of Commerce through a company called California Clearing Corp., a wholly owned subsidiary of Desert Palace, a Las Vegas casino. The corporation's only purpose, according to records, was to let people deposit sums of money into a casino without detection.

“As a result of Molony's activities at the casino, Caesars was forced to close for the day Nov. 30, the (Friday) after Thanksgiving, as a disciplinary measure for gambling-law violations. The closing was part of an agreement worked out between Caesars and the state Division of Gaming Enforcement.

“The Casino Control Commission approved the agreement and \$36,500 in fines against six Caesar's employees.

“Industry analysts estimated that the casino stood to lose between \$700,000 and \$800,000 because of the shutdown.”³⁵⁷

³⁵⁶ Donald Janson, “Caesars Ordered To Close For Day For Violation Of Gambling Rules,” *New York Times*, October 10, 1985. <http://www.nytimes.com/1985/10/10/nyregion/caesars-ordered-to-close-for-day-for-violations-of-gambling-rules.html?n=Top%2fReference%2fTimes%20Topics%2fSubjects%2fG%2fGambling>.

The Molony case offers the highest profile, but was hardly alone, as an example of casinos having goals that were not parallel with the goals of the state in which they operated. In Atlantic City alone, the record includes numerous matters in which casinos ignored policies ranging from preventing underage gambling to minimizing problem gambling. Notably, such violations have declined in recent years. While it may very well be that regulatory oversight has diminished, thus leading to fewer violations being revealed, our experience suggests that much of the decline in violations can be attributed to goal congruence: Casinos are increasingly adapting their policies to be more fully aligned with the goals of the states in which they operate.

1. Best Practices and the Political Process

The term “effective” is not synonymous with strict, but it should be synonymous with “understandable,” “comprehensive,” and “defensible.” In other words, every rule to be found in gaming statutes, regulations or policies should have a clear and legitimate purpose that can be readily communicated and understood. Indeed, while the perception of “strictness” will vary, depending on the vantage point, “strictness” is a relative term.

Typically, gaming regulation starts out strict and then allows for reforms as circumstances change, and as regulators become more comfortable with the processes involved in the governance of gaming. To move in the opposite direction – moving from a relatively relaxed regulatory regimen to a more restrictive one – would be difficult to implement practically and politically. In large measure, the inherent difficulty in moving toward a more strict regulatory system if one is needed can be attributed to the relationship between gaming and politics. By its nature, gaming is inextricably intertwined with the political process – a reiteration of one of this report’s core themes. Gaming’s very existence – as well as its ability to generate profits – depends on its ability to be in the good graces of elected and appointed officials, and to remain there.

In understanding and in governing the relationship between the gaming industry and politics, certain trends and observations should be considered, based on our experience in other markets:

- The ability of elected and appointed officials to shape and guide the policies that govern gaming, and that are designed to marshal the economic and social benefits of gaming, are at their zenith prior to the issuance of gaming licenses.
- To whatever extent is reasonable and appropriate, steps should be taken to insulate gaming from politics, and to limit the ability of the gaming industry to directly influence the political process.

³⁵⁷ Jane M. Von Bergen, “Caesars Reaches Accord with Bank In Molony Case,” *Philadelphia Inquirer*, May 15, 1986. http://articles.philly.com/1986-05-15/news/26048451_1_gaming-tables-gaming-enforcement-caesars-officials.

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- Over time, regulators and the regulated are likely to grow closer to each other. Left unchecked, a real risk exists that regulators can become cheerleaders for the industry they govern.

Much of this can be described as common sense, and as recognition of reality. While public confidence in gaming demands that controls be put in place to restrict the ability of the industry to influence the political process, such controls are clearly limited, and gaming can never be fully insulated from politics, or vice versa.

Starting with New Jersey's enactment of the Casino Control Act in 1977, certain steps have been identified that establish some level of insulation. These include:

- Limiting, or eliminating, the ability of gaming licensees and their key employees and qualifiers³⁵⁸ from making political contributions at the state and/or local levels.
- Appointing regulators to fixed terms that are not tied to the terms of the elected officials who make such appointments.
- Establishing guidelines for regulators that limit their ability to participate in the political process.
- Limiting the ability of regulators to secure outside income.
- Establishing strict post-employment restrictions for regulators and top staff that limit their ability to work for the industry they govern once they leave public employment.

The presence of any or all of such policies can help establish and maintain public confidence and provide some level of independence for regulators, but true independence is clearly chimerical in established gaming jurisdictions.

While we can identify benefits for the public and private sectors to share common goals, the shared goal of a successful gaming industry can turn regulators into cheerleaders. This risk was identified quite early in modern gaming regulation by the late Martin Danziger, one of the first appointed full-time members of the New Jersey Casino Control Commission. In an interview conducted in 1982,³⁵⁹ Danziger observed a number of industries that had been regulated in the 1970s, from securities to air transportation, and suggested that it is quite risky – and that public policy might suffer as a result – if regulators get to the point where they are willing to overlook transgressions or endorse shortcuts as a means of advancing success.

³⁵⁸ “Qualifier” is a widely used term in gaming regulation that refers to individuals with the ability to influence a licensee’s policies, such as owners, officers and directors. Typically, an entity cannot secure a gaming license unless all of its qualifiers are deemed to be licensable as well.

³⁵⁹ That interview was conducted by Michael Pollock, researching his book, *Hostage to Fortune: Atlantic City and Casino Gambling*, 1987. That portion of the interview was not directly cited in the book but is relevant for purposes of this analysis.

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In 1987, Spectrum Managing Director Michael Pollock wrote: “The problem, it should be noted, is not confined to the regulation of casinos. In the October 15, 1982 issue of *The New Yorker*, Daniel Ford wrote ... ‘Thus, the agency was to play the incompatible roles of coach and umpire, of partisan and judge – was supposed somehow to be both the champion and the disciplinarian of the industry. This dual mandate led to a continuing, unacknowledged conflict within the agency.’ Ford was not writing about the New Jersey Casino Control Commission. He was writing about the Atomic Energy Commission in the 1950s.”³⁶⁰

The problem of balancing dual roles remains, and is arguably a permanent concern that will require a permanent balancing act. In gaming, the issue of dual mandates specifically translates into a risk of sending a message to licensees that revenue maximization is a primary goal, often at the expense of such other policies as addressing problem gambling, or of maintaining standards of character, honesty and integrity.

This risk is exacerbated and enhanced by another very real phenomenon in gaming regulation: Once a casino is licensed and operating, the ability of regulators to change its course or, in the most extreme instance, remove its operating license is dramatically diminished. An operating casino is employing hundreds or, in many instances, thousands of employees and generating significant revenues for the state. This means that, on the very day it opens, a casino gains political stature, while the political will of regulators to enforce the rules declines.

This phenomenon is not uniform across states, and states have taken steps to address it. In states in which the number of licenses is not fixed – such as New Jersey, Mississippi or Nevada (which were the three earliest adopters of commercial gaming in the United States) – the risk is less severe, as other gaming properties can open, or expand, to address any unmet market demand and increase employment.

New Jersey law allows for “interim casino authorization” (“ICA”) in which an entity can purchase a casino prior to a full investigation and determination of suitability, based on the approval of regulators, by appointing a trustee entrusted with the preservation of the assets of the gaming operator. Such trustees – often retired judges, former casino gaming regulators, or other individuals who have the clear appearance of independence and integrity – have no responsibilities or role in the operation of the casino whatsoever, unless the New Jersey Casino Control Commission determines that the operator is not suitable for licensure.

At that point, a conservator is appointed, again usually a retired judge or government official, who assumes full control of the operation, including managing the property, with the goal of preparing the casino for sale to a third party. In the aforementioned case involving the license denial of the Tropicana, the trustee of the ICA was appointed to be the conservator. The conservator has a fiduciary responsibility to obtain the highest and best price for the property, although the original owner – the entity deemed not suitable for licensure – cannot be allowed to

³⁶⁰ *Hostage to Fortune*, p. 196.

profit from such a sale. Any money paid for the property over and above the level of original investment goes to the state.

That process is far superior to one in which the state has limited abilities to fully distance an unsuitable owner from the operation. However, experience has shown that the concept of conservatorship can be less than perfect in practice.

A rare use of the conservatorship provision occurred in New Jersey in 2009, when the Commission determined that the new owner of the Tropicana was not fit for licensure. A pre-approved conservator immediately took control of the property with the intent of readying it for sale, as required by the ICA regulations. The conservator, however, raised questions and criticism by the fees he charged for his services. As the *Associated Press* reported at the time:

“As many gamblers know, things can get expensive in a hurry in Atlantic City.

“The latest proof is the Tropicana Casino and Resort, where the 20-month effort to sell the business has racked up nearly \$7.7 million in legal and consulting fees, with still more to come.

“On Wednesday, the state Casino Control Commission will consider additional bills totaling nearly \$50,000.

“Those fees, some billed at \$970 an hour, are paid by the casino. They represent more than nine full days' winnings for the Tropicana, which is struggling to regain market share while threatening to lay off employees because of economic pressures.

“The Tropicana was sold last month for \$200 million to a group of investors led by billionaire Carl Icahn; the deal could close by year's end. When the casino-hotel first went on the market over a year and a half ago, it was expected to fetch about \$1 billion.

“The mounting fees have prompted casino regulators and state lawmakers to consider limiting the time and cost of similar efforts in the future. And with several distressed casinos struggling to survive, one or more additional gambling houses could find themselves going the way of the Tropicana.”³⁶¹

The lesson here is that the best designed and crafted laws and regulations can still fail to meet expectations in practice. Perfection in gaming regulation will remain elusive, and no regulatory agency is immune from negative publicity, a decline in public confidence or, at worst, a scandal. The New Jersey Casino Control Commission endured a severe scandal of national proportions in its earliest years, when one of its first appointees was embroiled in the Abscam scandal, as noted earlier, in which FBI agents established an elaborate scheme – including a

³⁶¹ Wayne Parry, “\$7.6 Million Later, Tropicana Casino Fees Still Rolling in,” *Associated Press*, July 15, 2009 <http://www.law.com/jsp/article.jsp?id=1202432256844&pos=atag glance&slreturn=20130409215343>.

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phony Arab “sheik” – in a corruption investigation that snared a US senator, six members of Congress, several state and local officials and a gaming regulator.³⁶²

The most immediate result of that scandal was a decision by then-Gov. Brendan Byrne of New Jersey to dismiss the four part-time commissioners (including the indicted commissioner) and replace them with four full-time commissioners who joined the full-time chair, who had survived the scandal.³⁶³ That move proved to be an important means of saving – and ultimately restoring – public confidence and trust in the regulatory process.

As noted in the previous section, the Pennsylvania Gaming Control Board endured a scathing State Grand Jury report in 2011.³⁶⁴ Spectrum, which had been a consultant to the board, held a critical vantage point in observing that agency in action.

The essence of that report, and its implications, were summarized in a column in the *Patriot-News* of Harrisburg:

“A recent grand jury investigation into the creation and early decisions of the state’s Gaming Control Board ... details a culture of ‘noncriminal misconduct’ in which officials not only turned a blind eye to potentially criminal activity, but commanded investigators to do the same.

“When they didn’t, administrators ‘scrubbed’ the negative information out of official reports before handing them to the board, the grand jury report states. The grand jury suggests the game was fixed before the gambling law was passed.

“According to the 102-page report, ‘Even prior to the passage of the act, legislators began considering candidates’ to sit on the powerful board. ...

“The grand jury’s report vividly illustrates how the public’s interest took a backseat to political considerations. . . .

“There was the sense inside the agency that every legislator was pushing to have someone hired. Lists of applicants, with the names of their sponsoring legislators, were compiled and passed around.

“One Gaming Control Board administrator testified that ‘more times than not,’ these political favorites ‘fell on their face during the interview.’ But if they didn’t, they were given preference over qualified people who didn’t have a patron in the Legislature.

³⁶² "The FBI Stings Congress," *Time*, February 28, 1980
<http://www.time.com/time/magazine/printout/0,8816,921807,00.html>.

³⁶³ Martin Waldron, "A long and winding road to casino reform in NJ," *New York Times*, April 27, 1980
<http://travel2.nytimes.com/top/reference/timestopics/subjects/g/gambling/index.ctx?offset=180&field=des&match=exact&query=POLITICS%20AND%20GOVERNMENT&>.

³⁶⁴ Pennsylvania grand jury report: <http://enews.attorneygeneral.gov/uploads/Gaming-Control-Board-Grand-Jury-Report.pdf>.

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“According to the grand jury, the hiring by patronage resulted in an inept administrative staff, lacking the qualifications to supervise a multibillion-dollar industry.³⁶⁵”

The history of scandal and controversy in gaming regulation shows that agencies can survive, sometimes following dramatic steps, and sometimes simply by appointing new people over time who fully understand the delicate relationship between maintaining public confidence and advancing public policy.

Gaming, and its regulatory oversight, has been guided by certain principles and realities that we have observed in our work over the past several decades. In 2008, Spectrum wrote the following in a report for the Commonwealth of Massachusetts:

“Our experience over the past decades has led us to develop certain cautionary notes to help ensure that expectations are realistic. While no two gaming markets can be precisely alike, there are some commonalities, including:

- Gaming should never be viewed as a panacea to cure social ills or solve fiscal problems. It is a tool that, if effectively managed, can generate capital investment, employment and visitation that in turn would provide resources that can help address a variety of other issues.
- Casinos, by themselves, cannot turn unattractive or unappealing neighborhoods or communities into attractive magnets. To effect such a potential change often requires significant amounts of planning, financial capital and political capital.
- Casinos, by themselves, cannot turn former industrial areas or other non-tourist sites into tourist attractions. That requires a concomitant investment in developing a necessary tourism infrastructure.
- Neither the challenges nor the opportunities created by a casino industry stop at municipal or even state boundaries.
- The heart of the competitive bidding process will be the establishment of guidelines that delineate the criteria for evaluating bids. (The state) needs to be as expansive and comprehensive as possible in its guidelines.

“In our experience in various markets, including as participants and close observers in the 30-year history of casino regulation in New Jersey, we note the following:

- A regulatory system should start out strictly, and then be modified as circumstances change, and as the regulators become more comfortable and gain confidence that the process is moving in the right direction. In most cases,

³⁶⁵ Donald Gilliland “Pennsylvania Gaming Control Board riddled with culture of 'noncriminal misconduct,' grand jury report says,” *The Patriot-News*, June 12, 2011.
http://www.pennlive.com/midstate/index.ssf/2011/06/grand_jury_report_describes_cu.html.

political and economic realities will be quickly established, making it difficult to move in the opposite direction, toward a system of stricter regulation and tighter controls. This would be particularly true in this instance, where the legislation contemplates a competitive bidding process. In such instances, the most important rules are the ones established at the outset to determine the successful bidders. Once those criteria have been established and a successful bidder has been named, the system would not allow lawmakers or regulators to go back and alter those initial criteria.

- (Once) a casino is established and is generating tax revenue, employing people and attracting visitors, it cannot be easily undone in any practical sense.
- The public sector ... has broad discretion and powerful leverage at the outset to ensure that the successful bidder takes whatever steps are necessary to advance the public interest on a wide variety of fronts. Such leverage would be at its zenith during the pre-licensing phase, in which applicants would recognize that they must compete against each other in their zeal and in their creativity in developing strategies to advance the public interest. Once licenses are issued, and casinos are operational, we caution that such leverage would largely disappear.
- Using that leverage to require that all bidders submit comprehensive, credible plans that are in congruence with public policies can be justified by the proposed legislation, which essentially creates ... regional monopolies. No other private businesses that targets consumer discretionary spending, from hotels to restaurants, could reasonably expect that (the state) would protect them from potential in-state competition. We suggest that such protection requires a corresponding commitment to ensure that marketing, human resources and other policies put forth are designed to promote the public interest.”³⁶⁶

32. Conclusion

The modern history of efforts to establish effective gaming regulation – beginning with the adoption of the New Jersey Casino Control Act in 1977 – parallels the interest of Wall Street in gaming as an investment opportunity. In our experience, that is no coincidence. An absence of effective, stable regulation adds risk to investments, and risk translates into a higher cost of

³⁶⁶ Spectrum Gaming Group, *Comprehensive Analysis: Projecting and Preparing for Potential Impact of Expanded Gaming on Commonwealth of Massachusetts*, August 1, 2008, p. 21 <http://www.mass.gov/hed/docs/eohed/ma-gaming-analysis-final.pdf>.

capital. The reverse is also true. Confidence lowers risk, which lowers the cost of capital – a necessary ingredient for the development of a successful gaming industry.

The ability of policymakers to push through changes and establish policies declines over time. With that in mind, policies can be established from the outset that are designed to ensure that both the state and the licensees share common goals.

F. Gambling as Public Funding Source

A general description of gambling as a public funding source, including: Comparison of states' reliance on and uses of gambling as a public funding source; reliability and predictability of gambling revenues; direct and indirect costs to the state.

1. States' Receipts from Gambling Revenue

States choose to legalize gambling to raise revenue for public programs or for economic development, or for both. The amount the states collect from gambling revenues is a function of several factors, including:

- The revenue performance of a state's various gambling sectors.
- The types of gambling allowed and their availability to key population centers.
- The tax rate on gambling revenue, or other fees and obligations.
- The public policy – or underlying purpose of why gambling was established. In Nevada, for example, the low casino-revenue tax rate has spawned the development of multibillion-dollar resorts, which in turn collect sales and lodging taxes that do not show up in gambling-specific revenue reports.

For data in this section, Spectrum relies on (and has the permission to use) reports by The Nelson A. Rockefeller Institute of Government at the University at Albany (NY), which annually tracks state receipts from gambling. Its most such recent report, *Back in the Black: States' Gambling Revenues Rose in 2010*,³⁶⁷ by Lucy Dadayan and Robert B. Ward, provides comprehensive data and analysis on this important subject.

For some states, gambling is an integral part of their fiscal health and hence their governments closely monitor the performance of their various gambling sectors – and may help explain the economic need by some states to expand to either sustain or grow revenues. As noted

³⁶⁷ Lucy Dadayan and Robert B. Ward, *Back in the Black: States' Gambling Revenues Rose in 2010*, June 23, 2011; http://www.rockinst.org/pdf/government_finance/2011-06-23-Back_in_the_Black.pdf. The authors expect to release their updated version in mid-2013.

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later in this section, gambling receipts accounted for more than 5 percent of own-source general revenue for five states in FY 2009.³⁶⁸

First, we present the dollar amounts that gambling in four primary sectors – casinos (commercial; i.e., non-Native American), racinos (racetrack casinos), lotteries and pari-mutuel – generated for its host states (table on two pages):

Figure 41: States' gambling revenue from lotteries, casinos, racinos and pari-mutuels, FY 2010

In \$ millions	Lottery	Casino	Racino	Pari-mutuel	Total
Alabama				2.1	2.1
Arizona	141.9			0.3	142.1
Arkansas	82.8			4.7	87.5
California	1,089.7			15.5	1,105.3
Colorado	112.9	107.7		0.5	221.1
Connecticut	285.5			7.1	292.6
Delaware	36.9		237.7	0.1	274.7
Florida	1,246.8		138.1	11.5	1,396.4
Georgia	883.9				883.9
Idaho	36.5			0.9	37.4
Illinois	657.9	483.0		7.0	1,147.9
Indiana	189.7	752.4	120.3	4.5	1,066.9
Iowa	57.9	209.8	100.8	3.9	372.4
Kansas	69.0	5.6		0.0	74.6
Kentucky	214.3			0.0	214.3
Louisiana	133.7	426.1	58.7	5.3	623.7
Maine	52.2		28.2	2.4	82.8
Maryland	510.6			1.5	512.1
Massachusetts	903.5			2.1	905.6
Michigan	713.7	250.8		6.7	971.1
Minnesota	122.2			0.6	122.9
Mississippi		287.0			287.0
Missouri	259.7	474.7			734.4
Montana	10.6			0.1	10.7
Nebraska	32.0			0.1	32.1
Nevada		829.3			829.3
New Hampshire	66.2			1.6	67.8
New Jersey	924.2	327.3			1,251.5
New Mexico	43.6		65.1	0.0	108.8
New York	2,214.7		464.0	22.5	2,701.1
North Carolina	432.2				432.2
North Dakota	5.7			0.3	6.0
Ohio	728.6			8.4	737.0
Oklahoma	70.0		13.9	1.3	85.1
Oregon	536.0			3.0	539.0
Pennsylvania	915.7	319.6	871.0	17.5	2,123.8
Rhode Island	55.6		289.1	1.5	346.1
South Carolina	272.4				272.4
South Dakota	119.8	17.0		0.4	137.2
Tennessee	288.9				288.9

³⁶⁸ Ibid.

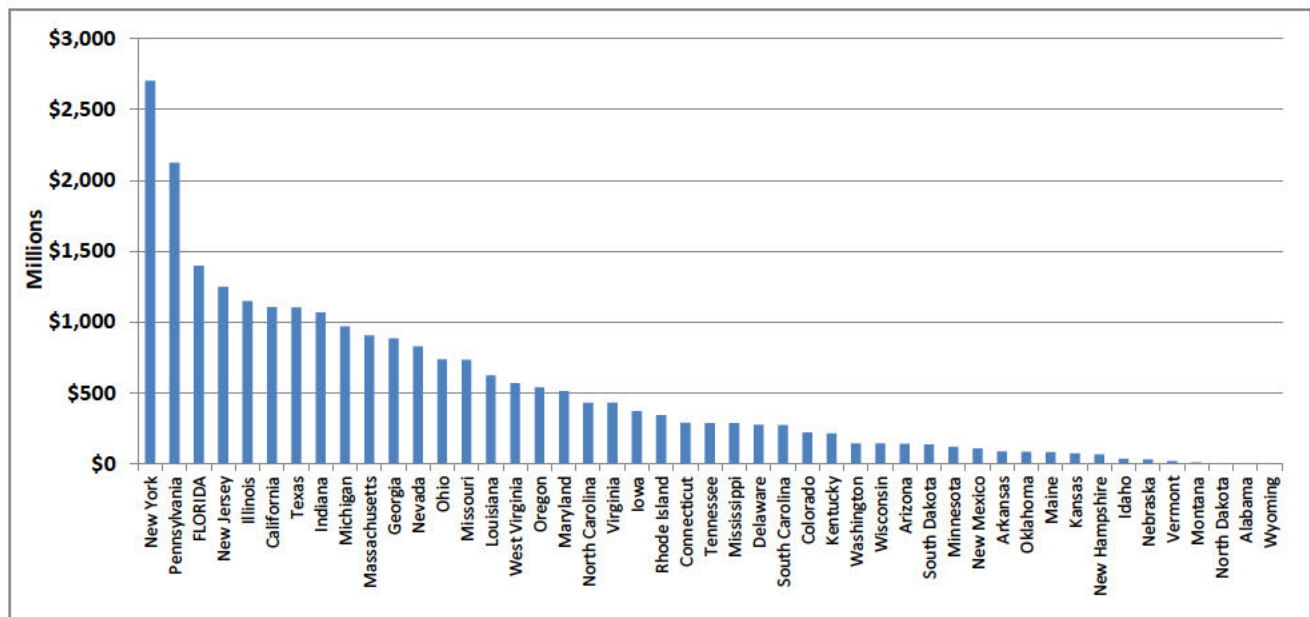
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In \$ millions	Lottery	Casino	Racino	Pari-mutuel	Total
Texas	1,094.6			10.3	1,104.9
Vermont	21.6				21.6
Virginia	430.3				430.3
Washington	142.5			2.0	144.5
West Virginia	39.8		529.2	3.3	572.3
Wisconsin	143.8			0.3	144.2
Wyoming				0.2	0.2
US Total	16,389.9	4,490.3	2,916.0	149.6	23,945.9

Source: The Nelson A. Rockefeller Institute of Government. Racino VLT revenues are included in Lottery.

Next, we rank the states by total gambling receipts for FY 2010. The states with the highest gambling revenues do not necessarily generate the highest state tax receipts because their tax rates may be lower and/or they may have fewer types of legalized gambling. Nevada generates more than three times the casino revenue than any other state, yet that state's receipts from gambling ranked only 10th best – because it has the lowest casino-revenue tax in the country (6.75 percent) and because it has no lottery and no pari-mutuel. Note that Florida ranked third, behind New York and Pennsylvania.

Figure 42: States' FY 2010 overall gambling revenue, by rank



Source: The Nelson A. Rockefeller Institute of Government

Comprehensive data for state receipts from Native American gaming operations are not available, either because they are not taxed or the data are proprietary. The Rockefeller Institute did collect data from nine states that have the largest collections of Indian gaming receipts:

Figure 43: State receipts from largest Native American casino states

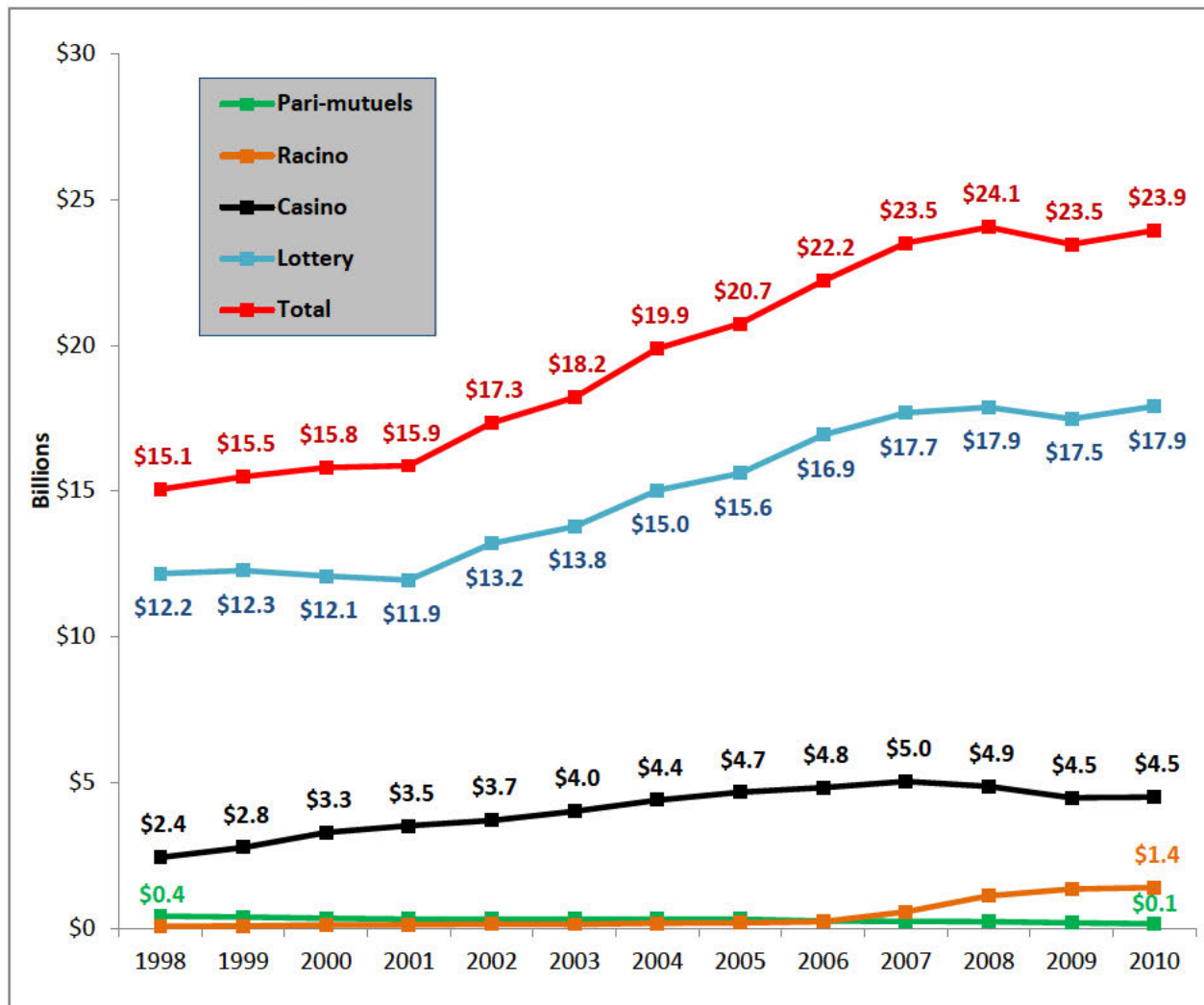
\$ millions	FY 2008	FY 2009	FY 2010
Arizona	111.2	97.5	89.0
California	244.7	408.8	411.0
Connecticut	411.4	377.8	359.3
Florida	n/a	n/a	287.5
Michigan	53.9	55.7	38.8
New Mexico	65.5	63.7	62.7
New York	148.0	70.4	129.6
Oklahoma	71.6	92.8	14.2
Wisconsin	45.1	121.8	52.2
Subtotal	1,151.3	1,288.7	1,444.2

Source: The Nelson A. Rockefeller Institute of Government

Now we look at the US trend in state receipts from gambling, by sector, from FY 1998 through 2010. Note in the following chart that receipts declined after the Great Recession began in 2007. The gambling industry had until that time proven to be resistant to economic downturns, but the two largest sectors – casinos and lotteries – experienced revenue declines coinciding with the recession. The racino industry was still very much undergoing widespread expansion and thus remained in a growth mode. Regarding racino revenue, it is important to note that The Rockefeller Institute groups VLT revenue from racetracks with lottery revenues, impacting the classification of racino receipts from Delaware, New York, Rhode Island and West Virginia (and, going forward, Ohio). The pari-mutuel industry continued its long, steady decline, with state revenues plunging from \$554 million in 1993 to \$150 million in 2010.

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Figure 44: Trends in state gambling revenue, FY 1998-2010



Source: The Nelson A. Rockefeller Institute of Government, citing Census Bureau (lottery & pari-mutuels), Rockefeller Institute review of state gaming regulatory agencies' financial reports. Lottery data for FYs 2008-10 is based on Rockefeller Institute survey of state lotteries.

As noted previously, some states are more reliant on gambling receipts than others. Nevada, which has 265 casinos and in 2012 reported gross gaming revenue of \$10.9 billion, in FY 2009 relied on gambling receipts for 12.5 percent of its own-source general revenue. Rhode Island and West Virginia, whose lotteries operate racetrack casinos (with video lottery terminals in lieu of bona fide slot machines), each relied on gambling receipts for 8.4 percent of their FY 2009 own-source general revenue, as shown in the following chart (on two pages). The total for all states was 2.4 percent.

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Figure 45: States' reliance on gambling revenue

	Gambling revenue as share of share of own-source revenue, FY 2009	Percent change in gambling as share of own-source revenue, FY 1998-2009
Nevada	12.5	-3.3
Rhode Island	8.4	3.9
West Virginia	8.4	6.0
South Dakota	6.2	-1.9
Indiana	5.1	1.1
Oregon	4.9	-2.1
Delaware	4.9	-1.8
Missouri	4.8	1.1
Louisiana	4.6	0.9
Pennsylvania	4.5	1.9
Georgia	4.0	0.2
Mississippi	3.6	-1.0
Iowa	3.6	0.7
New Jersey	3.5	-1.1
Florida	3.3	0.3
Michigan	3.1	0.7
Illinois	3.0	-0.2
New York	3.0	-0.3
Massachusetts	3.0	-1.0
Maryland	2.4	-0.9
Ohio	2.0	-1.8
South Carolina	2.0	2.0
New Hampshire	1.9	-1.2
Tennessee	1.8	1.8
Connecticut	1.8	-0.6
Texas	1.8	-1.5
Virginia	1.6	-0.1
Maine	1.6	-0.1
Colorado	1.6	-0.5
North Carolina	1.5	1.5
Kentucky	1.5	-0.4
New Mexico	1.3	0.9
California	0.9	-0.2
Idaho	0.9	0.1
Arizona	0.8	-0.1
Oklahoma	0.7	0.6
Kansas	0.7	-0.3
Wisconsin	0.6	-0.3
Vermont	0.6	-0.9

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	Gambling revenue as share of share of own-source revenue, FY 2009	Percent change in gambling as share of own-source revenue, FY 1998-2009
Minnesota	0.6	0.1
Washington	0.5	-0.3
Nebraska	0.5	0.0
Montana	0.3	-0.1
North Dakota	0.2	0.2
Arkansas	0.1	-0.1
Alabama	0.0	0.0
Wyoming	0.0	0.0

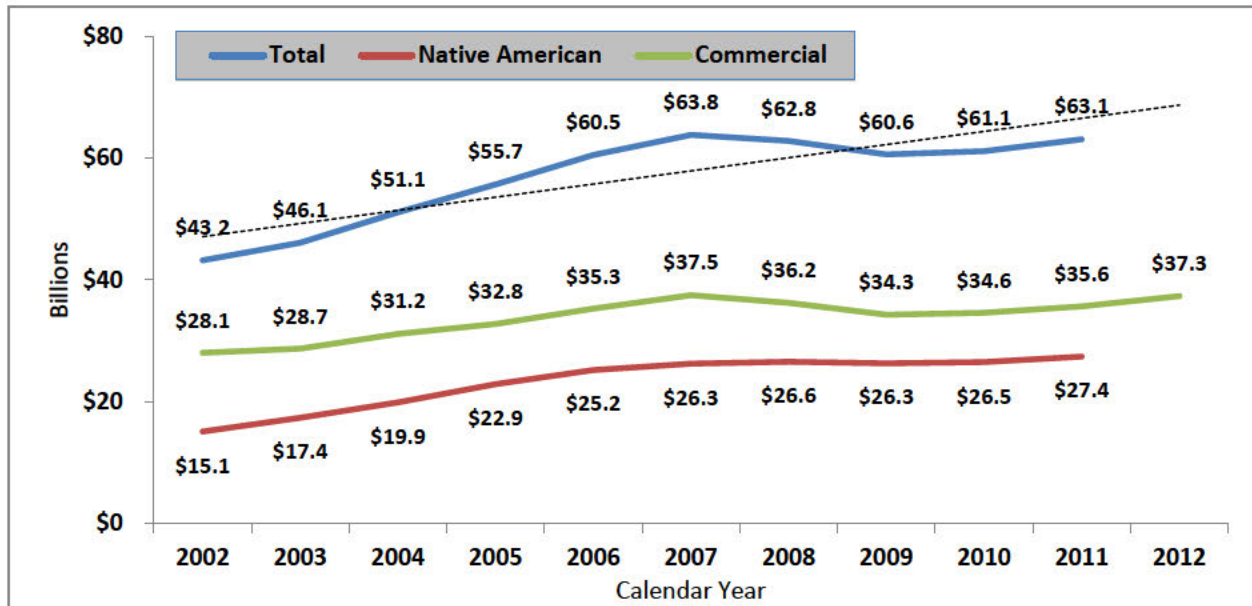
Source: The Nelson A. Rockefeller Institute of Government. Three states not listed: Utah and Hawaii have no legalized gambling, Alaska has only Class II Indian gaming, which is not taxed.

33. Reliability of Gambling Revenues

As shown in Figure 43, legalized gambling generally provides a reliable revenue stream for governments, on a holistic level, except in times of severe recession. At the individual state level, however, gambling-revenue receipts are subject to rapid – and sometimes dramatic – declines when a neighboring state introduces a competing product that is within easy reach. This is most notable in Delaware and New Jersey, where the introduction of competing casinos in neighboring states has caused casino-tax receipts to decline 6 percent and 45 percent, respectively, from their peak collection years of 2011 and 2006, respectively.

Nationally, in 2011 (the most recent period available for both sectors), commercial and Native American casinos (including VLT racinos, which in Figure 40 are instead grouped as Lottery revenue) throughout the US generated \$63.1 billion of gross gaming revenue. This is depicted in the following chart (the dotted line indicates overall linear trend in US gross gaming revenue).

Figure 46: US GGR trend, 2002-2011



Source: American Gaming Association, Casino City's Indian Gaming Industry Report, 2013 Edition. Newton: Casino City Press.

In total, over the 10-year period (ended 2011), year-over-year growth occurred in eight of the 10 years, with the Great Recession causing revenue declines in 2008 and 2009. The breadth and depth of the recession effectively shattered the truism that casino gambling was recession-resistant. Total growth in US gross gaming revenue (from 2002 to 2011) was 46 percent, or average annual growth of 4.3 percent. This growth was considerably greater than overall growth in the Consumer Price Index³⁶⁹ – which grew by 25 percent over the entire period, or average annual growth of 2.5 percent.³⁷⁰

For 2012, commercial casinos had gross gaming revenue of \$37.34 billion, a 4.8 percent increase over 2011 figures.³⁷¹ Comparable data for Native American casinos will not be available until later this year; however, assuming there is no decrease in Native American gaming revenue (i.e., 2012 vs. 2011) will equate to total US gross gaming revenue posting at least a 2.7 percent year-over-year increase – marking the third consecutive year of revenue growth.

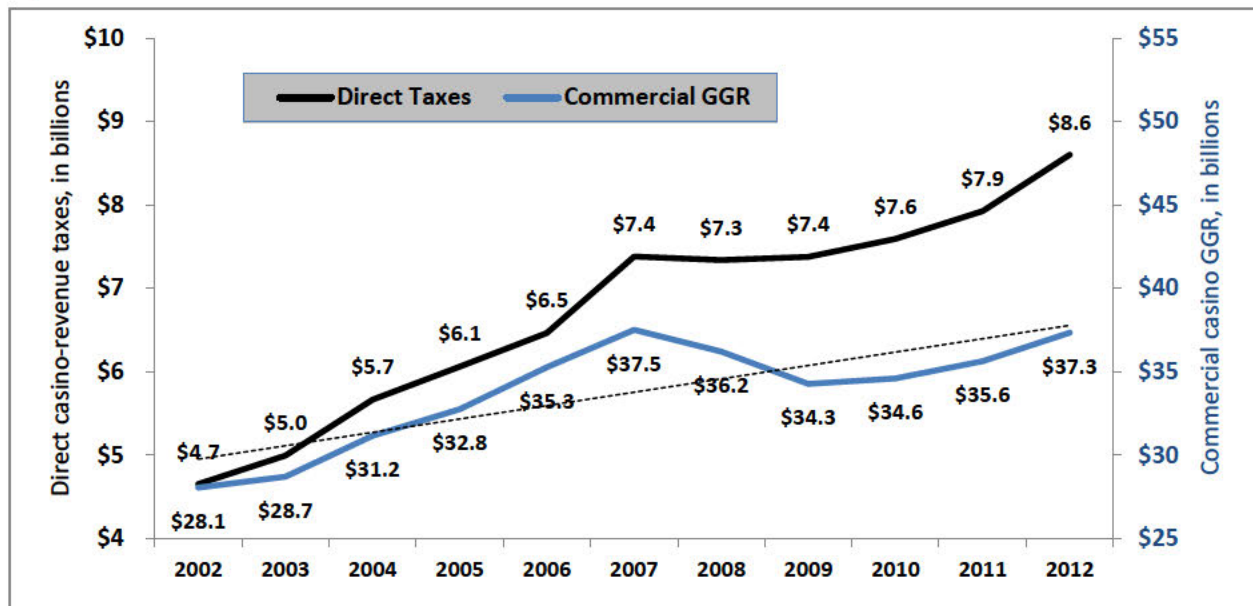
The following chart shows gross gaming revenue (and a dotted line indicating overall linear trend) from US casinos juxtaposed with the direct casino-revenue taxes paid from calendar year ended 2002 through 2012.

³⁶⁹ These data represent changes in prices of all goods and services purchased for consumption by all US urban households.

³⁷⁰ US Department of Labor, Bureau of Labor Statistics; http://www.bls.gov/data/inflation_calculator.htm.

³⁷¹ *State of the States 2013*, p. 5.

Figure 47: US GGR and direct taxes trend, 2002-2011



Source: American Gaming Association, UNLV Center for Gaming Research³⁷²

In total, over this 11-year period, year-over-year growth in direct taxes stemming from casino revenue occurred in 10 of the 11 years (as 2008 was down 0.6 percent versus prior year). Total growth in direct taxes stemming from US commercial gaming revenue (from 2002 to 2012) was 84.7 percent, or average annual growth of 6.3 percent. This growth was considerably greater than overall growth in the Consumer Price Index³⁷³ – which grew by 25 percent over the entire period, or average annual growth of 2.5 percent.³⁷⁴

The aforementioned direct taxes reflect results of commercial casino operations in 23 states. Importantly, netting out new casinos and/or jurisdictions (i.e., those not having casinos at start of the aforementioned period), of the 15 states that had casinos (and direct taxes) in both 2002 and 2011 the direct taxes stemming from casino revenue were up 19.9 percent, or average annual growth of 2 percent.

34. Direct and Indirect Costs to the State

The costs that legalized gambling may impose on state and local governments are both direct and indirect. Direct costs, such as specific transportation infrastructure improvements or the costs of additional law enforcement officers, are easy to identify and quantify. Indirect costs

³⁷² See http://gaming.unlv.edu/reports/direct_taxes_casino.pdf

³⁷³ These data represent changes in prices of all goods and services purchased for consumption by all US urban households.

³⁷⁴ United States Department of Labor, Bureau of Labor Statistics; http://www.bls.gov/data/inflation_calculator.htm

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are not. These costs may be somewhat removed and tangential to the precipitating cause. For example, consider an individual who loses his job due to problem-gambling-related behavior and goes on unemployment. The connection between this person's unemployment and problem gambling may not be readily established. It may remain "hidden" and simply be attributed to downsizing. Ascribing indirect costs to legalized gambling also presents another challenge. Where do you draw the line? Can anything that can even be remotely linked to gambling be considered an indirect cost?³⁷⁵

The proliferation of legalized gambling and the apparent strong public support for it may understandably lead one to believe that the social costs of gambling exist within an acceptable range or are sufficiently offset by its benefits. As recently as March 5, 2013, nearly 62 percent of the voters in Linn County, IA, an economically vibrant and white collar area, approved a new casino despite a strong opposition movement that emphasized the negative costs of gambling.³⁷⁶ Currently, all but two states, Hawaii and Utah, have some form of legalized gambling. However, opponents might argue that the proliferation of gambling is attributable to financially powerful, politically influential pro-gambling forces that have successfully defined and manipulated public understanding of the issue.

According to the American Gaming Association, a 2013 poll found public acceptance of gambling to be at the highest level of the past decade. Some 85 percent of Americans view casino gambling as an acceptable activity for themselves or others. Overall acceptability is above 80 percent for all age groups and is highest among younger individuals, those age 21 to 39, and lowest, 82 percent, among those age 60 and over.³⁷⁷

The national experience seems to indicate that while more accepting of legalized gambling, the public wants it to be contained within a strict regulatory framework. As the 1999 National Gambling Impact Study noted, "Governments determine which kinds of gambling will be permitted and which will not; the number, location, and size of establishments allowed; the condition under which they operate; who may utilize them and under what conditions; who may work for them; even who may own them. And because governments determine the level and type of competition to be permitted...they are also a key determinant of the industries' potential profit and losses."³⁷⁸

Many state and local governments are in a conflicted position when it comes to legalized gambling. They are often the beneficiaries of increased tax revenues, but they must also bear the

³⁷⁵ Douglas M. Walker, "Problems in Quantifying the Social Costs and Benefits of Gambling," *American Journal of Economics and Sociology*, July 2007, p. 615.

³⁷⁶ Rick Smith, "Linn County voters overwhelmingly approve Cedar Rapids casino," WCFCourier.com, March 5, 2013. http://wfcourier.com/news/local/linn-county-voters-overwhelmingly-approve-cedar-rapids-casino/article_7759975e-8615-11e2-923f-0019bb2963f4.html#13

³⁷⁷ *2013 State of the States*, p.2.

³⁷⁸ NGISC, p. 1-4.

financial burden of any social dysfunction caused by gambling. States that operate lotteries are actually gambling providers and maintain an exclusive monopoly on that service.

No responsible public official wants to harm his community. The challenge public officials confront is knowing what gambling-related course of action will produce desired results given strong and conflicting public opinion and data.

Debate over the benefits and costs of legalized gambling starts with the definition of exactly what is a social “cost” and a “benefit.” Economist Douglas Walker³⁷⁹ notes that researchers fail to agree on the appropriate way to conceptualize and quantify how gambling may affect society. He identified the need for a standardized methodology for measuring the costs and benefits of legalized gambling and believes that public policy debate is hampered by the lack of such a model.³⁸⁰ Measuring and comparing “social costs” across governmental jurisdictions can also present challenges. For example, if one community elects to commit considerable funds to battle problem gambling and another similar community does not, is it reasonable to assume that problem gambling is greater in the former community?³⁸¹

According to Walker, it is important to understand this distinction because the level of government expenditures may not necessarily reflect the magnitude of a social problem. Another aspect of this is that a well-funded, effective public program located in one community, may attract clients from outside that community and thereby inflate the local extent of the problem. A good example of this is services provided to homeless persons.

Economist Earl Grinols has written extensively on the benefits and costs of legalized gambling. According to Grinols, the social costs of gambling mainly fall into nine categories: crime costs, business and employment costs, bankruptcy, suicide, illness related to pathological gambling, social service costs, direct regulatory costs, family costs, and abused dollars.³⁸²

a. Crime

Of the costs associated with legalized gambling, crime is usually a foremost governmental concern. It has a direct impact on a community’s resources and quality of life. Any increase may require the allocation of additional resources that could offset the potential revenue benefits of legalized gambling. Crime may also lower the quality of life in a given area, causing residents and businesses to leave and result in urban blight. Of all the arguments against legalized casino gambling, the concern that casinos will bring more crime into a community is

³⁷⁹ Walker has worked on various Spectrum projects, and is a key member of the team that authored this report. Walker is referenced as a third-party in this report in areas where we are citing his work that was performed independently of Spectrum.

³⁸⁰ Walker, “Problems in Quantifying the Social Costs and Benefits of Gambling,” pp. 609 – 645.

³⁸¹ Ibid. p. 617-618.

³⁸² Earl L. Grinols, *The Hidden Social Costs of Gambling*, Center for Christian Ethics Baylor University, 2011, p. 21. <http://www.baylor.edu/content/services/document.php/144584.pdf>.

among the most common. On the other hand, casino gambling is believed by some advocates to help reduce crime by providing good employment opportunities and reducing poverty.

In 2005, Maryland Attorney General J. Joseph Curran Jr. issued a report to a legislative committee on the potential impact of casino gambling in his state. He concluded, “It is simply a fiction to delude ourselves that it is possible to have casinos without more crime. Casinos would bring increases in every area of criminal activity.”³⁸³ The types of crime he cited included violent crimes, crimes against property, insurance fraud, juvenile crime, drug and alcohol related crime, domestic violence and child abuse. These crimes are driven by pathological gambling and organized crime elements.³⁸⁴ According to Curran, this increased crime would impose “tremendous costs on Marylanders.”³⁸⁵ He warned legislators that if they allowed themselves to become dependent on what he described as “a small percentage of casino profits,” they would become “trapped.”³⁸⁶

When the Massachusetts legislature was considering a casino proposal in 2008, the Massachusetts District Attorneys Association was more reserved and less strident. The group took no official position on the issue but made available a fact sheet that quoted a state legislative commission report. That report found that “... gambling expansion is likely to bring an attendant increase in crime volume, as is consistent with increases in visiting populations seen in other large developments across the country. There is no evidence conclusively pointing to an increase in crime rates from expanded gambling.”³⁸⁷

The 1999 National Gambling Impact Study Commission took a similar position when examining the relationship between crime and gambling. Due to inconsistencies in the types of crimes studied, the Commission noted that it was not surprising that the proponents of both views are able to advance research to support their views. Therefore, the Commission found the reliability of such studies questionable. The Commission concluded, “Taken as a whole the literature shows that communities with casinos are just as safe as communities that do not have casinos.”³⁸⁸

In a 2005 study published in *The Review of Economics and Statistics*, Grinols and Mustard examined the relationship between casinos and crime using county-level data for the

³⁸³ “Report of the Attorney General J. Joseph Curran on the Impact of Casino Gaming on Crime, Presented to the Joint Executive-Legislative Task Force to Study Commercial Gaming Activities in Maryland,” October 16, 2005, p. E-2.

³⁸⁴ *Ibid.*, p. 1.

³⁸⁵ *Ibid.*, p. 3.

³⁸⁶ *Ibid.*, p. 3.

³⁸⁷ Report of the Massachusetts Commission to Study the Potential Expansion of Legalized Gaming, Prepared for Governor Jane Swift, 2002. Quoted in “Casino Gambling and Crime,” Massachusetts District Attorney Association, March 12, 2008, p. 1.

³⁸⁸ NGISC, p. 7-14.

United States between 1977 and 1996. Their sample covered all 3,165 US counties and focused on the seven FBI indexed crimes: aggravated assault, rape, robbery, murder, larceny, burglary, and auto theft. They found that most factors that reduce crime occur before or shortly after a casino opens. Those that increase crime, such as problem and pathological gambling, occur over time. The concluded that the effect on crime is low shortly after a casino opens and escalates over time.³⁸⁹ Although Grinols and Mustard considered their study to be one of the most comprehensive in terms of the counties covered and the variables used, it was not without its critics.

Walker faulted the Grinols and Mustard study for not adequately addressing the issue of causation: “Their results are invalid because of a variety of serious problems in their data and analysis. The authors simply compared casino to non-casino counties. But they did not control for the volume of tourists, so the crime effect they found may have been caused by tourism generally rather than casino tourism specifically. To show a valid link between crime and casinos, the authors would have needed to compare casino counties to other counties with non-casino tourism.”³⁹⁰ Walker believes that since few, if any, of the researchers Grinols and Mustard cite acknowledge this issue or account for it, the result is an overstatement of the social costs of casino gambling on government and society.³⁹¹

In a 2011 study, Grinols, Mustard and Staha studied the issue of how the type of visitors may affect crime. In an exhaustive study that analyzed data on National Park visitors between 1979 and 1998 in every county in the US, they concluded that the type of visitor and the nature of the attraction have significantly different effects on crime rates.³⁹²

Obviously, conflicting studies and interpretations of data present a huge challenge to state and local policy makers attempting to accurately gauge how casino gambling related crime might affect their communities. Another complication in analyzing the crime related costs of legalized gambling is that costs are often dispersed among various levels of government – federal, state, county and municipal. For example, the costs of criminal investigations and prosecution may be borne by county government and the costs of imprisonment by the state.

³⁸⁹ Earl L. Grinols and David B. Mustard, “Casinos, Crime and Community Costs,” *The Review of Economics and Statistics*, February, 2006, pp. 28-45.

³⁹⁰ Douglas M. Walker, “Challenges that Confront Researchers on Estimating the Social Costs of Gambling,” American Gaming Association 10th Anniversary White Paper Series, January 2008. p. 8. See also Douglas M. Walker, “Problems in Quantifying the Social Costs and Benefits of Gambling,” *American Journal of Economics and Sociology*, July 2007, pp. 609-645.

³⁹¹ Ibid. p. 9.

³⁹² Earl L. Grinols, David B. Mustard and Melissa Staha, “How do Visitors affect Crime?” *Journal of Quantitative Criminology*, Vol. 27, 2011, pp. 363-378. Accessed at <http://files.campus.edublogs.org/blogs.baylor.edu/dist/0/221/files/2011/11/How-Do-Visitors-Affect-Crime-2011-1mb82v1.pdf>,

b. Public Health

Public health is another area in which state and local governments are both directly and indirectly impacted by legalized gambling. The World Health Organization, which established standardized definitions for community health care, broadly defines “health” as “The state of complete physical, mental, and social well-being and *not merely the absence of disease or infirmity*.”³⁹³ Advocates of casino gambling often cite its potential to improve the overall wellness of the community in many ways. Chief among these is the potential to create employment with tangible benefits such as good incomes, adequate health insurance, and access to quality health care. Such positive outcomes would improve the quality of life, vitality and overall well-being of a community.

Opponents are quick to point out that negative community health impacts may also accompany the advent of legalized gambling. Many of these would be related to pathological and problem gambling, which have been associated with unhealthful behaviors and outcomes such as drug and alcohol abuse, nicotine dependence, depression and insomnia. It has also been associated with higher rates of child abuse and neglect, domestic violence, unsafe sex and family break up. Such adverse outcomes weaken a community’s vitality and diminish its quality of life.

How effective the response to a public problem will be depends on how accurately the problem is understood. Addressing the challenge of problem and pathological gambling is difficult since an individual may be plagued by other pre-existing disorders such as drug and alcohol abuse or mental illness. Again, the question of causation must be addressed. Simply because certain types of behaviors are associated with gambling does not necessarily mean that gambling caused them. This condition is known as co-morbidity.

Co-morbidity was cited as a consideration by the 1999 National Gambling Impact study Commission. It noted: “Pathological gambling often occurs in conjunction with other psychological problems, including substance abuse, mood disorders, and personality disorders. The joint occurrence of two or more problems - termed co-morbidity- is an important, though complicating factor in studying this disorder. Is problem or pathological gambling a unique pathology that exists on its own or is it merely a symptom of a common predisposition, genetic or otherwise, that underlies all addictions?”³⁹⁴

Walker picks up on this point. “If gambling were not an option, a person who is predisposed to a pathological disorder may manifest his disorder in other unhealthy ways. Many pathological gamblers have other behavioral disorders. ... If pathological gambling is simply a symptom of some more basic disorder, then, it is the more basic disorder rather than gambling

³⁹³ “A Glossary of Terms for Community Health Care and Services for older Persons,” WHO Centre for Health Development Ageing and Health Technical Report Volume 5, 2004, http://www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf. (Emphasis not in original.)

³⁹⁴ NGISC, p. 4-3.

itself that is the underlying cause of the adverse consequences and social costs of the pathological gambling.”³⁹⁵ He notes that according to the DSM-IV criteria, a person coping with bipolar disorder, who may meet all of the criteria for pathological gambling, is not considered a pathological gambler if the individual also meets the criteria for a Manic Episode, and the Manic Episode is responsible for excessive gambling.³⁹⁶

Similar questions arise if an individual is both an alcoholic and a compulsive gambler who abuses and neglects his family. To what extent is his alcoholism responsible for the harm and distress he causes his wife and children as opposed to his compulsive gambling?

The data do suggest that individuals who are afflicted with these sorts of behavioral disorders may be more inclined to problem gambling. However, even if opportunities to gamble were not readily available, government would still need to cope with the various manifestations of these other problems. The failure of policy makers to take co-morbidity into account may lead one to overstate the negative impacts of legalized gambling and lead to sub optimal government policies and programs designed to respond to those impacts.

How to manage any negative health impacts of gambling is clearly a concern to many state and local officials. As with crime, they will find little definitive guidance in the literature, which is often conflicting and ambiguous. Framing the problem with adequate precision to shape and enable an effective public policy response may be difficult.

A further complication is that what is often perceived as benefit of casino gambling may have some inherent negative health aspects as well. For instance, family sustainable employment is good, but employment in a casino can expose workers to long periods of second-hand smoke, of which the adverse health effects are well known.³⁹⁷ Shift workers and those required to work long hours can experience considerable disruptions of family and social activities since many of these are day oriented. Weekend work schedules can impede involvement in family sporting events or religious activities and diminish supportive social connections with those whose daily schedules are no longer similar. Family relationship strain can occur when one can no longer adequately assist with child care, shopping and housework. Many of these negative aspects may be ameliorated by a better understanding of them and adaptations and accommodations in the workplace.³⁹⁸

It is critical that state and local governments considering or already affected by legalized gambling evaluate and understand all its potential aspects. Many communities impacted by

³⁹⁵ Walker, “Challenges that Confront Researchers on Estimating the Social Costs of Gambling,” p. 2.

³⁹⁶ Ibid.

³⁹⁷ “The Health Effects of Second Hand Smoke,” Centers for Disease Control and Prevention, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/ (accessed May 18, 2013).

³⁹⁸ “Shiftwork: Health Effects & Solutions,” Occupational Health Clinics for Ontario Workers Inc., revised 2005. <http://www.nupge.ca/files/Shiftwork> (accessed May 18, 2013).

legalized gambling respond to public health concerns by conducting a community health impact assessment (“HIA”). An HIA is an informational tool designed and implemented by the local community to enable decision-makers to consider the health implications of proposed policies, especially policies that do not appear to have a direct health connection. It has three core functions: assessment, policy development and assurance.³⁹⁹

An excellent example of a HIA for a community considering legalized gambling is the Kansas HIA Project.⁴⁰⁰ It was conducted by the Kansas Health Institute, and funded in part with grants from the Health Impact Project, a collaborative effort by the Robert Wood Johnson Foundation and the Pew Charitable Trusts. The Kansas HIA Project thoroughly examined how the presence of a local casino could affect health, both positively and negatively. It examined potential risks, such as second-hand smoke exposure, traffic accidents, problem and pathological gambling, divorce and suicide. It also analyzed potential community benefits, such as job creation, increased tourism, increased state and local revenues, and health insurance. The goal of the assessment was to bring all health implications up for informed consideration and debate. The Kansas HIA believe they succeeded in that goal.⁴⁰¹

c. Traffic and Transportation Infrastructure

There are several pathways through which casino gambling may impact the state and local government transportation infrastructure. The roadway system needed to support increased levels of traffic may already be old, at capacity, or inadequately designed to accommodate new traffic patterns. The cost to bring the infrastructure up to requisite standards can be hundreds of millions of dollars. Impacts may also extend to public transportation. State and local governments may see train, bus or subway traffic increase to uncomfortable levels on certain routes requiring that they increase service levels. They may also feel pressure to establish unprofitable routes in order to transport workers who might otherwise be unable to get to work.

In many cases, a casino developer may agree to share some of the estimated costs of improvement or public transportation service as part of his approval process. In other cases, government may assume a portion of these costs in order to get a casino project going to enjoy other economic benefits.

In New Jersey in the mid-1990s, under Governor Christie Whitman, the state agreed to fund \$275 million in major roadway improvements to facilitate the development of a new casino resort proposed by Mirage Resorts and its CEO, Steve Wynn. It is currently the site of the Borgata Casino Hotel & Spa in Atlantic City. Donald Trump, who owned a casino on an adjacent

³⁹⁹ “Community Health Assessment and Improvement Planning,” National Association of County & City Health Officials, <http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm> (accessed May 18, 2013).

⁴⁰⁰ “Potential Health Effects of Casino Development in Southeast Kansas, Kansas Health Institute, October 2012 http://media.khi.org/news/documents/2012/10/23/Complete_HIA_Report.pdf.

⁴⁰¹ *Ibid.*, p. 100.

property, strongly fought against the proposal.⁴⁰² He withdrew his opposition after the state included in the plan an access improvement to one of the casinos his company operated at the time.

One of the more immediate impacts state and local government may feel upon opening a new gaming facility is an increase in traffic on local roadways. The degree of the impact is subject to many of the aforementioned variables as well as the scale and location of the new facility. Sometimes, the impacts of traffic are felt regionally, in nearby communities that may have had no say in the development process. Connecticut was one of the first states to have Indian gaming, as it was forced upon it by a federal court decision. It can serve as an important example for two reasons. It demonstrates how the impact of a casino can transcend municipal boundaries and it shows how the lack of good regional planning can exacerbate their more challenging impacts.

Concerns regarding the impact of traffic were substantiated in an impact study Spectrum did for the State of Connecticut in 2009.⁴⁰³ Foxwoods opened its resort-casino in Ledyard in 1992 on Mashantucket Pequot Indian tribal land. According to Mayor John Rodolico, “The most immediate effect was the increase of traffic on roads,” Rodolico stated. “They’ve had tens of thousands of people going there from the day they opened.”⁴⁰⁴ Increased traffic volumes caused serious deterioration on old farm roads that were not up to handling the heavier traffic.

d. Law Enforcement and Emergency Services

Emergency services are those services provided by various levels of government such as police, fire and emergency medical responders that protect citizen lives and ensure public safety. Collectively, they are often referred to as “first responders” since they are usually among the first to arrive at the scene of a crime, emergency or disaster.

The impact of *non-criminal* demands on local law enforcement and other first responders is often overlooked or given secondary consideration in gambling impact studies. What impact will an attraction that operates on a 24-hour basis, seven days a week have in terms of additional service calls to the local police department for 911 emergencies, motor vehicle breakdowns, traffic accidents, disorderly persons, lost or missing property, missing and dispute resolutions?

Within the first year after the Horseshoe Casino Cleveland opened in Ohio, the city incurred \$3.1 million in additional expenses related to the police department largely due to

⁴⁰² “Government support for Atlantic City casino raises eyebrows,” CNN.Com, August 26, 1997
<http://www.cnn.com/US/9708/26/tunnel/>.

⁴⁰³ Spectrum Gaming Group, *Gambling in Connecticut: Analyzing the Economic and Social Impacts*, June 22, 2009
http://www.spectrumgaming.com/dl/june_24_2009_spectrum_final_final_report_to_the_state_of_connecticut.pdf.

⁴⁰⁴ Lindsay Corcoran, “Lessons from Connecticut’s casino experience,” *The MetroWest Daily News*, March 24, 2013
http://www.metrowestdailynews.com/news/x1522344116/Lessons-from-Connecticuts-casino-experience?zc_p=0.

increased visitors and activity in its downtown area.⁴⁰⁵ According to the *Maryland Gazette*, the creation of a special county police unit for the area was necessary to keep a lid on problems in the vicinity of the new Maryland Live Casino in Hanover.

Spectrum's Connecticut gambling impact study found that the City of Norwich felt significant impacts from Indian gaming casinos eight miles away. City officials estimated casino-related costs to be anywhere from \$1 million to \$2.5 million a year. They include: A 27 percent increase in motor vehicle accidents from 1991 to 2004. An increase in police overtime from \$85,000 in 1991 to more than \$280,000 in 2008. A 76 percent increase in calls for service from people needing police from 1992 to 2004.⁴⁰⁶

In some communities, local police and fire departments may be required to purchase additional equipment and provide specialized training for their workers. Government may reduce these costs by requiring gambling establishments to share the costs. To minimize the impact on local police, gambling establishments may be required to maintain certain levels of in house security personnel or establish a fee for service arrangement to cover when additional police service may be desired or required. Governments may impose additional tax assessments on gambling establishments to offset additional law enforcement costs.

e. Driving Under the Influence

Do casinos increase the number of drunk drivers on local roads? Earlier in this report, we noted that destination resorts can increase demands on law enforcement, a subject we will explore in more detail here. Casinos are known for their fast-paced environments where customers are encouraged to let loose and have a good time. This often means enjoying alcoholic beverages that may be provided complementarily to the customer while gambling or enjoyed at a casino lounge or restaurant. The anecdotal evidence would indicate a connection between an increase in drunk drivers and casinos. Drunken driving arrests were reported to have nearly doubled in Bethlehem, PA, after the Sands Casino Resort opened in 2009 while they have remained consistent in a nearby non-casino county.⁴⁰⁷

In 2009, Norwich, CT, located near two Indian gambling casinos, reported that DUI arrests had more than doubled since 1992. The towns of Montville and Ledyard also experienced significant increases. Roughly 20 percent of the motorists in Montville, Ledyard and North Stonington arrested for DUI acknowledged to police that their last drink was at a casino. One

⁴⁰⁵ Thomas Ott, "Cleveland casino short of revenue projections but draws praise," *The Plain Dealer*, May 12, 2013 http://www.cleveland.com/metro/index.ssf/2013/05/cleveland_casino_short_of_reve.html.

⁴⁰⁶ *Gambling in Connecticut*, p. 13.

⁴⁰⁷ Zach Lindsey, "Sands Casino linked to increase in DUIs by Northampton County report," *The Express-Times*, July 22, 2012 http://www.lehighvalleylive.com/bethlehem/index.ssf/2012/07/sands_casino_linked_to_increas.html.

such motorist was charged with manslaughter in March 2009 for allegedly causing a fatal accident by driving the wrong way on I-395.⁴⁰⁸

In what is considered one of the first empirical studies on the subject, Chad D. Cotti and Douglas M. Walker explored whether there is a link between casino expansion and alcohol-related fatal traffic accidents. They found that in urban areas, casinos actually reduce the rate of DUIs, while the rate for suburban and rural areas increases. They believe the difference may be that in urban areas the shorter driving distances, availability of public transportation, and substitution of gambling for bar-hopping might account for the decreased rate, while the rate increase in less populated areas is caused by the increase in distance driven by alcohol-impaired drivers.⁴⁰⁹

There are several ways in which governments respond to the problem of intoxicated driving. Public education campaigns can make people more aware of the dangers of drunk driving and the severe penalties for it. Strict enforcement and police tactics such as drunk driving check points are also effective. Ensuring that the proprietors of establishments that serve alcoholic beverage properly train their staff on how to detect and handle intoxicated patrons is also necessary to reduce the problem.

f. Social Service Costs

Legalized gambling is believed to impose higher costs on governments by attracting more people to the area who may sooner or later need assistance from government programs. These individuals may have come as patrons of the gaming facility or in search of work. The energy and 24-hour activity attendant with casino is a special attraction for the homeless or otherwise financially destitute. It offers opportunities to panhandle and to seek temporary respite and accommodation in the public areas of facilities that may be open 24 hours daily.

A survey conducted by the International Union of Gospel Missions found what they called “compelling evidence of a link between gambling and homelessness.” According to their survey, nearly 1 in 5 homeless men and women cited gambling as a cause of their condition.⁴¹⁰ A 2005 study found clear links between gambling and homelessness but acknowledged that other factors such as mental illness and drug and alcohol abuse may also be factors.⁴¹¹

⁴⁰⁸ *Gambling in Connecticut*, p. 13.

⁴⁰⁹ Chad D. Cotti and Douglas M. Walker, “The impact of casinos on fatal alcohol-related traffic accidents in the United States,” *Journal of Health Economics*, 2010, pp. 788-796.

⁴¹⁰ Duncan R. Moon, “New Statistics Suggest Link Between Gambling, Homelessness,” *Christian Science Monitor*, March 16, 1998 <http://www.csmonitor.com/1998/0316/031698.us.us.1.html>.

⁴¹¹ “An Exploration of the Link between Gambling and Homelessness,” Government of South Australia Department of Families and Communities, 2005. p. 2. <http://www.dcsi.sa.gov.au/pub/LinkClick.aspx?fileticket=aEsxvsvdVqsY%3D&tabid=607> (accessed May 19, 2013).

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The 1999 National Gambling Impact Study Commission found that individuals with gambling problems appeared to account for a higher percentage of the homeless population. The commission noted the Atlantic City Rescue Mission reported that 22 percent of its clients are homeless due to a gambling problem.⁴¹² The Atlantic City Rescue Mission says that half the state's homeless population turns to it for services. The homeless problem in Atlantic City, received widespread attention recently when a mentally ill homeless woman randomly killed two Canadian tourists in the city's shopping district.⁴¹³

The presence of a greater number of homeless individuals who are either attracted by, or adversely impacted by, a gambling facility may impose additional public costs for psychiatric and mental health counseling, public welfare, food stamps, emergency shelter operations, traveler assistance and indigent medical care. These costs would be in addition to any increase in any related law enforcement costs. The impact on the quality of life in a given area caused by vagrancy and aggressive panhandling is not readily quantifiable.

Atlantic City has begun to address its substantial homeless problems by adopting a "Single Point of Entry" model. All agencies that serve the homeless population collaborate and refer new clients to a single point of entry where they are evaluated, assigned a case manager and if appropriate, returned to their point of origin.

g. Schools

To the extent that legalized gambling and related economic development attracts more workers with families to an area, an impact on local schools is to be expected. Casinos will mostly hire service workers who will be lower paid and ethnically diverse.

In its Connecticut study, Spectrum found that in Norwich, CT, public school administrators identified annual cost of nearly \$2 million related to casinos. In order to handle the influx of immigrant workers attracted to casino jobs, the district had to create an "English for Speakers of Other Languages" program because students speak nearly 30 different languages. Students originated from Haiti, Peru, the Dominican Republic and Eastern Europe. In addition, thousands of Chinese-speaking workers were recruited from New York City in late 2001 to work at the casinos. Norwich Public Schools reported to Spectrum that in 1999 it enrolled 40 ESOL students.

Some jurisdictions address the impact on schools by requiring that a portion of casino revenues be dedicated to education. In 2009, Ohio voters amended the state constitution to allow casinos in Cleveland, Toledo, Columbus and Cincinnati. The state levies a 33 percent tax on

⁴¹² NGISC, p. 7-27.

⁴¹³ Lynda Cohen, "Woman charged with two Atlantic City slayings had history of mental illness," *The Press of Atlantic City*, May 24, 2012. http://www.pressofatlanticcity.com/communities/atlantic-city-pleasantville-brigantine/woman-charged-with-two-atlantic-city-slayings-had-history-of/article_b009679e-a427-11e1-a010-0019bb2963f4.html.

adjusted gross gambling revenue. School districts in Ohio will share 34 percent of that tax revenue.⁴¹⁴ However, some Ohio education officials think that any casino related funding, while still desirable, would be too small to have any meaningful impact.⁴¹⁵

h. Workforce Training

The workforce required by a new gambling establishment may vary depending on its size, nature and amenities. Casino development may spur other nearby development and create even more employment opportunities. To the extent that the local latent workforce may adequately possess the skills and training necessary meet the new demand, the project can be easily assimilated into the community with little or no governmental assistance. If the local workforce is inadequate, then training and importation of workers may be necessary.

A report to the Massachusetts Gaming Commission estimates the cost of developing and training a workforce for its new casino industry at \$9 million dollars.⁴¹⁶ Responsibility for workforce training usually comes under the local Workforce Investment Board. These entities were established throughout the United States by the Workforce Investment Act of 1998. Their role is to coordinate and direct state, local and federal funding into appropriate employment training programs.

35. Conclusion

Gambling is a reliable and predictable funding source for governments, except in times of pronounced recession and when competition arises in neighboring states. Five states in FY 2010 relied on gambling receipts for more than 5 percent of their own-source state budget revenue.

Gambling, however, costs governments in both direct and indirect ways in such areas as crime, public health, infrastructure, law enforcement and emergency services, social services, schools (in those areas with large, high-employment casinos) and workforce training. Whether the economic benefits brought by gambling receipts outweigh its economic and social costs has been the subject of considerable research – and considerable debate.

⁴¹⁴ Margo Rutledge Kissell, "Area schools to receive thousands in casino revenues," *Dayton Daily News*, November 23, 2012. <http://www.daytondailynews.com/news/news/area-schools-to-receive-thousands-in-casino-revenue/nTCZd/>.

⁴¹⁵ Ida Lieszkovszky, "School Officials Warn Casino Funds Don't Add Up to Much," *StateImpact Ohio*, January 21, 2013. <http://stateimpact.npr.org/ohio/2013/01/21/school-officials-warn-casino-funds-dont-add-up-to-much/>.

⁴¹⁶ Paul Tuthill, "Casino Industry Workforce Development Cost Put At \$9 Million," *WAMC Northeast Public Radio*, October 23, 2012. <http://wamc.org/post/casino-industry-workforce-development-cost-put-9-million>.

G. Impacts of Gambling: Social, Criminal, Personal, Fiscal

A general description of gambling impacts, including: Social, criminal, and personal; short- and long-term fiscal.

Legalized gambling can affect society in a variety of different ways, positive and negative. Among the most common forms of legalized gambling, including lottery, pari-mutuels such as horse and greyhound racing, and casinos, the spread of legal commercial casinos has generated the most interest, concern, and debate during the past two decades. Indeed, the introduction of casinos has been a controversial subject in Florida for years; as a result, the State endeavored to study casinos back in 1995.⁴¹⁷

In this section, we provide a general description of impacts from gambling, including moral/ethical concerns; social, criminal, and personal impacts; as well as long- and short-term effects of casinos development. As commercial casinos are the most controversial form of gambling expansion currently being considered in Florida, our analysis focuses on the literature and evidence on the impacts of casinos.

The economic and social impacts of legalized gambling have been widely written about and studied. Studies generally focus on the effects of gambling as they relate to quantifiable metrics such as employment, crime, tax revenues, and problem gambling. Analyzed less are impacts that are somewhat subjective and not readily quantifiable.

1. Moral and Ethical Issues

Some people oppose gambling in all its forms, such as lotteries, race tracks, and casinos. According to a May 2013 Gallop Poll survey, 64 percent of Americans find gambling morally acceptable.⁴¹⁸ From these results one may infer that 36 percent of Americans do not. Those morally opposed cite its negative impacts on a person's character and values. In their view, to the extent that more people gamble more readily, society's strength and vitality are undermined and weakened.

Irving Kristol, a Professor of Urban Values at New York University, articulated this point of view at a time when legalized gambling was just beginning its national proliferation in America. In 1974, he wrote an op-ed piece for *The Wall Street Journal* opposing the spread of legalized gambling. At the time, a movement to legalize gambling was underway in New Jersey. Kristol wrote that in a gambling environment, a person often succumbs to "fantasies of getting something for nothing." He felt that gambling undermined classical social virtues such as moderation, self-reliance, self-discipline, thrift, and diligence. At the same time, it encouraged

⁴¹⁷ "Casinos in Florida" (Tallahassee, FL: Office of Planning and Budgeting), 1995.

⁴¹⁸ Frank Newport and Igor Himelfarb, "In U.S., Record-High Say Gay, Lesbian Relations Morally," Gallup, May 20, 2013 <http://www.gallup.com/poll/162689/record-high-say-gay-lesbian-relations-morally.aspx>.

classical vices such as extravagance, avarice and the lack of social responsibility.⁴¹⁹ Kristol believed that state supported gambling was antithetical to a capitalist society. It subverted the values capitalism needed to thrive.

The same year that Kristol wrote his op-ed, Congress established the first Commission on the Review of National Policy Toward Gambling. The purpose of the Commission was to study all aspects of gambling that existed in America at the time and to develop recommendations for the states to follow when establishing policies. In its final report, the Commission began with a direct, straightforward observation: “Gambling is inevitable.”⁴²⁰ Inevitability, however, did not mean that the Commission was insensitive to what it called the “invidious and emotional aspects” of the moral debate. The Commission acknowledged that to a significant number of Americans, “gambling ... is absolutely wrong on both religious and secular moral grounds.” They warned that in sanctioning gambling, “states may be intruding into areas of sincerely held theological and ethical convictions.”⁴²¹ However, moral concerns were “largely unsusceptible to objective analysis.” Therefore, the Commission, while recognizing religious perspectives, considered such issues somewhat beyond their purview.⁴²²

Kristol expressed the secular moral arguments against gambling. In testimony submitted to the Commission, clerical leaders expressed the religious arguments.⁴²³ They held gambling was wrong because it encouraged sloth and an obsession with money over one’s fellow man. It also fostered a desire to achieve wealth without work. It distracted one from pursuing activities that brought one closer to God.

As public acceptance of gambling as a leisure activity increased, arguments based on its moral costs lost ground. According to Rev. Tom Grey, spokesman for the National Coalition Against Legalized Gambling, church opposition to gambling has not been widely effective. Grey, who railed against gambling for years as a United Methodist pastor, said the argument that gambling is sinful does not adequately counter strong public unwillingness to restrict certain personal freedoms. Consequently, Grey’s anti-gambling coalition now avoids explicit mentions of religion, and presents more economically based arguments that focus on addiction, bankruptcy and crime.^{424,425}

⁴¹⁹ Irving Kristol, “Vice and Virtue in Las Vegas,” *The Wall Street Journal*, September 18, 1973, p. 20.

⁴²⁰ Commission on the Review of the National Policy Toward Gambling Final Report, Washington, DC, 1976, p. 1.

⁴²¹ Ibid.

⁴²² Ibid.

⁴²³ For example see “Gambling in America: Appendix 1, Staff and Consultant Papers, Model Statutes, Bibliography, Correspondence,” Committee on the Review of the National Policy Toward Gambling, Washington, D.C., 1976, pp. 208-210.

⁴²⁴ Greg Trotter, “Gambling Opponents Say Moral Argument No Longer a Trump,” *Christianity Today*, March 18, 2008. <http://www.christianitytoday.com/ct/2008/marchweb-only/112-22.0.html>

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Focus on the Family, a politically influential Christian organization dedicated to protecting and strengthening families, strongly opposes all forms of legalized gambling. In their official position statement they write: “Gambling is driven by and subsists on greed. For this reason, the activity is morally bankrupt from its very foundation. Gambling is also an activity which exploits the vulnerable – the young, the old and those susceptible to addictive behaviors. Further, gambling entices the financially disadvantaged classes with the unrealistic hope of escape from poverty through instant riches...gambling undermines the work ethic. It is based on the premise of ‘something for nothing,’ a concept that sanctions idleness rather than industriousness, slothfulness instead of initiative.”⁴²⁶

In Florida, the Ethics and Religious Liberty Commission of the Southern Baptist Convention has been a leading voice in warning about the effects of widespread gambling. The commission notes on its website:

“Among the arguments advanced to justify gambling is the one which says that all of life is a gamble or a risk. But risk-taking in gambling is different from the risks involved in the normal routine of life. The risks in gambling are artificially created. In other ventures, the risk is part of the creative process. For example, the contractor risks labor and capital to build a house and make a profit. Unlike the gambler, he assumes a risk that is necessary to society’s economic life, and he relies on more than chance in seeking to make a profit.

“It is also argued that some people like to spend their recreation money betting on horses or playing slot machines, just as others prefer to spend theirs for a round of golf or a movie. Gambling obviously provides a kind of recreational excitement for some, but the cost to individuals, families, the economy, and society is too high to justify it.

“Seen in this light, gambling is personally selfish, morally irresponsible, and socially destructive. Therefore, gambling must be vigorously resisted. Such resistance requires an understanding of the problem, a workable plan of attack, and a personal commitment to work against gambling.

“The gambling problem results from two interrelated factors: (1) Many people have a desire, often a compulsion, to gamble. (2) Most of these people have access to gambling opportunities. The ultimate goal of a plan of action is to control the desire to gamble and eliminate the access to gambling opportunities.

“When the desire to get something for nothing and the opportunity to gamble go hand in hand, resistance to one requires resistance to the other. To attempt to eliminate the desire

⁴²⁵ The National Coalition Against Legalized Gambling is now called Stop Predatory Gambling (<http://stoppredatorygambling.org/>).

⁴²⁶ “Our Position (Gambling),” Focus on the Family, <http://www.focusonthefamily.com/socialissues/social-issues/gambling/our-position.aspx> (accessed May 23, 2013).

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without abolishing the opportunity is to invite failure. It is a matter of record that as gambling becomes more accessible, more people gamble. Thus, legalization is not the answer to the gambling problem. Instead, it is one primary cause of the gambling problem.

“Any adequate plan to deal with gambling must be both extensive and comprehensive. It must be extensive enough to include the spiritual, educational, and legal approaches. It must be comprehensive enough to incorporate the family, the world of work, community clubs and organizations, the church, and government.”⁴²⁷

Moral opposition against gambling is not limited to the Christian community. In Maryland, both the Baltimore Jewish Council and the Baltimore Board of Rabbis officially came out against expanded gambling. Rabbi Gila Ruskin of the Harford Jewish Center and first vice president of the Baltimore Board of Rabbis stated she believes expanded gambling preys on the weak and encourages addiction. “You are exploiting people who don’t have expendable income all in the name of raising money for causes like education. But what do you tell those kids about where the money for their school came from? That we raised the funds by preying on people’s weaknesses and temptations.”⁴²⁸

The late William Eadington, who wrote extensively on the costs and benefits of gambling, noted that some opposition to legalized gambling is based on “straightforward moral disapproval” but does not examine that aspect further.⁴²⁹

Notably, the successful 1976 campaign to legalize casinos in Atlantic City, NJ included religious leaders in its army of proponents. A local rabbi and the monsignor of a parochial high school in the Atlantic City region were used in radio advertisements that claimed morality was on the side of increasing employment, reducing hunger and getting families off welfare. “Many religious leaders believe this is the real moral issue,” the two clergy leaders said in the radio ads.⁴³⁰

In sum, morality has historically been a factor in shaping public policy. Capital punishment, pornography and gay marriage are some examples where much weight is placed on moral perceptions and concerns when shaping policy. It is a challenging factor since it may be

⁴²⁷ The Ethics and Religious Liberty Commission, “Issues and Answers: Gambling” <http://erlc.com/article/issues-answers-gambling/#sthash.2TB94gsl.dpuf> (accessed June 21, 2013).

⁴²⁸ Ron Synder, “Debate over casinos in Maryland continues,” *Baltimore Jewish Times*, http://www.jewishtimes.com/index.php/jewishtimes/news/it/local_news/debate_over_casinos_in_maryland_continues/35921 (accessed May 21, 2013).

⁴²⁹ William R. Eadington, “The Economics of Casino Gambling,” *Journal of Economic Perspectives*, Vol. 13, No. 3, Summer 1999, p. 187.

⁴³⁰ Hostage to Fortune, p. 15.

difficult to reach an agreement on what is “moral” and concepts of acceptable morality may change from one community to another, as well as over time.

36.Opportunity Costs

In economics, an opportunity cost is defined as the cost incurred in forgoing the benefits of one course of action while pursuing the benefits of another. For example, one might decide to take a job right out of high school rather than go to college. In the short term, one reaps the benefits of not paying tuition costs and losing four years’ worth of salary, but in the long term, one might pay the cost of earning less income over a period of many working years.

Those opposed to legalized gambling sometimes argue that it is pursued as an economic development policy because it is easier and its financial benefits are more immediate. However, they argue that those benefits are offset by its social costs and may not be sustainable in the long term. According to opponents, while casino gambling might make local sense, especially in financially distressed communities that have few, if any, viable alternatives, the collective long term costs of its proliferation are significant and have a national impact. Thousands of workers and billions of dollars in capital are directed into investments that, they argue, do little to increase America’s overall economic strength and competitiveness in a global economy. Casino opponents argue that casinos invest little, if anything, to improve worker skills and training and capital could arguably be better invested in more productive industries.

The problem with assessing opportunity costs is that knowing the outcome of any course of action with any degree of certainty is not possible. A high-tech startup company may fail and leave a community less well off than if it had a stable, profitable casino. Ironically, choosing the best path to achieve desired economic goals is itself basically a gamble.

37.Social, Criminal, Personal Impacts

a. Negative Impacts

We now turn to a discussion of specific negative impacts that are often thought to accompany legalized gambling. The goal in this section is to provide a brief review of those impacts that have been studied and quantified in the academic literature.

Disordered Gamblers

Most of the negative socioeconomic impacts often associated with gambling, and casino gambling in particular, are the result of problematic behaviors by “disordered gamblers.” These are people who gamble to an extent beyond recreational gambling such that it disrupts their

career and/or personal/professional relationships.⁴³¹ Psychologists estimate the prevalence rate of disordered gamblers to be between 0.4 percent and 2.0 percent of the general population.^{432,433}

However, prevalence rates may be greater or lower in areas. In discussing this issue with representatives from the Florida Council on Compulsive Gambling (“FCCG”), it appears that the prevalence rate could be significantly higher, depending on where one attempts to identify problem gamblers. The 0.4 percent – 2.0 percent rate is based on the psychology literature, much of which is based on clinical diagnoses of problem gamblers. However, as noted by Laura Letson at the FCCG, “These questions should be asked at places other than the psychologist’s office.” One may see a much higher prevalence rate if the diagnosis was attempted at non-clinical settings, such as in homeless shelters, in social service environments, or at correctional facilities. Letson suggests that under the FCCG’s analysis, based on a preliminary, two-question problem gambling screen of the arrestee population, the prevalence rate may be over 15 percent. Other FCCG data indicate that prevalence rates for adults and adolescents may be in the same range (15 percent to 18 percent).⁴³⁴

Disordered gambling is a condition which is usually diagnosed in a clinical setting. The *Diagnostic and Statistical Manual* (“DSM”), published by the American Psychiatric Association, is the standard for the diagnosis of problem/disordered gambling. The DSM-IV (1994; 2000) lists a set of 10 criteria that are indicators of disordered gambling. A person may be diagnosed as a pathological gambler if they endorse at least five of the following indicators:⁴³⁵

1. Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
3. Has repeated unsuccessful efforts to control, cut back, or stop gambling
4. Is restless or irritable when attempting to cut down or stop gambling
5. Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)

⁴³¹ Walker, *Casinonomics*, 2013, p. 111.

⁴³² Ibid, p. 112.

⁴³³ Psychologists classify gambling problems into different categories, including problem gamblers, pathological gamblers, and the newest term, disordered gamblers. We do not differentiate among these different levels of severity in this overview of the impacts of gambling.

⁴³⁴ Laura Letson, Florida Council on Compulsive Gambling, phone interview, May 24, 2013.

⁴³⁵ American Psychiatric Association, *Diagnostic and Statistical Manual*, 4th edition, 2000.

6. After losing money gambling, often returns another day to get even (“chasing” one’s losses)
7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling
8. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
10. Relies on others to provide money to relieve a desperate financial situation caused by gambling

In the new edition of the DSM (“DSM-5”), to be published in summer 2013, the terminology changes from “pathological gambler” to “disordered gambler,” and the eighth criterion – related to illegal acts to finance gambling – has been dropped. The diagnosis will require at least four of the nine remaining indicators.⁴³⁶

Disordered Gambling and the Proximity of Casinos

One important question for any government jurisdiction considering the expansion of legalized casinos is whether the prevalence of disordered gambling is related to the proximity of casinos. In other words, is the introduction of casinos to an area likely to increase the prevalence of disordered gambling? Several studies have examined this issue. While the odds of a person being a disordered gambler are about 1 percent, for people within 10 miles of a casino the odds increase by 90 percent (to 1.9 percent), according to one study.⁴³⁷ However, it is unclear whether an increase in this risk is the result of new people in that area developing gambling problems, or whether a casino attracts existing disordered gamblers to the area. Another study on adolescents found that the number of different forms of legal gambling in a state is related to an increase in the proportion of problem gamblers in the state.⁴³⁸

Hence, the evidence suggests that the negative impacts from casinos that are associated with disordered gambling would likely be worse in Florida if casino gambling is expanded there. Indeed, representatives from the FCCG indicate that, since 2005, help-line calls in the state have increased over 50 percent. This is during a time period in which the amount and types of legalized gambling increased dramatically in the state – namely with the introduction of racetrack casinos in South Florida and the development of two Seminole Hard Rock destination

⁴³⁶ See Nancy M. Petry, “Editorial: Pathological Gambling and the DSM-V. *International Gambling Studies*, Volume 10, p. 113-115.

⁴³⁷ John W. Welte, et al., “The Relationship of Ecological and Geographic Factors to Gambling Behavior and Pathology,” *Journal of Gambling Studies*, Volume 20, 2004, p. 418.

⁴³⁸ John W. Welte, et al., “Legal Gambling Availability and Problem Gambling Among Adolescents and Young Adults,” *International Gambling Studies*, Volume 9, 2009, p. 94.

resort casinos. FCCG Executive Director Pat Fowler notes, “More than 50 percent of help-line callers identify slot machines as their primary problem.” Another 30 percent identified cards as their main problem; this has increased as no-limit poker has increased in availability.⁴³⁹

At the same time, however, psychologists have not found significant differences in prevalence rates across jurisdictions or across time. So, even though casinos have spread across the United States, the prevalence of disordered gambling has not increased at the same rate. Since Florida already has several legal types of gambling, including tribal casinos, it is unclear how the introduction of commercial casinos would affect the prevalence of problem gambling. But if help-line call data are an indication, gambling problems would likely increase with expanded gambling in Florida.

Negative Social Impacts Associated with Casinos (and Gambling)

Social scientists have been studying the economic and social impacts of legalized gambling, particularly casino gambling, since the early 1990s. Such research was frequently cited in debate over the expansion of casinos into new states, especially when the research offered a monetary estimate of the “social costs of gambling.” As an example of the importance of this area of research, the National Gambling Impact Study Commission discussed the various social costs of gambling, and the National Research Council’s *Pathological Gambling* discusses the academic research in detail, although these resources are somewhat dated now.⁴⁴⁰

Among the many studies that examine the negative social impacts that are often associated with gambling in general, and casino gambling in particular, the paper by Thompson, Gazel, and Rickman represents one of the most careful analyses.⁴⁴¹ These authors surveyed Gamblers Anonymous members, people who might be expected to be more likely than the general public to be diagnosed as disordered gamblers. Based on the survey responses, Thompson et al. estimate the annual social costs per disordered gambler to be around \$9,500. This amount includes the following types of social cost: employment (including lost work hours, unemployment compensation, and lost productivity and unemployment; \$2,941), bad debts (\$1,487), civil court (\$848), criminal justice (including thefts, arrests and trials, and incarceration; \$3,498), therapy (\$361), and welfare (\$334).

There is no doubt that disordered gamblers sometimes engage in socially costly behaviors. However, such monetary social cost estimates have been criticized in the literature.⁴⁴² One of the key problems with estimating the monetary value of social costs is that most

⁴³⁹ Pat Fowler, Florida Council on Compulsive Gambling, phone interview, May 24, 2013.

⁴⁴⁰ National Research Council, *Pathological Gambling*, 1999.

⁴⁴¹ William N. Thompson, Ricardo C. Gazel, and Dan Rickman, “The Social Costs of Gambling,” *Gaming Law Review*, Volume 1, p. 81-89.

⁴⁴² See, for example, Douglas M. Walker and A. H. Barnett, “The Social Costs of Gambling: An Economic Perspective,” *Journal of Gambling Studies*, Volume 15, 1999, p. 181-212.

disordered gamblers also have other behavioral problems, such as alcohol or drug use problems.⁴⁴³ Yet, most social cost studies simply attribute all of the social costs created by these individuals to the gambling problem. There is no research that successfully partitions the costs among the various behavior problems experienced by the individual.⁴⁴⁴

While it is not possible to offer an objective social cost monetary estimate without making a variety of arbitrary assumptions, it is informative to discuss the different types of problems that are most commonly associated with disordered gambling. In other words, a qualitative, rather than quantitative, discussion of social costs is more useful.

Casinos and Crime Rates

One of the most common concerns people have with the expansion of gambling is that it may cause an increase in crime rates. Such concerns are often voiced by members of the law enforcement community. For example, Sarrah Carroll of the Florida Sheriff's Association indicates that she believes there is a link between gambling and crime. Her organization is opposed to any expansion of gambling in Florida because of concerns that crime problems would be exacerbated.⁴⁴⁵ Certainly each community may have different experiences with gambling-related crime, depending on the types of gambling available and other characteristics of the community in question.

Over the past three decades numerous researchers have examined the relationship between casino gambling and crime rates. One of the most commonly cited studies is the 2006 study by Grinols and Mustard.⁴⁴⁶ These authors examined county-level crime data from 1977 through 1996. As do most studies on the subject, Grinols and Mustard focus on the FBI's *Uniform Crime Reports* Index I crimes, which include "street crimes": aggravated assault, rape, robbery, murder, larceny, burglary, and auto theft. They argue that approximately 8 percent of casino county crime can be attributed to the existence of casinos. Several studies confirm the Grinols and Mustard results; yet others find no relationship between casinos and crime rates.

Although the Grinols and Mustard paper received a lot of attention, it has also received a significant amount of criticism because the authors calculated the crime rate in a way which overstates the impact of casinos. Crime rates should reflect the risk of an individual being victimized by crime.⁴⁴⁷ In a county with no tourism, for example, calculating the crime rate is

⁴⁴³ James R. Westphal and Lera Joyce Johnson, "Multiple Co-occurring Behaviours Among Gamblers in Treatment: Implications and Assessment," *International Gambling Studies*, Volume 7, 2007, p. 73-99.

⁴⁴⁴ Douglas M. Walker, *Casinomics*, 2013, p. 178-181.

⁴⁴⁵ Sarrah Carroll, Florida Sheriff's Association, phone interview, May 23, 2013.

⁴⁴⁶ Earl Grinols and David Mustard, "Casinos, Crime, and Community Costs," *Review of Economics and Statistics*, Volume 88, 2006, p. 28-45.

⁴⁴⁷ Jay S. Albanese, "Casino Gambling and Crime," testimony before the NGISC, September 10, 1998, p. 191-198. <http://govinfo.library.unt.edu/ngisc/meetings/10sept98/p230910.pdf>.

simple; it is the number of crimes committed divided by the population at risk (or county residents). But if there is significant tourism in a county, then the crime rate should be calculated as the total number of crimes committed divided by county residents plus tourists. Since Grinols and Mustard divided crimes by county population only – and excluded tourists from their population measure – their calculations almost certainly overstate the effect of casinos on crime.

The 2010 study by Reece⁴⁴⁸ significantly improved on the Grinols and Mustard study, as Reece controlled for the number of tourists and also the number of casino customers – two critical adjustments absent in the Grinols and Mustard study. Although Reece's analysis is much more thorough than the Grinols and Mustard analysis, he examined only Indiana. Nevertheless, his findings are an important contribution to the overall understanding of casinos and crime. In summary, Reece finds that burglaries increase in a county a few years after a casino opens. However, car thefts and aggravated assaults decreased. Increased casino volume reduces larceny, car theft, aggravated assault, and robbery.⁴⁴⁹

A recent, fairly comprehensive review of the casino-crime literature shows that almost all studies that find a relationship between casinos and crime calculate the crime rate by excluding the tourists from the population at risk. Those studies that do include the tourists in the population measure find no casino effect on crime rates.⁴⁵⁰ Given the best available evidence, it seems unlikely that the existence of casinos causes an increase in crime rates, properly calculated. There *may be* a relationship between casinos and crime, but there is no good evidence, as yet, to support such claims.

Problem Gambling and Crime

There is solid evidence that disordered gamblers are more likely than non-gamblers to engage in crime. This connection makes intuitive sense. For example, a person who has difficulty controlling his gambling may have to take drastic actions to obtain money to satisfy a gambling habit. A variety of studies that rely on Gamblers Anonymous members confirm that these individuals are more likely to commit crimes. For example, the study by Meyer and Stadler finds that 89 percent of their sample of pathological gamblers admitted to having committed at least one crime in their lifetime.⁴⁵¹ This rate is much higher than for the general population.

Even when analyzing a sample of people from the general population, the link between gambling behaviors and crime seems to exist. In one study of adolescents, researchers found that individuals who indicated gambling behaviors consistent with those from the DSM were

⁴⁴⁸ William S. Reece, "Casinos, Hotels, and Crime," *Contemporary Economic Policy*, Volume 28, 2010, p. 145-161.

⁴⁴⁹ Reece (2010), quoted in Douglas M. Walker, *Casinonomics*, 2013, p. 212.

⁴⁵⁰ Douglas M. Walker, "Casinos and Crime in the U.S.A.," in Bruce Benson and Paul Zimmerman (editors), *Handbook on the Economics of Crime*, p. 488-517.

⁴⁵¹ Gerhard Meyer and Michael A. Stadler, "Criminal Behaviour Associated With Pathological Gambling," *Journal of Gambling Studies*, Volume 15, 1999, p. 29-43.

significantly more likely to indicate that they had also engaged in crime, compared to individuals who did not exhibit disordered gambling behaviors.⁴⁵² However, the study also found that it was not casino gambling that is most linked to crime – rather, it was gambling on horse racing, sporting events, and card games that were found to have the link to crime.

It is difficult to predict whether or not the increased crime committed by disordered gamblers has a meaningful impact on overall crime rates, since disordered gamblers make up such a small portion of the population. Aside from that, as noted above, results from crime rate studies are inconclusive as a group. Nevertheless, the literature seems to confirm that problem gamblers are more likely to engage in crimes than non-problem gamblers.

Casinos and White-Collar Crime

Over the past two decades, there have been numerous suggestions in the academic literature and in political debate that gambling is associated with white-collar crimes, such as embezzlement, forgery and fraud. The motivation for such crimes, especially on the part of disordered gamblers, seems obvious. If one is accumulating significant losses at a casino, one way to finance such losses would be to use one's position of trust to commit a financial crime.

A link between casinos and gambling and white-collar crime has been cited in countless reports, newspaper articles, and even in the Congressional Record. A typical quotation is: "The American Insurance Institute estimates that 40 percent of white-collar crime has its root in gambling."⁴⁵³ The problem is, as explained by Joseph Kelly, the American Insurance Institute does not exist. The citation to this statistic often appears in anti-casino writings, some dating back to 1980, even though no one has apparently ever seen the report from which this statistic is said to come.⁴⁵⁴ Nevertheless, there is likely a motivation for individuals, particularly with gambling problems, to engage in white-collar crime to finance their gambling. The FCCG's Fowler suggests that white-collar crime is a problem associated with gambling in Florida, although it has not received adequate research attention to date.⁴⁵⁵

Indeed, there has been very limited research on a link between white-collar crime and casinos (or gambling, generally). A review of the literature finds one recent study. The 2008 study by Jay Albanese specifically examines the impact of the introduction of casinos on certain white-collar crime arrests. Albanese provides national arrest data for embezzlement, forgery, and fraud, between 1988 and 2005. (He excluded juvenile arrests from his data.) Embezzlement

⁴⁵² Christopher Clark and Douglas M. Walker, "Are Gamblers More Likely to Commit Crimes? Evidence From a Nationally Representative Survey of U.S. Young Adults," *International Gambling Studies*, Volume 9, 2009, p. 119-134.

⁴⁵³ Joseph M. Kelly, "The American Insurance Institute, Like THAT Bunny, Keeps Going and Going and Going ...," *Gaming Law Review*, Volume 1, 1997, p. 209-212.

⁴⁵⁴ Ibid.

⁴⁵⁵ Pat Fowler, Florida Council on Compulsive Gambling, phone interview, May 24, 2013.

arrests increased by about 20 percent over the period, forgery arrests increased by 19 percent, and fraud arrests decreased by about 11 percent.⁴⁵⁶

Since casino gambling, particularly by disordered gamblers, may be a motivation to engage in white-collar crimes (for example, in order to gain money with which to gamble), Albanese also examines arrest rates before and after the introduction of casinos in several markets: Atlantic City, NJ; Connecticut; Detroit, MI, and St. Louis, MO. Albanese also considers Las Vegas; even though casino gambling has existed there since the 1930s, Las Vegas grew dramatically during the 1990s. Albanese summarizes his findings on these markets:

“The pre- and post-casino arrest trends in these large casino jurisdictions were remarkably consistent, but unexpected. Embezzlement arrests increased in Connecticut (and nationwide), but declined in the other casino jurisdictions. Forgery arrests dropped in the casino jurisdictions despite a general increase in forgery arrests nationwide. Fraud arrests also dropped in casino jurisdictions, reflecting nationwide trends. These results indicate that there have been mostly net decreases in average annual arrests for these white collar offenses in these large casino jurisdictions.”⁴⁵⁷

There are limitations to Albanese’s data. For example, his data are presented as absolute arrest counts, not arrest rates (i.e., they are not per capita arrest rates). However, given the large number of tourists that visit casinos, this omission is likely to cause an overstatement of the crime rates in casino jurisdictions. In addition the picture may look different if convictions, rather than arrests, were considered. Finally, as Albanese notes (p. 342), it is impossible to determine whether gambling was the motivation for these crimes.

Albanese focuses his discussion of the causes of white-collar crime on embezzlement, since those arrest numbers increased nationwide during the period he studied. He cites evidence from interviews of prisoners who were convicted of embezzlement. Although there is a variety of stated causes for embezzlement, gambling is not one of the more common suggested causes. Rather, Albanese summarizes, “...females appear to embezzle primarily to keep a family or relationship together when threatened with financial problems, whereas men engage in status-seeking or status-maintaining behavior resulting in financial problems that they do not feel they can share with others.”⁴⁵⁸

Although evidence from prisoner interviews may not seem entirely convincing, evidence that supports Albanese’s doubt of a link between white-collar crime and casinos can be found in the fact that the DSM has dropped the diagnostic criterion that the person “has committed illegal

⁴⁵⁶ Jay S. Albanese, “White Collar Crimes and Casino Gambling: Looking for Empirical Links to Forgery, Embezzlement, and Fraud,” *Crime, Law and Social Change*, Volume 49, 2008, p. 339.

⁴⁵⁷ Ibid., p. 341-342.

⁴⁵⁸ Ibid., p. 344.

acts such as forgery, fraud, theft, or embezzlement to finance gambling.” This criterion is “rarely endorsed” in attempts to diagnose disordered gambling.⁴⁵⁹

Political Corruption

Aside from crimes that may be committed by disordered gamblers, or others who may be seeking money to fund their gambling, historically there has been a concern about gambling and political corruption. The late US Senator Paul Simon wrote of gambling, “We have an industry ... that is growing rapidly. It is an industry...that [I think] has more of a history of involvement in corruption than any other industry.”⁴⁶⁰ Casinos may have a reputation for being “mob-run” because of Las Vegas in the early days. However, as most casinos in Las Vegas and elsewhere are now corporate owned and rigorously regulated at the state level, it raises doubt as to whether the mob has any involvement in the industry, and whether politicians systematically engage in corrupt activities with respect to the casino industry.

As with white-collar crime and street crime, there may seem to be an obvious motivation for corruption related to the gambling industry, and casinos in particular. First, the casino industry is growing very rapidly and is largely a cash business. Perhaps this would make it easier for the industry to corrupt the casino industry. More importantly, the casino industry needs politicians’ consent to exist. Since state governments control almost every aspect of the casino industry perhaps the spread of casinos across the United States is due, in part, to corrupt politicians. Alternatively, there could be a link whereby, once casinos are legal and operating, they contribute to the corruption of politicians in an attempt to win favorable regulatory changes.

Spectrum has significant experience in New Jersey, where the possibility of political corruption was first addressed in the Casino Control Act of 1977, in which Sec. 138 includes the following language: “No applicant for or holder of a casino license, nor any holding, intermediary or subsidiary company thereof, nor any officer, director, casino key employee or principal employee of an applicant for or holder of a casino license or of any holding, intermediary or subsidiary company thereof nor any person or agent on behalf of any such applicant, holder, company or person, shall directly or indirectly, pay or contribute any money or thing of value to any candidate for nomination or election to any public office in this State, or to any committee of any political party in this State, or to any group, committee or association organized in support of any such candidate or political party.”⁴⁶¹

In our experience, that provision was designed to help ensure public confidence in the governance of gaming, and was not – nor could it have been – expected to hermetically seal the

⁴⁵⁹ Nancy N. Petry, “Editorial: Pathological gambling and the DSM-V,” *International Gambling Studies*, Volume 10, 2010, p. 113.

⁴⁶⁰ Paul Simon, testimony in “Charge to the Commission,” *National Gambling Impact Study Commission*, 1997, p. 31 <http://govinfo.library.unt.edu/ngisc/meetings/june2097/june20con.html>.

⁴⁶¹ New Jersey Casino Control Act <http://www.state.nj.us/casinos/actreg/act/>.

industry from politics, or vice versa. Indeed, as noted earlier, the provision did not prevent corruption, but it might have reduced it, and arguably achieved its principal goal of fostering confidence in the governance of gaming.

Since 2006, the casino/gambling industry has spent roughly \$30 million per year on lobbying federal politicians; it employs over 400 lobbyists.⁴⁶² Of course, it is legal for individuals or groups to make contributions to politicians, but such figures raise questions about the industry's influence on the government that regulates it.

It would be incredibly time-consuming to analyze individual corruption arrests to determine whether they are directly linked to casinos. However, there have been some high-profile arrests that were linked to gambling. Former Illinois governor Rod Blagojevich was convicted for a variety of crimes; one was for wire fraud in an attempt to shake-down a racetrack owner in return for the governor's support of a 2008 law that taxes casinos 3 percent to subsidize the racetracks.⁴⁶³ The paper by Martz provides a description of the anecdotal evidence that purports to show a link between casinos and corruption.⁴⁶⁴

We are aware of only one empirical analysis of the link between casinos and political corruption in the United States. The recent paper by Walker and Calcagno analyzes federal corruption convictions and casino adoptions/revenues using data from 1985 to 2000. Their statistical analysis focuses on whether changes in one variable (e.g., corruption convictions) improve the prediction of the other variable (e.g., casino revenues), and vice versa. If there is such a relationship, it is called "Granger causality" in the economics literature.⁴⁶⁵

The authors explain that their analysis lends little evidence to support a "culture of corruption" explanation whereby corruption leads to the introduction of casinos. Rather, they find evidence that predicted casino adoptions lead to corruption convictions. This suggests that casinos may be complicit in "regulatory capture" during the period studied. The implication is that regulators are "captured" by the industry they are supposed to regulate. Anecdotal evidence of regulatory capture by the casino industry can be seen in a variety of states. For example, several states that initially had casino loss limits (for example, \$500 per casino cruise) have since eliminated those limits. Some states which used to require casinos to be on boats no longer do.⁴⁶⁶

⁴⁶² Center for Responsive Politics <http://www.opensecrets.org/lobby/indusclient.php?id=N07&year=2012> (accessed May 10, 2013).

⁴⁶³ Associated Press, "Blagojevich Verdict: The Breakdown," CBS Chicago.com, June 27, 2011. <http://chicago.cbslocal.com/2011/06/27/blagojevich-verdict-the-breakdown/>.

⁴⁶⁴ Stephanie A. Martz, "Legalized Gambling and Public Corruption: Removing the Incentive to Act Corruptly, or, Teaching an Old Dog New Tricks," *Journal of Law and Politics*, Volume 13, 1997, p. 453-492.

⁴⁶⁵ Douglas M. Walker and Peter T. Calcagno, "Casinos and Political Corruption in the United States: A Granger Causality Analysis, *Applied Economics*, in press.

⁴⁶⁶ *Ibid*, p. 25-26.

While such examples of regulatory changes favorable to the casino industry may be examples of regulatory capture, it should also be noted that the regulators themselves may benefit when regulations benefit the industry, as many state casino regulatory agencies are funded directly from taxes on casinos' operations. Although the study by Walker and Calcagno is the first empirical analysis to suggest a statistical link between casinos and corruption, one could criticize the study because it does not directly link casinos or the gambling industry to particular corruption convictions. In any case, a carefully designed regulatory framework for the casino industry can be the best way of preventing any corruption associated with casinos.

Bankruptcy

Non-business bankruptcy filings increased dramatically during the 1990s, doubling between 1990 and 1998.⁴⁶⁷ Yet, the US economy did relatively well throughout this period. The trend in bankruptcies coincided with the expansion of commercial casinos outside of Nevada and New Jersey during the early 1990s, so the increased availability of casinos and spike in bankruptcies could be related. Several studies have been published that examine this relationship. Key findings of these studies are described.

Nichols et al. studied bankruptcies from 1989 through 1998 in eight casino jurisdictions and control jurisdictions without casinos. They found that personal bankruptcy rates increased in seven of the eight casino communities they studied.⁴⁶⁸ The study by de la Viña and Bernstein examined 100 counties in 36 states, from 1989 through 1994; they did not find a relationship between the introduction of casinos and county bankruptcy rates.⁴⁶⁹ However, their lack of results may be because their study only went to 1994, only five years after casinos began to spread outside of Nevada and New Jersey. A more recent study found that bankruptcy rates in casino counties are initially higher than non-casino counties, but then casino-county rates actually fall below non-casino counties four to eight years after casinos are introduced. But rates again start to rise, and thirteen years after the introduction of casinos, bankruptcy rates in casino counties are 15 percent higher than in non-casino counties.⁴⁷⁰

Barron et al. examined data for over 3,000 US counties. Their results suggest that bankruptcy rates are higher closer to casinos, and that if casinos were eliminated there would be

⁴⁶⁷ John M. Barron, Michael E. Staten, and Stephanie M. Wilshusen, "The Impact of Casino Gambling on Personal Bankruptcy Filing Rates," *Contemporary Economic Policy*, Volume 20, 2002, p. 441.

⁴⁶⁸ Mark W. Nichols, B. Grant Stitt, and David Giacomassi, "Casino Gambling and Bankruptcy in new United States Casino Jurisdictions," *Journal of Socio-Economics*, Volume 29, 2000, p. 247-261.

⁴⁶⁹ Lynda de la Viña and David Bernstein, "The Impact of Gambling on Personal Bankruptcy Rates," *Journal of Socio-Economics*, Volume 31, 2002, p. 503-509.

⁴⁷⁰ Ernie Goss, Edward A. Morse, and John Deskins, "Have Casinos Contributed to Rising Bankruptcy Rates?" *International Advances in Economic Research*, Volume 15, 2009, p. 456-469.

a 5 percent decline in 1998 filing rates in casino counties.⁴⁷¹ Finally, the study by Garrett and Nichols indicates that individuals who visit out-of-state casinos have a 10 percent higher chance of filing for bankruptcy back in their home states, compared to individuals who did not visit out-of-state casinos.⁴⁷²

There have been several other journal articles that examine bankruptcy rates and their relationship to casinos. Considering those studies discussed above and the others in the literature, the majority of the evidence suggests that the existence of casinos does cause an increase in personal bankruptcy rates, especially in close proximity to casinos. It is likely that disordered gamblers are disproportionately responsible for the bankruptcy effect, as they are more likely than others to experience financial problems because of their gambling.

Drunk Driving Fatalities

Many casinos provide their patrons with free alcoholic beverages as long as they are gambling. Indeed, like bars, casinos represent an increasingly popular form of nighttime entertainment. To the extent that alcohol is relatively cheap at many casinos, then one might expect there to be a link between casinos and drunk driving.

There has not been published work that has studied the relationship between casinos and DUI arrests in the United States. However, one study examined casinos and alcohol-related traffic fatalities (“ARFAs”). The 2010 study by Cotti and Walker examined data from 1990 to 2000, a period that covers much of the recent US commercial casino expansion outside of Nevada and New Jersey. Their findings indicate that there is indeed a relationship between the existence of casinos and ARFAs.⁴⁷³ However, the relationship appears to be related to miles driven. In short, the study finds that ARFAs increase by 9.2 percent for casino counties with average population. However, the effect declines as county population increases. Specifically, they write:

“[R]ural or moderately sized counties will likely see an increase in alcohol-related fatal traffic accidents when casinos are present, but urban or greater-than-average populous counties may be expected to see a decrease in alcohol-related fatal traffic accidents when casinos are present.”

This relationship is explained to be the result of “miles driven.” That is, the reason drunk driving fatalities are likely to increase in rural casino counties is that the average patron must drive more miles to get to and from the casino. This increases the likelihood that an individual

⁴⁷¹ John M. Barron, Michael E. Staten, and Stephanie M. Wilshusen, “The Impact of Casino Gambling on Personal Bankruptcy Filing Rates,” *Contemporary Economic Policy*, Volume 20, 2002, p. 441.

⁴⁷² Thomas A. Garrett and Mark W. Nichols, “Do Casinos Export Bankruptcy?” *Journal of Socio-Economics*, Volume 37, 2008, p. 1481-1494.

⁴⁷³ Chad D. Cotti and Douglas M. Walker, “The Impact of Casinos on Fatal Alcohol-Related Traffic Accidents in the United States,” *Journal of Health Economics*, Volume 29, 2010, p. 788-796.

will be in a traffic accident. At the same time, in urban or more populated casino counties, patrons do not have to drive as far, and they often have alternatives to driving, such as taking a cab, bus, or other public transportation. In addition, the authors suggest that urban casinos may serve as a substitute for bars and nightclubs, at which the average patron may consume more alcohol than at casinos.⁴⁷⁴

Negative Personal/Professional Impacts from Gambling

Much of the discussion in this section thus far has focused on potential negative impacts associated with gambling for which there are solid, publicly available data. Such data facilitate academic studies on the effects. Yet, a variety of negative social impacts from problem gambling are not easily quantifiable as they often occur in a person's career or personal life. Recall that the definition provided earlier of "disordered gambling" focuses on gambling having a negative impact on a person's career, professional relationships, and/or personal relationships. Then there are a variety of potential professional and personal problems that may result from a gambling disorder which are not well-documented in public statistics.

Nevertheless, there is solid anecdotal evidence that such problems exist. For example, the National Gambling Impact Study Commission discusses suicide, divorce, and homelessness rates, among other social problems often attributed to gambling.⁴⁷⁵ The NGISC describes a variety of individuals who testified that their lives had been shattered because of their own gambling problem or because of a family member's or spouse's gambling problem. Earl Grinols dedicates 21 pages in his book to reproducing newspaper headlines and quotations that provide anecdotal evidence of social problems and gambling.⁴⁷⁶ However, such cases may grab the attention of newspaper reporters and readers precisely because they are unusual or extraordinary cases.

One must look at academic research to determine whether a statistical link between gambling problems and these other problems exists. The National Research Council provides a review of research, prior to 1999, on many of the social impacts of gambling.⁴⁷⁷ Even then, however, the research on these issues was still relatively sparse.

As with the crime discussion from above, there is quite likely to be a distinction between the results from research that examines individuals (such as through survey research on Gamblers Anonymous members) and research that examines aggregates (such as studies on divorce or crime rates at the county- or state-level). We review some of the evidence from each of these types of studies.

⁴⁷⁴ Ibid, p. 795.

⁴⁷⁵ NGISC, p. 25-28.

⁴⁷⁶ Earl L. Grinols, *Gambling in America: Costs and Benefits*, p. 146-167.

⁴⁷⁷ National Research Council, *Pathological Gambling: A Critical Review*, 1999.

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The study by Thompson et al. (1997) examined data collected from a survey of 98 Gamblers Anonymous members in Wisconsin.⁴⁷⁸ They report that 21 of their respondents indicated they had lost or quit their jobs, and attributed it to gambling. Of this group, 18 reported being unemployed for an average of over 12 months. Sixty-four of the respondents indicated missing work because of gambling. Thirty-eight of the respondents had been arrested, only 14 of which were attributed directly to gambling. Among the 98 respondents, 57 had sought professional help for their gambling problem; 15 had been hospitalized. Many of the survey respondents had other behavioral problems: 30 were alcoholics; 25 were compulsive shoppers; 22 compulsive overeaters; and 14 drug addicts.

Twelve of the respondents indicated they had marriage and family problems. Among the 30 respondents who were separated or divorced, 70 percent indicated that gambling was a cause. These effects of gambling are likely to have a significant impact on children. Problem gamblers are also probably more likely than the general population to consider or commit suicide. The survey of Gamblers Anonymous members indicated that 69 respondents had thought about suicide, 59 indicated they planned how they would commit suicide, and 23 had actually attempted suicide.

The survey statistics reported by Thompson et al. are indeed startling. However, as they represent GA members, they perhaps represent the extreme end of the distribution of individuals in society with the most serious gambling problems. A variety of other studies reports on similar social impacts of disordered gambling. The National Gambling Impact Study Commission and the National Research Council⁴⁷⁹ provide comprehensive discussions of many of these social impacts. The following table illustrates some problems commonly associated with disordered gambling. The table indicates the percentage of individuals among those surveyed who experience such issues, sorted by their gambling classification.

⁴⁷⁸ William N. Thompson, Ricardo C. Gazel, and Dan Rickman, "The Social Costs of Gambling," *Gaming Law Review*, Volume 1, p. 81-89. Data reported in the following paragraphs are from p. 86-87.

⁴⁷⁹ National Research Council, *Pathological Gambling: A Critical Review*, 1999.

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Figure 48: Percentage of individuals reporting various problems associated with gambling

Problem	Non-Gamblers		Low-Risk Gamblers		At-Risk Gamblers		Problem Gamblers		Path. Gamblers	
	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year
Health poor/fair, past year	22.8	21.0	14.0	12.3	15.7	13.2	16.3	22.6	31.1	29.6
Mentally troubled (currently) (RDD only)	10.7	14.6	15.9	17.1	26.5	28.5	42.3	24.2	41.9	66.5
Mental health tx, past year	5.1	6.9	6.8	6.3	6.4	10.1	12.8	5.4	13.3	12.9
Emotionally harmful family argument about gambling	NA	0.5	0.1	0.3	0.8	6.8	15.8	10.5	53.1	65.6
Manic symptoms, ever	NA	0.7	NA	1.6	11.3	17.6	16.8	13.4	32.5	40.1
Depressive episode, ever (RDD only)	NA	0.1	NA	1.0	8.6	17.4	16.9	5.2	29.1	20.0
Alcohol/drug dependent, ever (RDD only)	1.1	0.9	1.3	1.8	5.6	13.3	12.4	13.9	9.9	20.0
Drug use 5+ days, past year	2.0	2.4	4.2	5.1	9.2	13.5	16.8	16.1	8.1	13.9
Any job loss, past year	2.6	4.8	3.9	3.6	5.5	2.1	10.8	0.0	13.8	25.0
Bankruptcy, ever	3.9	3.3	5.5	6.4	4.6	10.9	10.3	13.8	19.2	10.7
Arrested, ever	4.0	7.0	10.0	11.9	21.1	25.7	36.3	25.0	32.3	26.4
Incarcerated, ever (RDD only)	0.4	—	3.7	—	7.8	—	10.4	—	21.4	—

Source: National Gambling Impact Study Commission, Table 7-2, p. 7-21.

Other studies confirm the variety of personal, family, and career problems that often accompany a gambling problem. For example, the study by Shaw et al. (2007) discusses “collateral effects” of pathological gambling, including “divorce, domestic abuse, financial instability, friendship/ family loss, and the psychological and educational development of the children included in those families.”⁴⁸⁰

Studies that focus on disordered gamblers find that such individuals often have other behavioral problems and issues. Similar results have been found with respect to crime, although there is not clear evidence that casinos affect crime rates. There is an important distinction between “micro” studies which examine problem gamblers specifically, and “macro” studies which look at aggregate statistics. Although the studies cited above point to a variety of problems experienced by disordered gamblers and their surrounding society, these results do not always hold at an aggregate level. For example, one study examined county-level rates of suicide and divorce in eight new casino jurisdictions, comparing them to similar non-casino control jurisdictions.⁴⁸¹ The results are summarized:

“Suicide rates are not statistically different between casino and control communities. Divorce rates are lower in three casino counties, higher in one, and not statistically

⁴⁸⁰ Martha C. Shaw, et al., “The Effect of Pathological Gambling on Families, Marriages, and Children,” *CNS Spectrums: The International Journal of Neuropsychiatric Medicine*, Volume 12, 2007, p. 615-622.

⁴⁸¹ Mark W. Nichols, B. Grant Stitt, and David Giacomassi, “Changes in Suicide and Divorce in New Casino Jurisdictions,” *Journal of Gambling Studies*, Volume 20, p. 391-404.

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different in four. Overall, the results suggest no widespread, statistically significant increase in either suicide or divorce.”⁴⁸²

These results could be interpreted as meaning that casinos do not contribute to suicide and divorce. However, since the study relies on county-level data, one may not expect statistically significant results, especially since only about 1 percent of the population is likely to have a gambling disorder.⁴⁸³

Despite the lack of results in macro studies of the negative impacts of gambling, jurisdictions should be aware that such problems are likely to occur, even if they affect a relatively small number of people.

NIMBY

One final general concern that many people have with respect to legal gambling (and expanded gambling) is that it changes a community’s “feel.” Many times a person’s opposition to gambling can simply be summarized as NIMBY (“not in my back yard”). For example, a casino brings with it more traffic, perhaps more crime, and a variety of other changes that may fundamentally change a community. A person may not necessarily be opposed to the activity of gambling, but they would prefer that it not be located near their home.

More generally, and with respect to Florida, as Bill Lupfer of the Florida Attractions Association noted earlier in the report, expanded gambling would damage “the Florida brand” of wholesome, family-oriented tourism.

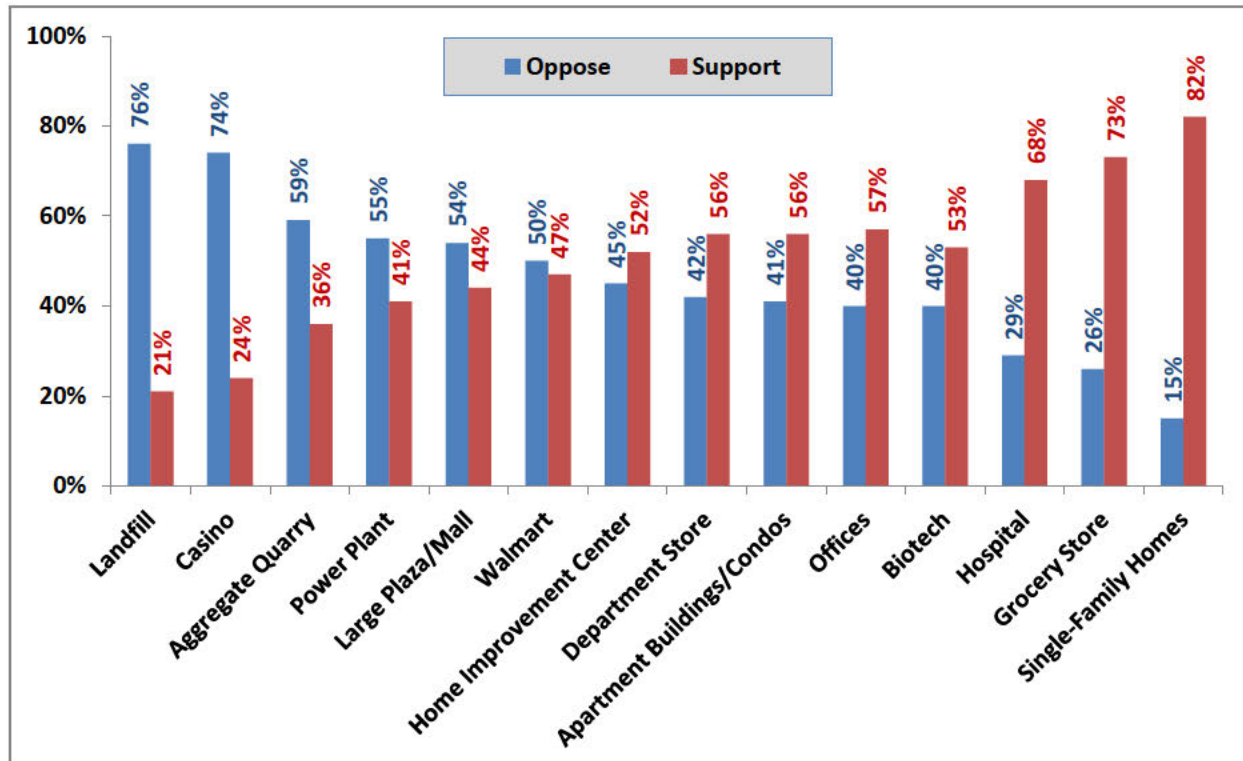
According to one poll, most Americans do not support having a casino in their own community. The Saint Consulting Group, a Hingham, MA, consultancy that specializes in land-use politics, every year or two conducts a nationwide poll (“The Saint Index”) asking Americans whether they would support a certain type of facility or land use in their community. “Casino” routinely ranks among the second- or third-most opposed category. This stands in contrast to the American Gaming Association’s annual poll, which in 2012 showed that 85 percent of Americans say that casino gambling is acceptable for themselves or others⁴⁸⁴ – demonstrating the NIMBY factor. The following chart shows the results of the most recent Saint Index:

⁴⁸² Ibid, p. 391.

⁴⁸³ However, this is not necessarily to say that divorce and suicide only happen among the population of disordered gamblers.

⁴⁸⁴ *State of the States* 2013, p. 32.

Figure 49: Saint Index 2011: Support and opposition to land use in respondent's own community, nationwide



Source: The Saint Consulting Group

b. Positive Impacts

Legalized gambling has expanded in the United States quite dramatically since the 1960s. The lottery was introduced in New Hampshire in 1964, and now 43 states have a state-operated lottery. Horse and greyhound racing are also very common. Casinos, which began to spread outside of Nevada and New Jersey in the late 1980s, are now legal in 42 states.

State governments and voters tend to approve the legalization of commercial casinos for economic reasons. That is they expect significant economic benefits from the introduction of casinos. These benefits may include increased employment and an increase in average wages, economic growth (i.e., increases in per capita income), and increased tax revenues. These effects are discussed in much more detail in other parts of this report; here we provide a brief introduction to the literature on these economic benefits, particularly from casinos.

Employment and Wages

The casino industry promotes itself by publicizing employment data. Casinos can generate employment through the construction of their facilities and then through their day-to-day operations. The casino industry is very labor-intensive. As an example of this, the American Gaming Association's *State of the State* annual report lists the number of casino employees in

each state with commercial casinos.⁴⁸⁵ The report also lists “casino employee wages” as a state-level aggregate. There is certainly an effect on local labor markets when a new casino is built and operating. In general, one can think of the new casino as causing an increase in the demand for labor. As a result average wages should increase as employment increases.

However, casino critics often argue that casino jobs are low-quality, low-paying jobs. There are no academic studies of which we are aware that confirm this contention. Perhaps the most comprehensive, best analysis of the labor market effects of casinos was written by Chad Cotti in 2008.⁴⁸⁶ Cotti analyzes US county-level data, comparing counties with and without a casino. He finds that casino counties see an increase in employment after a casino opens. Further, his analysis shows that casinos create modest benefits to both employment and wages, but that the employment growth is negatively related to county population. (That is, there is a smaller impact on employment growth in more populous casino counties.)

Since Cotti’s analysis compares all casino counties to all non-casino counties, and because he controls for other economic variables in his analysis, we can be confident that his analysis isolates the impact of casinos. What his analysis does not show is the net effect of casinos compared to some other specific non-casino industry. In order to analyze the effects of gambling in Florida, jurisdictions in which casinos or pari-mutuels are operating should be compared to other non-gaming jurisdictions, while controlling for other economic variables.

These results should not be surprising, as a casino represents new economic activity in a local economy. As with other new businesses, one should expect that a new casino will create jobs. However, measuring the impact of casinos on employment requires a consideration of the *net impact*. That is, simply because a casino employs 1,000 workers does not necessarily mean that the casino created 1,000 new jobs. Some jobs may have been lost in other competing industries. Nevertheless, the available empirical evidence suggests that casinos have a positive impact on the labor markets in which they operate.

Economic Growth⁴⁸⁷

The casino industry does not typically promote itself as generating economic growth. This is probably because, as a political matter, how a casino would generate economic growth is a more abstract concept than, say, the creation of jobs. However, politicians often claim that casinos can be used as a tool for redevelopment. (See the discussion later in this section of the report.)

Casinos can lead to economic growth simply because they represent new economic activity in a region. Joseph Schumpeter discussed “the introduction of a new good” as one

⁴⁸⁵ 2013 *State of the States*, p. 12-22.

⁴⁸⁶ Chad D. Cotti, “The Effect of Casinos on Local Labor Markets: A County Level Analysis,” *Journal of Gambling Business and Economics*, Volume 2, 2008, p. 17-41.

⁴⁸⁷ This section draws from Douglas M. Walker, *Casinonomics*, 2013, chapters 2-6.

possible source of economic development.⁴⁸⁸ This proposition has been tested with respect to casinos.

The most recent evidence on the issue uses Granger causality analysis. Basically, what this statistical test does is determine whether the use of one variable (casino revenues) can improve the prediction of another variable (per capita income). If it can, then it is said to “Granger cause” the other variable. This is as close as economics can come to showing “causality” among two variables. The Granger causality analysis uses data from US states with commercial casinos, from 1990 through 2010. The analysis indicates strong statistical evidence that casino revenues do Granger cause economic growth.⁴⁸⁹

If we step back and consider what causes economic growth (increases in per capita income) to occur, it boils down to mutually beneficial transactions. That is, whenever a market transaction occurs between buyer and seller, both parties are expecting to benefit as a result of the transaction; otherwise they would not agree to trade.

The benefits of such transactions can be easily seen, especially for the sellers. Profit is simply the difference between the selling price and cost of production. This is the net benefit to the seller, which is the amount of money that remains after paying for the inputs to production. On the buyer’s side of the market, there is a similar benefit from the transaction, but it is a little more abstract. Consumers typically receive more in benefits from consumption than they had to pay for it. For example, if a person is so thirsty that he would be willing to pay \$5 for a soda, but he has to pay only \$2 at the neighborhood grocery, he receives a \$3 net benefit from the transaction. In a sense, the consumer has a “profit” analogous to the seller’s profit.

Any business that provides a good or service for which people are willing to pay helps to foster this process of mutually beneficial exchange. This is simply economic activity, which is the basis of economic growth. It matters little what type of business it is, as long as the customers receive benefits from the product at least as great as the amount they must pay.

As new businesses are formed, workers must be hired to produce the goods and services. This creates increased competition for workers; that is, there is greater demand for workers, and wages are likely to be pushed up as a result. The new firm must offer a salary and/or benefits in excess of workers’ next-best option; otherwise the new firm will not be able to find suitable employees. It is possible that the new firm would simply hire individuals who are currently unemployed. In this case, the new job still presumably represents an improvement over the unemployed worker’s current situation.

⁴⁸⁸ Joseph A. Schumpeter, *The Theory of Economic Development*, 1993, p. 66.

⁴⁸⁹ Walker, *Casinonomics*, 2013), p. 54-56. It should be noted that a similar study performed in 2007 did not find a Granger causal relationship between casinos and economic growth. However, as noted above, the most recent evidence suggests there is such a relationship.

Tax Revenues

Legalized gambling, in general, and casinos, in particular, can have a significant impact on state government budgets. Yet, the effect is not as large as many observers believe. In 2004, legalized gambling accounted for less than 2 percent of state revenues in most states. In Nevada, casino taxes represented 10.4 percent of state revenues. In Florida, the lottery represented about 1.7 percent of state government revenues during 2004.⁴⁹⁰ (We discuss this in more detail in Chapter III.)

Although legalized gambling is usually taxed at relatively high rates, this does not necessarily mean that the existence of a gambling industry necessarily results in a net increase of state tax revenues. For example, if there is a large “substitution effect”⁴⁹¹ away from other consumption, legalized gambling could actually result in a decrease in tax revenues. This result is unlikely in most jurisdictions, however, since tax rates on gambling are typically much higher than tax rates on other goods and services. For example, the “lottery tax” is about 40 percent. The effective tax rate on gross casino revenue ranges from 7 percent in Nevada to over 50 percent in several states.

Several researchers have examined the impact of legalized casinos and lotteries on state government revenues. For example, Siegel and Anders (1999) examine how Missouri county sales tax revenues were affected by the introduction of riverboat casinos.⁴⁹² They studied 1994-96 data, and found that a 10 percent increase in gambling tax revenue leads to about a 4 percent decrease in taxes from other amusement and recreation sources. The study by Borg et al. (1993) found that \$1 in lottery revenue has a cost of 15-23 cents in other types of government revenue.⁴⁹³ However, the lottery still leads to a net increase in state tax receipts; the “substitution effect” from the lottery is not very great.

The study by Walker and Jackson (2011) is probably the most comprehensive tax study in the United States, to date.⁴⁹⁴ They found statistical evidence that lotteries do lead to an increase in state net tax receipts, but that the positive effect diminishes as sales increase. Their casino result was interesting, that casinos have a mildly negative impact on state tax receipts. However, their analysis also finds a positive impact on state tax revenues from increases in per capita income (i.e., economic growth) and hotel employees (as a proxy for tourism). If casinos generate economic growth and are a significant component of a state’s tourism sector, then

⁴⁹⁰ Ibid, p. 68.

⁴⁹¹ This effect is discussed in more detail in Section IV of the report.

⁴⁹² Donald Siegel and Gary Anders, “Public Policy and the Displacement Effects of Casinos: A Case Study of Riverboat Gambling in Missouri, *Journal of Gambling Studies*, Volume 15, 1999, p. 105-121.

⁴⁹³ Mary Borg, Paul Mason, and Stephen Shapiro, “The Cross Effects of Lottery Taxes on Alternative State Tax Revenue,” *Public Finance Quarterly*, Volume 21, 1993, p. 123-140.

⁴⁹⁴ Douglas M. Walker and John D. Jackson, “The Effect of Legalized Gambling on State Government Revenue,” *Contemporary Economic Policy*, Volume 29, 2011, p. 101-114.

casinos may still have a positive impact on state-level tax receipts. So, although their analysis suggests that the direct effect of casinos on taxes is probably not positive, the overall impact of casinos may be positive when the economic growth and tourism effects of casinos are accounted for.⁴⁹⁵

38. Gambling-Specific vs. Non-Gambling Impacts (Job Creation and Wage Changes)

For any of the impacts discussed in the previous section, understanding the specific effects of gambling is more complicated than it may initially seem. This is because the relevant comparison for understanding the changes in society caused by gambling is not just between the situations before and after gambling is introduced. Rather, the relevant comparison is between the situation with gambling and *what otherwise would have happened*, called the “counterfactual.”

Consider an example in which there is a single plot of vacant land in a city, and the land owner is deciding whether to allow a casino or a shopping mall to be built. Let’s suppose the casino is eventually built. Then there will be employment and wage effects, for example, resulting from the building and opening of the casino. The jobs created by the casino, the wages paid, and taxes paid will likely be reported as the effect of the casino on the local/regional economy. The reported benefits of the casino are those compared to the situation prior to the casino being built. But this assumes that if the casino had not been built, nothing else would have been. But in our scenario, a shopping mall would have been built. Then to determine the net impact of a new casino, the effects of the casino should be compared to what would have likely happened had the shopping mall been built instead.

For the practical analysis of the impacts of casinos, it is difficult to always know what would have otherwise happened. One way of isolating the impact of casinos is to compare the situation in casino communities with those in non-casino communities. As an analysis of aggregates, this type of analysis can isolate the marginal impact of casinos, as long as other variables are controlled for in the analysis.

Perhaps more importantly, in considering the impacts of casinos, it is important to distinguish those effects that are specific to the nature of gambling (such as crime committed by problem gamblers), and those that also result from a casino, but are simply economic impacts caused by a new firm/industry entering a local economy.

By way of example, if wages increase in a community because some of its previously unemployed and under-employed adults are working at a casino, that would increase spending power in that region. That increased spending power could potentially result in increased investment by non-gaming businesses.

⁴⁹⁵ Walker, *Casinonomics*, p. 84.

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Hypothetically, such investments could include, say, a regional supermarket chain or a national pharmacy outlet in an area that previously did not warrant such investments. This economic growth would be casino-related, but it is not the result of gaming, in particular. Alternatively, consider if a local food store or local pharmacy is adversely impacted and hypothetically goes out of business, it is clearly an impact of the casino. But it is not necessarily gaming-related, but is rather related to general economic growth. Moreover, such an impact is adverse to that pharmacy owner, but may not be adverse to the community.

Similarly, if a casino raises the prevailing wage in an area, particularly for unskilled or semi-skilled work, that could have an adverse impact on a number of small businesses, such as small hotels, restaurants or fast-food franchises. Some may find that they cannot afford to pay the prevailing wage rate and still be profitable. That is an impact of casinos, but is not related to the specific nature of gambling, nor is it clear whether that is adverse or beneficial to the larger community.

Historically, Atlantic City and the Miami region, particularly Miami Beach, have had much in common, starting with their histories as East Coast tourist destinations. At various times, both endured economic downturns and experienced rebounds – sometimes with the same results – but clearly the catalysts were different. Atlantic City’s economic catalyst was the legalization of casinos, while Miami’s rebound has had multiple catalysts. Still, some of the same effects can be detected, as noted in a 2012 blog:

“There is a flip-side to Miami's rebound. While the super-rich are buying, locals continue to suffer. Wages and income levels are low, and the metro has a high level of income inequality. Miami's housing market and broader economy remains highly uneven and divided. While South Beach and the downtown corridor may be booming, the area inland is rife with housing misery, foreclosures and homelessness. The economic and social distance between the global super-rich and suffering locals is substantial and growing.”⁴⁹⁶

Atlantic City clearly offers parallels, as noted in this excerpt from “Hostage to Fortune: Atlantic City and Casino Gambling”:

“In the pre-casino world, Atlantic Avenue was Main Street USA, where the appliance dealer knew the insurance broker and both knew the barber and the shoe salesman. George Babbitt would have been quite at home in that Atlantic City.

“What casino gambling did to that world was turn it upside down by injecting the world of Wharton econometrics and advanced marketing techniques into its major arteries.

“Prior to casinos, the hotels and utilities, along with a few other companies ... were the only employers of more than a handful of people.

⁴⁹⁶ Richard Florida, “Why Miami’s Real Estate is Booming Again,” *The Atlantic Cities*, March 6, 2012
<http://www.theatlanticcities.com/jobs-and-economy/2012/03/why-miamis-real-estate-booming-again/1396/>

“Before gambling became a component in the economy, all the workers in the region who bore the title of vice president could have squeezed into the laundry room of the Marlborough-Blenheim hotel.

“Now, the Marlborough-Blenheim is gone, and Atlantic City has a banquet room full of vice presidents – real vice presidents who grew up in a world of competition. Now, they manage big banks and casino firms and national drug store chains, and they often outclass and outdistance their local counterparts.

“Most of the fast-food outlets and the new drug stores and appliance dealers opened in the suburbs. To the city came new law offices and new bank branches and other businesses that would likely not have considered Atlantic City as an ideal location in its pre-casino days have opened up. ...

“There are only so many ways to spend or save a single dollar, and the brokerage firms and the banks, and the haberdasheries, and the restaurants are in competition with each other for that dollar.

“The available outlets for the dollars, it seems, expanded as rapidly as the supply of dollars.”⁴⁹⁷

The economic patterns are the same, but the causes – and arguably any potential solutions – would be different, yet it must be noted that, while the presence of casinos was the proximate cause of Atlantic City’s disruption, the nature of this industry has no particular relevance to that disruption.

39.Short- and Long-Term Fiscal Impacts of Government Policies

In an increasingly competitive global economy, casino gambling is seen as a quick and easy way to create jobs, increase convention and tourism business and stimulate development of additional visitor attractions and amenities. However, to maximize the economic benefits of casino development and to minimize any potential negative impacts, it is vital that state and local policy makers have a clear understanding of how different implementation scenarios and community variables may affect short and long term outcomes.

Land-use planning and zoning power is the most effective tool that state and local governments have to plan for and control development related impacts. Casinos are unlike other types of development projects such as an office park or a shopping center. Casino development may potentially have a greater impact on traffic, housing stock, the labor force and municipal services. Newer, more sophisticated planning tools such as geographic information systems and economic modeling enable government planning to have a better understanding of the potential impacts of projects and thereby plan more appropriately.

⁴⁹⁷ Michael Pollock, *Hostage to Fortune: Atlantic City and Casino Gambling*, 1987, p. 160-161.

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A study of the impact of casino gambling in Connecticut by Spectrum found that the absence of regional planning had significantly impeded state and local officials in their efforts to address the impact of two Indian casinos on traffic, public safety and education.⁴⁹⁸

Atlantic City is a classic example of how poor land use planning, particularly in the formative period immediately following the passage of casino gaming, greatly impeded orderly development and the city's potential.⁴⁹⁹ Rampant, unchecked real estate speculation became an immediate and enduring problem for the city. The phenomenal success of Atlantic City's first casino made potential casino developers willing to pay almost any price to get their projects started. Slum neighborhoods suddenly took on new value. To real estate speculators, only the land had value. Buildings and businesses did not. Thousands of lives were disrupted when buildings were sold and tenants evicted. Once-stable neighborhoods suddenly became vacant and desolate.

Atlantic City government did little to tame speculation and in many ways encouraged it. Its master plan was deemed unrealistic and local officials did little to adhere to whatever guidelines it did offer. Nearly everyone who applied for a variance got one. In effect, everywhere in the city was a potential casino site.⁵⁰⁰

The national experience with legalized gaming has matured to the point where policy makers have a much better idea of what may or may not work effectively in a particular community.

Prior to 1978, casino gambling was only legal in Nevada, where it was implemented in 1931. In 1976, New Jersey became the nation's second state to approve legalized gambling. In New Jersey, legalized gambling was specifically intended to be "a unique tool of urban redevelopment."⁵⁰¹ According to its enabling legislation, "a limited number of casino rooms in major hotel convention complexes, permitted as an additional element in the hospitality industry of Atlantic City, will facilitate the redevelopment of existing blighted areas and the refurbishing and expansion of existing hotel, convention, tourist, and entertainment facilities."⁵⁰² The state constitution limited casino gambling solely to Atlantic City, one of the state's most economically distressed communities.

For a number of years, Atlantic City was the only legal casino gaming venue in the eastern United States during a period when the public's interest in casino gambling was

⁴⁹⁸ "Gambling in Connecticut: Analyzing the Economic and Social Impacts," *Spectrum Gaming Group*, June 22, 2009.

⁴⁹⁹ By D.W. Nauss, "Atlantic City Planning Does Not Pass Go," *New Jersey Reporter*, Volume 9, No. 10, 1981, p. 6-13.

⁵⁰⁰ *Ibid.*

⁵⁰¹ New Jersey Casino Control Act, N.J.S.A. 5:12-1.

⁵⁰² *Ibid.*

heightening. The spectacular profitability of Atlantic City's first casinos, their initial success in creating construction and permanent jobs that paid good salaries and provided good benefits, fostered widespread interest in casino gambling as an economic development tool. Although the urban redevelopment aspects of New Jersey's casino experiment were debatable, other states took note of casino gambling's economic impact and wanted to get in the game. In 1989, South Dakota and Iowa approved legalized gambling, initiating a new era of casino expansion. Currently, commercial casinos (non-Indian gaming) operate in 23 states.⁵⁰³

By 2008, Atlantic City's remarkable financial performance began to slip, due largely to the national recession and, more ominously, to growing competition from nearby states with new casinos. In 2012, among all states with casino gaming, New Jersey experienced the largest drop in both gross gaming win and gaming tax revenue.⁵⁰⁴ One of its newest and largest casinos, the \$2.4 billion resort, Revel, which opened in May 2012, filed for bankruptcy less than a year later.⁵⁰⁵ As one recent observer noted, "The Revel is a hulking reminder of big dreams going wrong and gambles not paying out. ... City planners and state legislators looking to casinos as sure ways of generating revenue should take note of this cautionary tale."⁵⁰⁶

The financially ailing Revel is not alone. The \$2.3 billion Foxwoods Casino Resort, owned by Mashantucket Pequot Tribal Nation in Connecticut, is also struggling financially.⁵⁰⁷ Like Atlantic City, with new competition coming on line in Massachusetts, Connecticut too can expect to see declining revenues and a more competitive gaming environment.

The dramatic rise and fall of Atlantic City's casino industry holds important lessons for other jurisdictions considering casino gambling. Casinos must be right sized and properly integrated into their host communities. Neither exists in a vacuum and both must be able to respond quickly to changing consumer tastes and market conditions. By establishing itself largely as a convenience destination, failing to plan for gaming competition elsewhere, and failing to responsibly incorporate casinos into the social and economic fabric of the city, the prognosis for both Atlantic City and its casino industry is an open question.

Workforce development is another area where proper planning can have positive short- and long-term impacts. Casino resorts are labor intensive and require a variety of skill levels to operate efficiently and meet the expectations of their patrons. Depending on the magnitude of

⁵⁰³ 2013 *State of the States*, p.2.

⁵⁰⁴ Ibid.

⁵⁰⁵ Donald Wittkowski, "Revel takes steps to restructure finances, ownership," *The Press of Atlantic City*, May 8, 2013, http://www.pressofatlanticcity.com/business/revel-takes-steps-to-restructure-finances-ownership/article_8e43888d-9b71-5f9d-a2d8-f14fe62018e8.html.

⁵⁰⁶ Luke Barley, "Atlantic City's Incredibly Bad Gamble on the Revel Casino," *The AtlanticCities.com*, May 9, 2013, <http://www.theatlanticcities.com/jobs-and-economy/2013/05/atlantic-citys-incredibly-bad-gamble-revel-casino/5541/>.

⁵⁰⁷ Michael Sokolove, "Foxwoods is fighting for its life," *New York Times Magazine*, March 14, 2012. http://www.nytimes.com/2012/03/18/magazine/mike-sokolove-foxwood-casinos.html?pagewanted=all&_r=1&.

their workforce demands, a new casino could cause a major disruption in the regional labor market. Getting unskilled and low skilled workers into the workplace can be a challenge.

In Massachusetts, where casino development was recently enacted, it is anticipated that over 30,000 individuals will need to be considered for employment in order to fill the 10,000 jobs that are expected. To meet this objective, the state recently ramped up its workforce recruitment process and employment infrastructure. To accomplish this, a collaboration of workforce stakeholders joined together. These include one-stop career centers, community based organizations, organized labor, community colleges and other public and private educational entities.⁵⁰⁸

The past three decades provide policy makers with an abundance of data and first-hand examples of how casino gambling impacted a community and what the role of policy makers should be. However, a clear, compelling understanding of the costs and benefits remains elusive and the academic literature is contradictory.

The 1999 National Gambling Impact Study Commission Report noted that social and economic impacts are not as easily severable as those responsible for policy making would prefer.⁵⁰⁹ Quantifying gambling related social costs and benefits can be extremely difficult. The Commission went on to note that the economic benefits of casino gambling appeared most powerful in more financially distressed communities where economic development opportunities were fewer.

In a 2005 study, Phineas Baxandall and Bruce Sacerdote compared the experience of counties in the United States that have casinos with counties that do not. They found that casino development appears to produce both modest positive effects as well a modest negative effects as well no statistically significant effects at all in some areas. They analyze the effects of casinos at the county level rather than the state level because entire states are simply too large to discern a casino's influences on outcomes such as employment or crime.⁵¹⁰ In *Gambling in America: Costs and Benefits*, Earl Grinols found that when all relevant factors were considered, the social benefits of casino gambling were outweighed by the social costs.⁵¹¹

The national experience with casino gambling has led policy makers, urban planners, social scientists and casino developers to recognize that a casino's chance of success increases if

⁵⁰⁸ Massachusetts Gaming Commission, "Workforce Development and Diversity," <http://massgaming.com/about/diversity/> (accessed May 20, 2013).

⁵⁰⁹ NGISC.

⁵¹⁰ Phineas Braxandall and Bruce Sacerdote, "Betting on the Future: The Economic Impact of Legalized Gambling," *Rappaport Institute for Greater Boston- Policy Briefs*, January 13, 2005 http://www.hks.harvard.edu/var/ezp_site/storage/fckeditor/file/pdfs/centers-programs/centers/rappaport/policybriefs/betting_final.pdf.

⁵¹¹ Earl L. Grinols, *Gambling in America: Costs and Benefits*, 2004.

it is properly sized and blended into the host community. The type, scale and format of a casino will inevitably be a factor in what impact it has upon the community.

Iowa was an early adopter of casino gambling and Dubuque is often cited as a community where casino gambling has been a successful component of an overall economic development strategy. A 2011 report noted that one would be hard pressed to find someone opposed to casinos among local residents.⁵¹² Dubuque Assistant Chief of Police Terry Tobin noted that his department does not have any concerns about organized crime, prostitution, robbery or other predatory crimes. City Manager Michael Milligen stated that poverty was not a problem and that local wages have increased.⁵¹³ Iowa is unique among states with casino gambling. In every county that has a casino, voters must pass a referendum approving casino gambling to continue.⁵¹⁴ In Dubuque, the last such referendum passed four years ago with 70 percent of county voters approving.⁵¹⁵

David G. Schwartz, Director of the Center for Gaming Research at the University of Nevada, Las Vegas, notes how casino resorts have undergone significant transformations since they first appeared in Nevada in 1931. In their early form, they consisted of low-rise motel buildings with 200 to 800 rooms centered around a casino/theater/restaurant area. Other design elements included spacious grounds and swimming pools. Beginning in the mid-1950s, casino operators developed larger, thousand-plus room hotel towers atop vast, low-rise buildings containing the casino, lounges, theaters, convention facilities and restaurants. All the amenities were integrated into a casino resort complex. In the 1990s, casino operators took these design elements further by developing elegantly appointed 3,000-room plus hotel complexes. These facilities, often costing \$1 billion or more, had distinctive architectural designs, elegant spas and pool areas, gourmet restaurants associated with world recognized chefs and high-end retail. They also placed a greater emphasis on the non-gaming aspects of the facility.⁵¹⁶

Eadington of University of Nevada, Reno wrote extensively on the social and economic impacts of casinos and is credited for almost singlehandedly establishing the economics of gambling as a field of study.⁵¹⁷ He noted that it is commonplace in a community considering casino gambling that the forces for and against actively debate the pros and cons of the proposal

⁵¹² "Casino Impact in Dubuque, Iowa," WFIR.com, posted June 9, 2011, http://www.wfir.com/home/headlines/Casino_Impact_in_Dubuque_Iowa_123594769.html (accessed May 9, 2013).

⁵¹³ Ibid.

⁵¹⁴ Iowa Gaming Association, "Public Policy - Referendum Vote Process," IowaGaming.org, <http://www.iowagaming.org/about-us/public-policy.aspx> (accessed May 6, 2013).

⁵¹⁵ Ibid.

⁵¹⁶ David G. Schwartz, Ph.D., "Casino Resort Evolution: The four stages, 1941-2005," UNLV Center for Gaming Research, October 2005. http://gaming.unlv.edu/media/Casino_Resort_Evolution.pdf.

⁵¹⁷ Kahlil S. Philander, Ph.D. and Douglas M. Walker, Ph.D., "William R. Eadington and the Economics of Gambling," UNLV Gaming Research & Review Journal, Volume 16 Issue 2, 2012, p. 9.

by focusing on the impacts they believe it will have on the community. Such debates are usually extremely emotional and contentious. However, according to Eadington, such debates too often reflect little or no understanding of the different types of casinos models and legislative frameworks and how these factors may affect desired community outcomes.⁵¹⁸

a. Different Casino Models

Eadington believed that in terms of increasing the economic potential of casino gaming while minimizing the costs, the modern integrated resort casino (another term for a destination casino resort) model offers the greatest potential. Many jurisdictions have “gaming centric” casinos. These are places where one mostly goes to play slot machines and table games. This type of facility generally will provide limited food and beverage options along with limited hotel accommodations, or none at all. Usually, 80 percent or more of their revenues come from gaming activities.⁵¹⁹

Conversely, integrated resort casinos offer a wide variety of leisure and entertainment options other than just gambling. They all have iconic architecture and require significant capital investment. By offering superior dining, entertainment and shopping, they often become popular attractions that appeal to both domestic and international tourists. They appeal to a broader market and compete more effectively for the high-end visitor dollar than gambling-centric casinos. The employment potential of integrated resort casinos is also greater. Their 24-hour operations, diversity of offerings and specialized services, require that they employ substantially more highly skilled and professionally trained employees than gaming-centric casinos.⁵²⁰

Integrated resort casinos pose more potential for convention related growth. Convention and conference organizers prefer to have their event in a venue that attendees will find attractive and appealing in order to achieve maximum attendance. Convention goers often want adult forms of entertainment. Integrated casino resorts with their vibrant nightlife, ample room supply, conference facilities and host of amenities can help fulfill that need.

Gary Loveman, Caesars Chairman and CEO, identified a hybrid model, discussed earlier in this report. He contends that the conventional view of casinos being either convenient neighborhood based slot parlors or as integrated resort casino destinations is incomplete. He states that over the past decade another model has emerged for policy makers to consider which he calls “the city integrated model.”⁵²¹ According to Loveman, its defining feature is integration with its community’s pre-existing businesses and attractions. In this model, the casino serves as a

⁵¹⁸ William R. Eadington and Meighan R. Doyle, “Everything to Everyone,” *Global Gaming Business Magazine*, February 3, 2010. <http://ggbmagazine.com/issue/vol-9-no-2-february-2010/article/everything-to-everyone>.

⁵¹⁹ Ibid.

⁵²⁰ Ibid.

⁵²¹ Gary Loveman, “Heart of the City,” *Global Gaming Business Magazine*, April 30, 2013. <http://ggbmagazine.com/issue/vol-12-no-5-may-2013/article/heart-of-the-city1>.

hub whose spokes extend out beyond its own amenities to established restaurants, shops, hotels and cultural organizations in the adjoining area. Its outward, rather than inward, focus renders it distinct from the integrated resort casino model while capturing many of that model's benefits.

In May 2012, a city integrated-style casino, Horseshoe Casino Cleveland, opened in Cleveland, OH, and may offer helpful insights to policy makers. Financially, its first year has produced mixed results. Profits have been lower than anticipated and the city will only receive \$13.4 million in gaming taxes, well below earlier estimates that assumed additional construction and ranged as high as \$29 million. However, the city's share is offset by the \$3.1 million in additional expenses related to the police department, which had to triple staffing in its downtown unit. Overall the casino's impact on the downtown area is considered positive with business owners saying the area is far more active and livelier. Crime did not soar as some predicted and the casino did not cause any adverse impact on local bars and restaurants. The casino employs 1,600 locals.⁵²²

The new Horseshoe Casino in downtown Cincinnati, OH, is following the same model. The casino, which does not have its own hotel, has entered into partnership agreements with several nearby hotels and restaurants.⁵²³

40. Conclusion

The academic research reviewed here suggests that casinos can have a variety of significant social and economic impacts, both positive and negative. Perhaps the most important question is whether casinos generate more benefits than costs. Unfortunately, the answer to this question is not obvious, and probably depends on the jurisdiction under consideration. Certainly in some jurisdictions, casinos have had a large positive impact, such as in Las Vegas and in the Gulf Coast of Mississippi. But casinos may bring their own problems. Most of the negative social impacts studied in the literature come from "disordered gamblers," who psychologists estimate represent about 1 percent of the general population. These individuals experience a variety of problems, including marital and career problems. They also sometimes engage in crime in order to deal with the financial problems caused by their excessive gambling.

It is important that any jurisdiction carefully consider these possible impacts prior to introducing or expanding legalized gambling. Although there may be obvious benefits from casinos, such as job creation and a new source of tax revenues, research confirms that there are some social harms that accompany the economic benefits of casinos.

⁵²² Thomas Ott, "Cleveland casino short of revenue projections but draws praise," *The Plain Dealer*, May 12, 2013, http://www.cleveland.com/metro/index.ssf/2013/05/cleveland_casino_short_of_reve.html

⁵²³ Alexander Coolidge, Cincinnati casino allies with 7 hotels," *Cincinnati Enquirer*, February 7, 2013. http://news.cincinnati.com/article/20130206/BIZ/302060087/Cincinnati-casino-allies-7-hotels?nclink_check=1.

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When considering the economic and social impacts of a casino, we must consider the effects of the casino relative to what otherwise would have happened (or what business might have otherwise opened). In addition, we must consider whether the observed effects are related to economic changes, in general, or are due to the nature of gaming specifically.

The experiences in a variety of casino jurisdictions confirm that careful planning is important for the success of the casino industry. Casinos should be integrated with their surrounding communities; they should be introduced in appropriate sizes and numbers for the current and potential future markets. The benefits of introducing casinos can be maximized, and the negative impacts minimized, if their development and regulation is carefully considered.

III. Economic Assessment of Florida's Existing Gambling Industry

As discussed throughout this report, Florida has an extensive gambling industry, principally through its state lottery, Native American casinos and pari-mutuel facilities. Each of these gambling sectors generates revenue that contribute to the Florida economy through tax payments, direct employment, indirect employment and induced employment. This chapter of the report quantifies the economic impact of the industry.

A. Gambling Sectors: Size and Importance

An analysis of gaming subsectors and their size and economic importance.

In Chapter II(B) we discuss the size and extent of Florida's primary gambling sectors, including the revenues. Here we provide more detail as to the revenue performance of each sector and, where available, the annual employment and wages, as well as purse, handle and attendance data for the pari-mutuel sectors. Spectrum endeavored to obtain, on a sector basis the desired data going back to 1990, but only the pari-mutuel performance data were available going back that far.

1. Pari-Mutuel

The Division of Pari-Mutuel Wagering does not collect the number of people employed at pari-mutuel facilities but upon request we did receive 2012 data showing that the industry's wages, exclusive of payroll taxes and benefits and compensation paid to directors, were \$148.8 million. Following are analyses of key performance and economic indicators for each pari-mutuel sector. It is important to note that wages and jobs for the racing sectors represent direct facility employment only; they do not account for the jockeys, trainers and others who provide economic impact but are not track employees.

a. Racetrack Slots

As of 2012, the six Florida racinos collectively had 3,319 employees – or an average of 553 employees per racino in both gaming-related and non-gaming capacities.⁵²⁴ The following table shows slot-machine-related operating results for the six racinos for year ended 2012.

⁵²⁴ 2013 State of the States.

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Figure 50: Florida racino slot performance (2012)

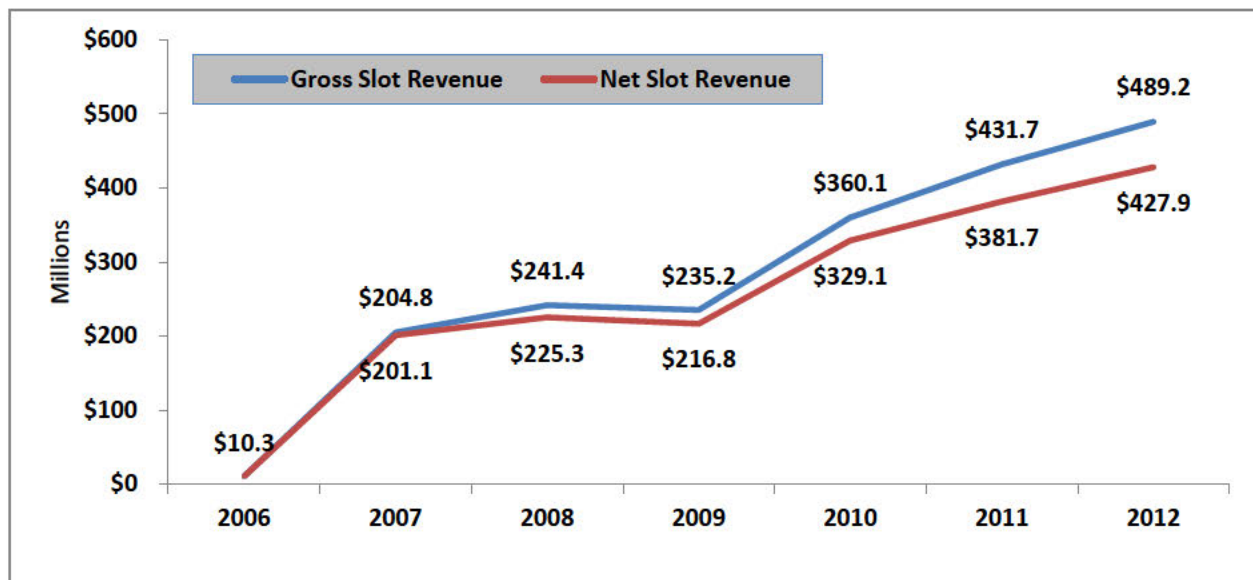
Racino	Casino Miami	Magic City	Calder	Gulfstream Park	Mardi Gras	Pompano Park	FL TOTAL
Slot Revenue	\$59.3	\$79.0	\$90.2	\$59.9	\$61.9	\$138.9	\$489.2
Promo Credits	<u>(\$6.4)</u>	<u>(\$2.2)</u>	<u>(\$17.8)</u>	<u>(\$9.0)</u>	<u>(\$8.8)</u>	<u>(\$17.2)</u>	<u>(\$61.4)</u>
Net Slot Revenue	\$53.0	\$76.8	\$72.4	\$50.9	\$53.1	\$121.7	\$427.9
Promo Credits, % of Slot Rev.	10.7%	2.7%	19.7%	15.0%	14.2%	12.4%	12.5%
Slot Rev. Unit / Day	\$165	\$273	\$204	\$194	\$161	\$261	\$211
Net Slot Rev. Unit / Day	\$147	\$266	\$164	\$165	\$138	\$229	\$185

Source: Florida Department of Business and Professional Regulation

As illustrated, Florida's six racinos generated slot revenue of \$489.2 million in 2012. Net slot revenue for Florida's six racinos was \$427.9 million in 2012, as \$61.4 million of revenue was in form of promotional credits. Promotional credits averaged 12.5 percent of slot revenue for the six racinos. The average daily win per slot was \$211; however, netting promotional credits reduced this average to \$185 over the annual period.

The following chart shows annual slot revenue (both gross and net) from inception through calendar year ended 2012.

Figure 51: Florida racino slot performance, 2006-2012

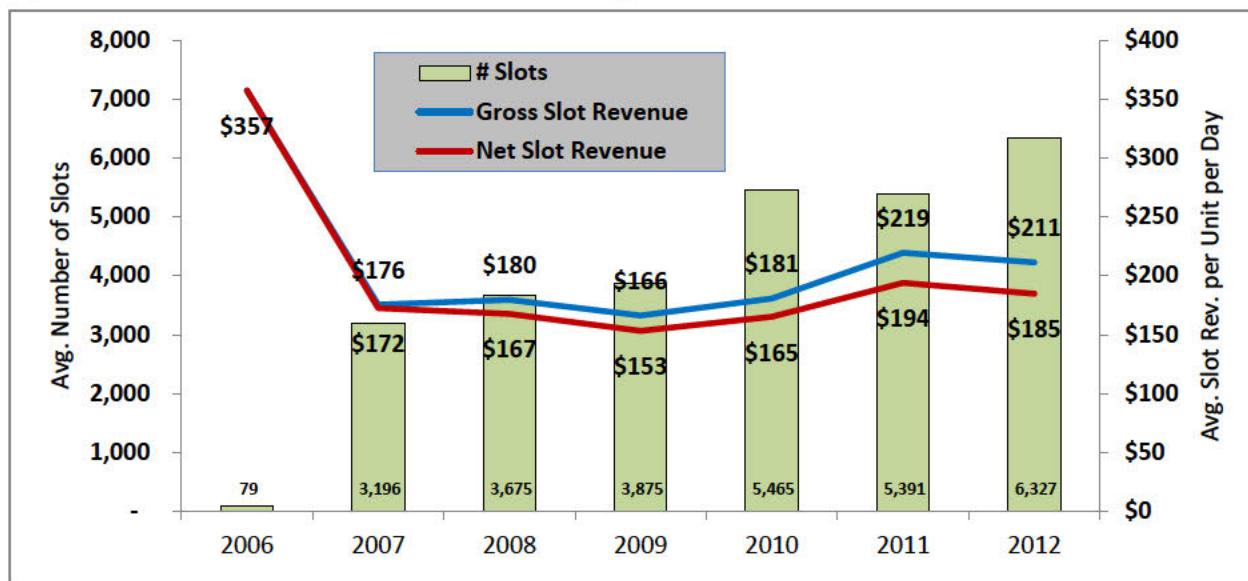


Source: Florida Department of Business and Professional Regulation

From inception through 2012, Florida's racinos have generated \$1.97 billion in gross slot revenue and \$1.79 billion in net slot revenue. The following chart shows annual average slot revenue per slot machine per day (both gross and net) through 2012, along with average number of slots in operation annually.

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Figure 52: Florida racino slot revenue/machine/day and counts, 2006-2012



Source: Florida Department of Business and Professional Regulation

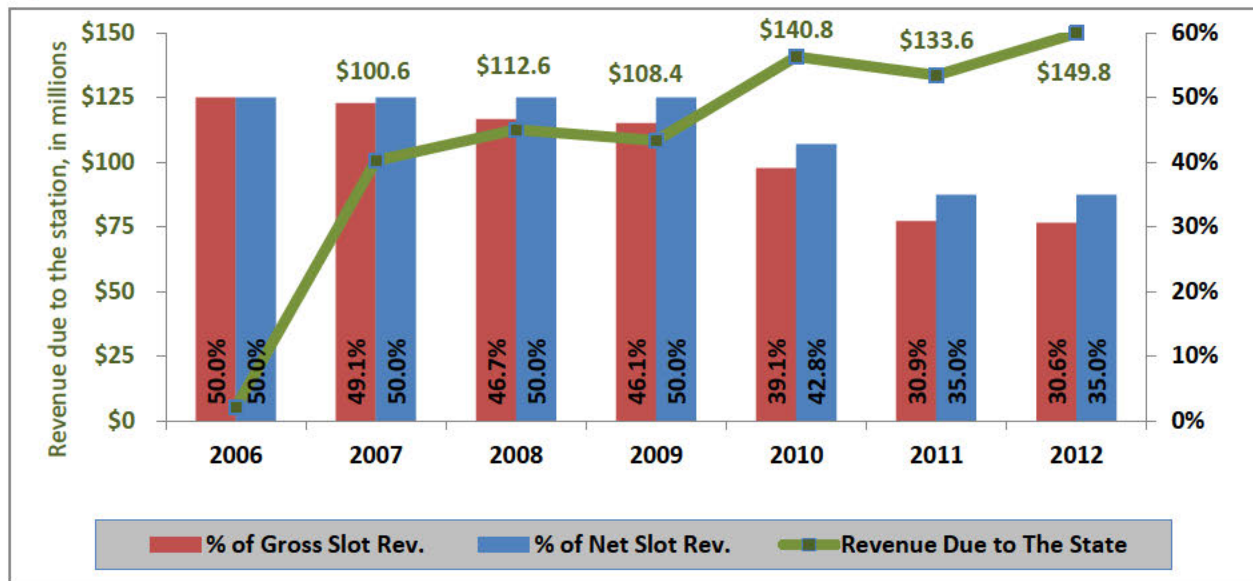
The current tax on slot revenue is 35 percent (or “revenue due to the state”), while this is imposed on net slot revenue (i.e., net of promotional credits and unclaimed tickets).⁵²⁵ However, at inception the applicable tax rate was 50 percent and has since been reduced. In addition to the tax on slot revenue, each pari-mutuel location having slot machines is subject to \$2 million annual Slot License Fee, along with an annual \$250,000 Compulsive or Addictive Gambling Prevention Program Fee.⁵²⁶

The following chart shows annual revenue due to the state from inception through calendar year ended 2012, along with effective tax rate by year (expressed as a percentage of gross and net slot revenue).

⁵²⁵ Florida Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, 81st Annual Report Fiscal Year 2011-2012.

⁵²⁶ Ibid.

Figure 53: Florida racino direct tax on slots, 2006-2012



Source: Florida Department of Business and Professional Regulation

From inception through calendar year ended 2012 Florida's racinos have generated \$750.9 million in revenue due to the state, from the direct tax on slot revenue.

b. Greyhound

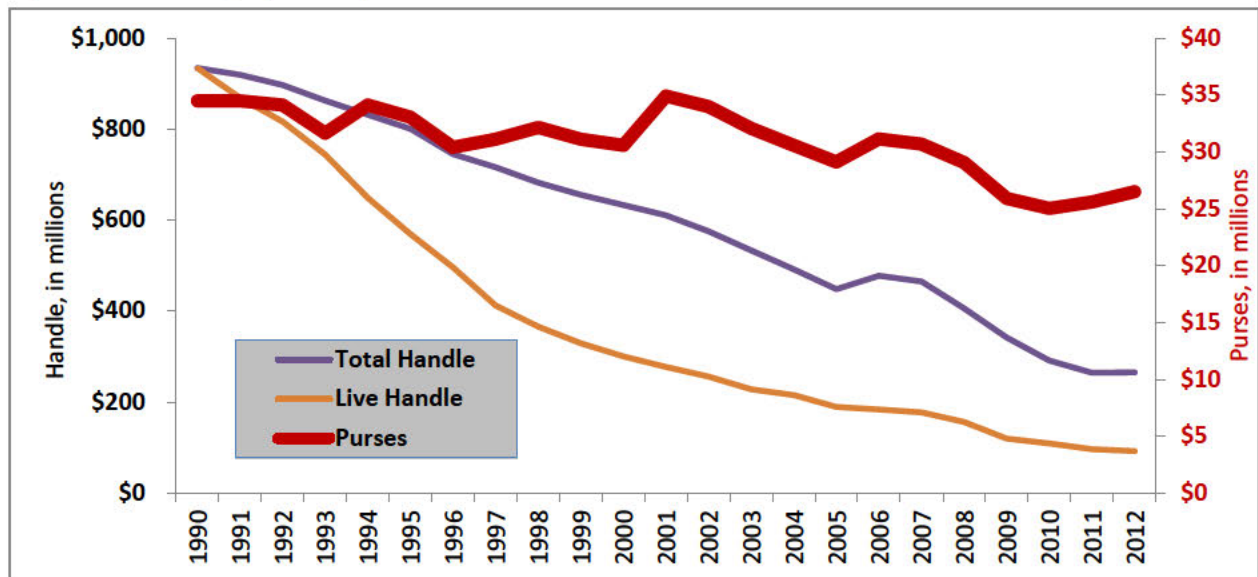
Greyhound racing, which is Florida's most widespread form of pari-mutuel racing, is clearly in serious decline. In the following two charts, note that the numbers of performances and purses have held relatively steady despite dramatic decreases in handle and attendance. Also note that most tracks no longer charge for admission.

Nonetheless, the greyhound tracks spent more than \$70 million in 2009 on goods and services purchased and had more than 5,400 employees on their payroll that was in excess of \$98 million. They paid direct state taxes of more than \$26 million.⁵²⁷

Jack Cory, a lobbyist for the greyhound owners, told Spectrum that the greyhound industry has an estimated overall economic impact of more than \$50 million when the spinoff costs of caring for the dogs is included, a claim that Spectrum could not independently verify. Those spinoff costs would include veterinary care, transportation, and feeding the dogs.

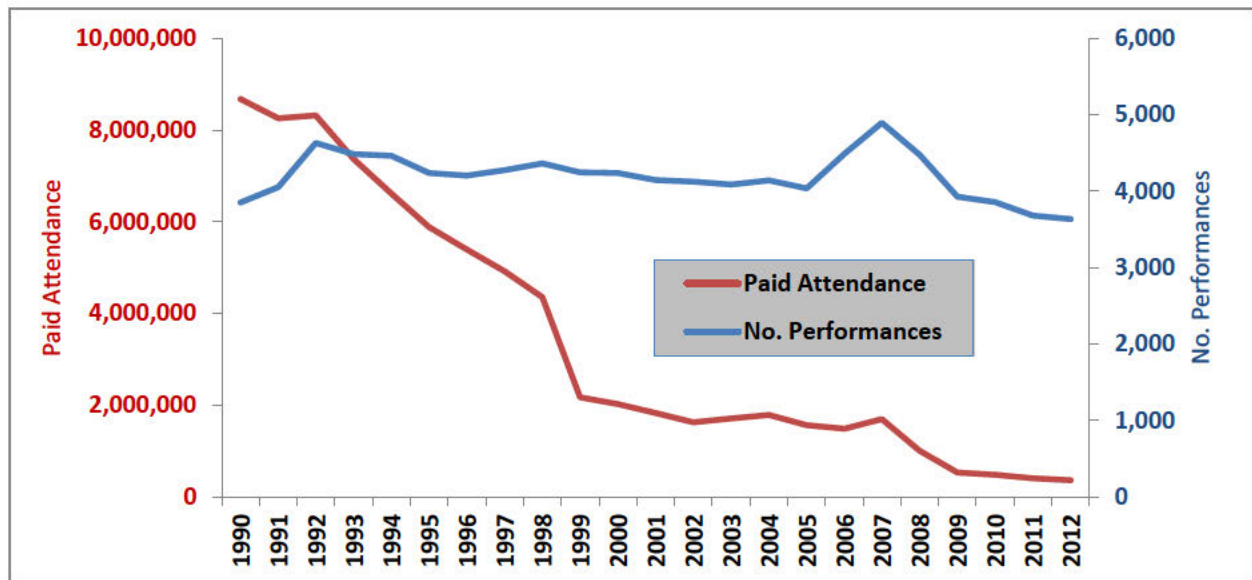
⁵²⁷ Innovation Group, "Florida Pari-mutuel Gaming Venues Market Assessment," p. 8, October 2009.

Figure 54: Florida greyhound purses and handle, 1990-2012



Source: Division of Pari-Mutuel Wagering **Note:** Total handle numbers are understated as PMW does not collect data on out-of-state generated handle, which is the single largest component of handle.

Figure 55: Florida greyhound paid attendance and performances, 1990-2012



Source: Division of Pari-Mutuel Wagering. Note: Most tracks no longer charge for admission.

c. Thoroughbred

There were 6,487 Florida-licensed thoroughbred owners from 1,352 Florida-licensed stables that participated in Florida racing during 2012-2013. These owners employed more than 1,467 thoroughbred trainers at Florida's three thoroughbred tracks. In turn, these trainers employed about 4,000 backside (stable) employees consisting of foremen, exercise people,

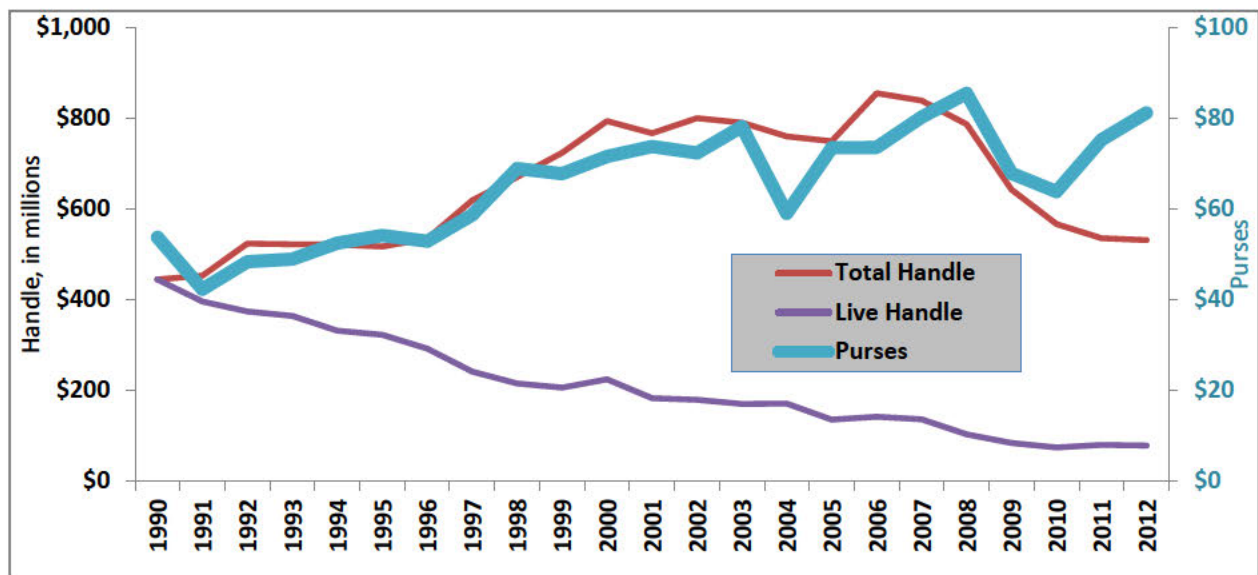
grooms, hot walkers and others. It is estimated that the equivalent of about 3,000 thoroughbred horses reside full-time in Florida and that each horse generates about \$25,000 in expenditures, resulting in an economic impact of \$75 million. Some of those costs include money spent on horse transport, stall bedding, grooming, and vet services.⁵²⁸

Florida is home to more than 600 thoroughbred farms and training centers covering 70,000 acres of land. More than 75 percent of the horse farms are located near Ocala in Marion County. Ocala is also home to the Ocala Breeders' Sales Company, which stages major bloodstock auctions for thoroughbreds throughout the year. It operates a training facility that includes a one-mile racetrack. It had net sales of \$14.8 million and a payroll of \$2.3 million in FY 2012.⁵²⁹ Ocala Breeders' also operates a simulcast parlor where patrons wager on horse and dog races.

The economic impact of the thoroughbred industry in Marion County is more than \$1.3 billion. Investment in operations is \$3.5 billion.⁵³⁰

For thoroughbred racing, note in the following charts that the numbers of performances and purses have held relatively steady despite dramatic decreases in handle and attendance.

Figure 56: Florida thoroughbred racing handle and purses, 1990-2012



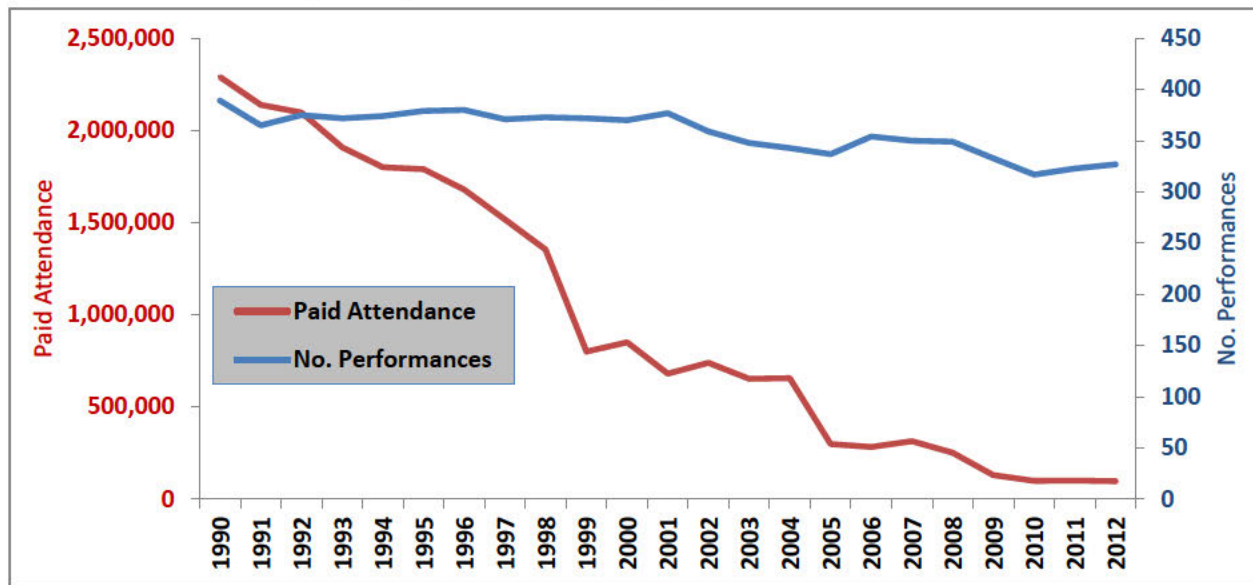
Source: Division of Pari-Mutuel Wagering. **Note:** Total handle may be understated as PMW does not collect data on out-of-track generated handle, the single largest component of handle.

⁵²⁸ Ibid.

⁵²⁹ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders*, FY 2012.

⁵³⁰ Florida Thoroughbred Breeders' and Owners' Association, <http://www.ftboa.com/about-us/why-florida-bred> (accessed May 23, 2013).

Figure 57: Florida thoroughbred paid attendance and performances, 1990-2012



Source: Division of Pari-Mutuel Wagering

d. Harness

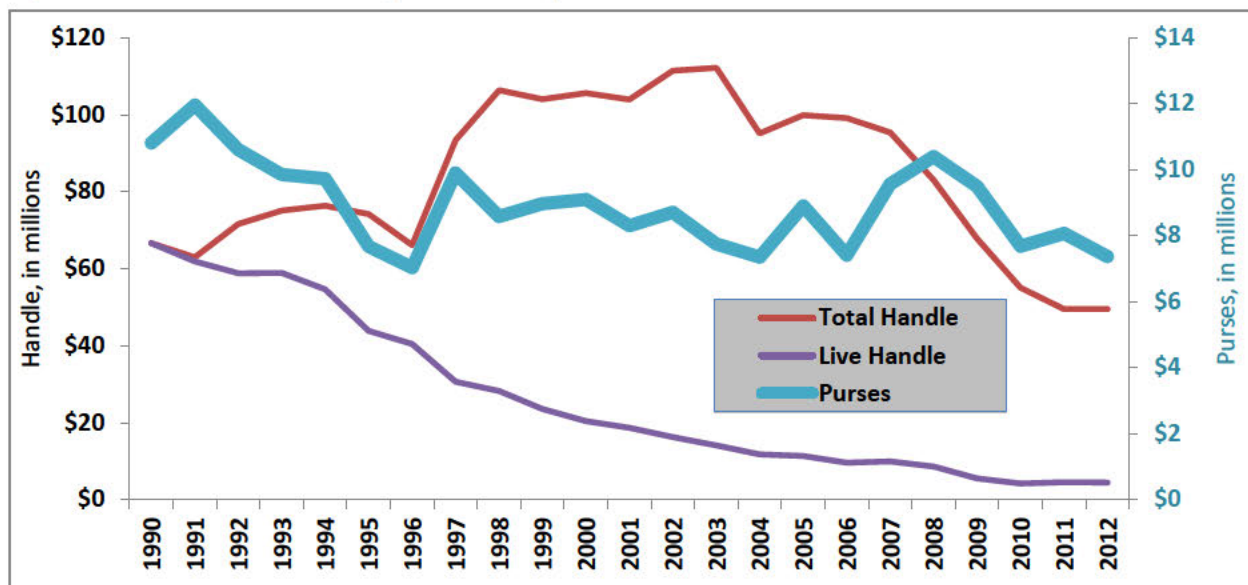
In harness (or standardbred) racing, as seen in the following charts, the purses and number of performances have been relatively steady while the live handle has declined. Isle Casino at Pompano Park, the only track where harness racing takes place, has stopped charging for admission. Its 2012 payroll was \$19.1 million. Pompano had a payroll of \$19.1 million in FY 2012. It had an operating profit of \$1.9 million but sustained a loss of \$2.4 million from its pari-mutuel operations while it had an operating profit of \$4.3 million from slot machines and \$90,000 from cardroom operations.⁵³¹

Purses have declined slightly, by 0.5 percent, from FY 2006 (the last full fiscal year that Pompano did not have a casino) to FY 2012. The failure to increase purses has put Pompano in a position where it is not competitive with other racino states, Pennachio said, noting that breeding has seen a significant reduction in activity. In 2011, there were 40 foals. In 2006, there were 163, according to Joseph Pennachio, president of the Standardbred Breeders and Owners Association.

⁵³¹ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders, FY 2012*.

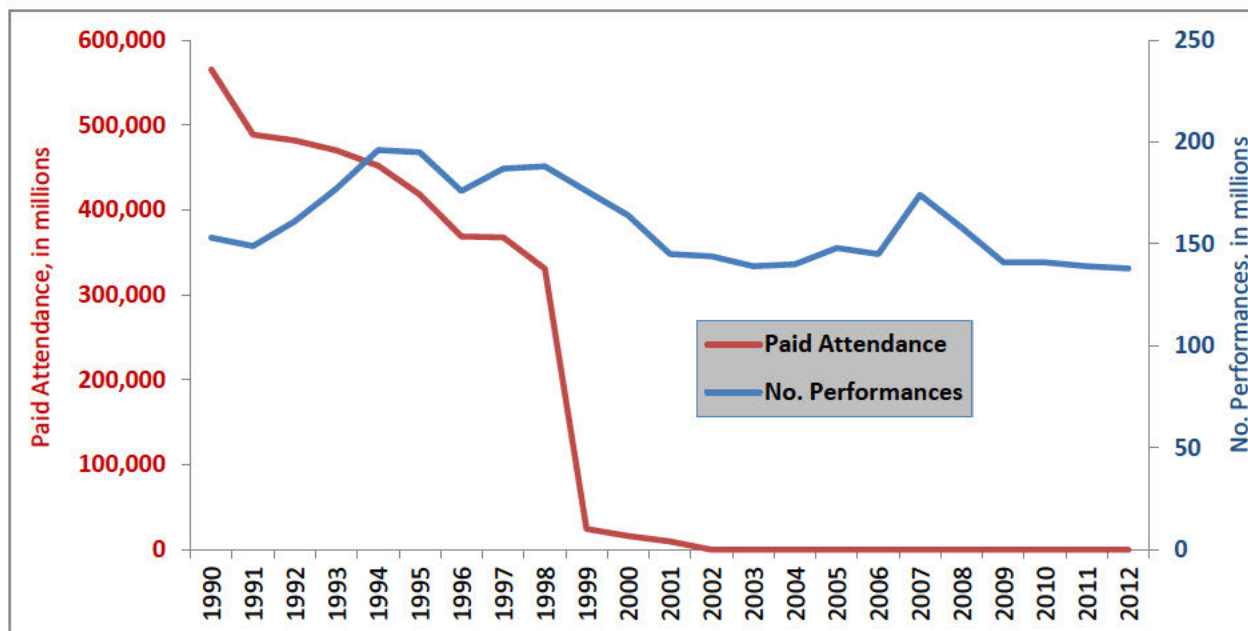
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Figure 58: Florida harness racing handle and purses, 1990-2012



Source: Division of Pari-Mutuel Wagering. Note: Total handle may be understated as PMW does not collect data on out-of-track generated handle, the single largest component of handle.

Figure 59: Florida harness paid attendance and performances, 1990-2012



Source: Division of Pari-Mutuel Wagering. Note: Pompano has not charged an admission fee since 2002.

e. Quarter Horse

Steve Fisch, president of the Florida Quarter Horse Racing Association, reported that more than 2,300 horses have raced at Hialeah since it reopened as a quarter horse track in 1992. Fisch's organization has set up an accredited breeding program with the state Department of

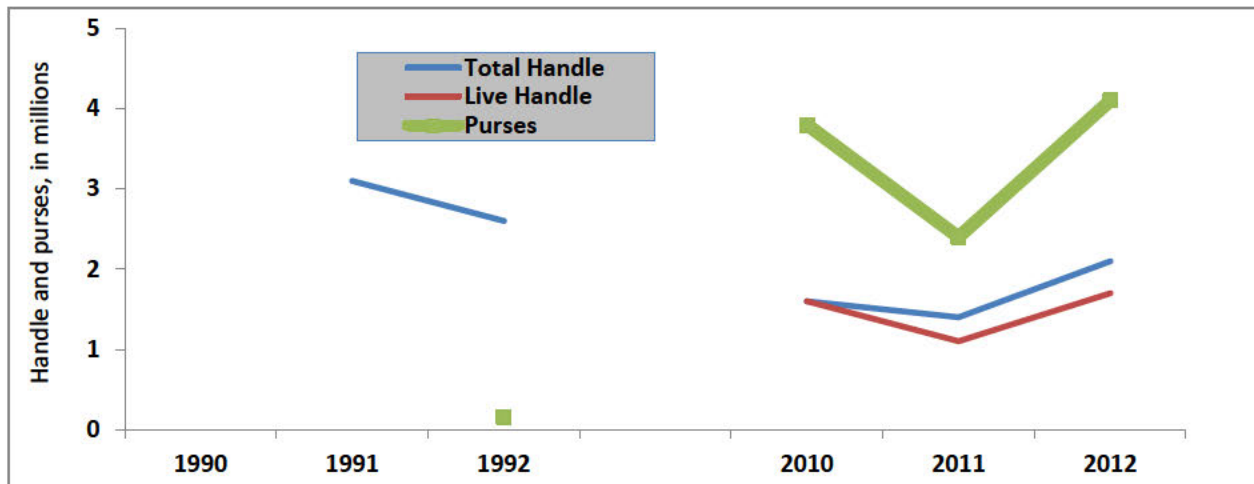
Agriculture, which rewards Florida-bred quarter horses with additional purse awards for finishing anywhere from first through fourth in races.

Already, Florida has seen some significant impact in breeding activity from the return of quarter horse racing. The number of starters foaled in the state in 2008 was 24. In 2012, the number increased to 96. During the same period, the number of owners of starters who reside in Florida increased from 68 to 247.⁵³² Each horse contributes nearly \$35,000 to the GDP in Florida, according to Fisch. Eventually, Fisch expects quarter horse racing to expand to other tracks. The result would be year-round racing. When and if that happens, he envisions a significant increase in breeding activity, handle and purses. Florida, he said, will become one of the top breeding states of quarter horses in the country. The number of starters foaled could exceed more than 2,000, he said.

Fisch noted that in just a few years, the Florida quarter horse industry has gained a reputation for quality race horses and breeding stock, so much so that owners have begun to export mares and stallions to Brazil and Australia. He expects that with the expansion of quarter horse racing to other tracks, the export of quarter horses to foreign countries will become a major industry.

Quarter horse racing returned to Florida in 2010 after a 17-year absence. There are limited data points from 1991-92, as seen in the following chart:

Figure 60: Florida quarter horse racing handle and purses, 1990-2012



Source: Division of Pari-Mutuel Wagering. Note: Quarter horse racing was halted in 1992 and returned to Hialeah in 2009 after it received permission to open a slot machine casino.

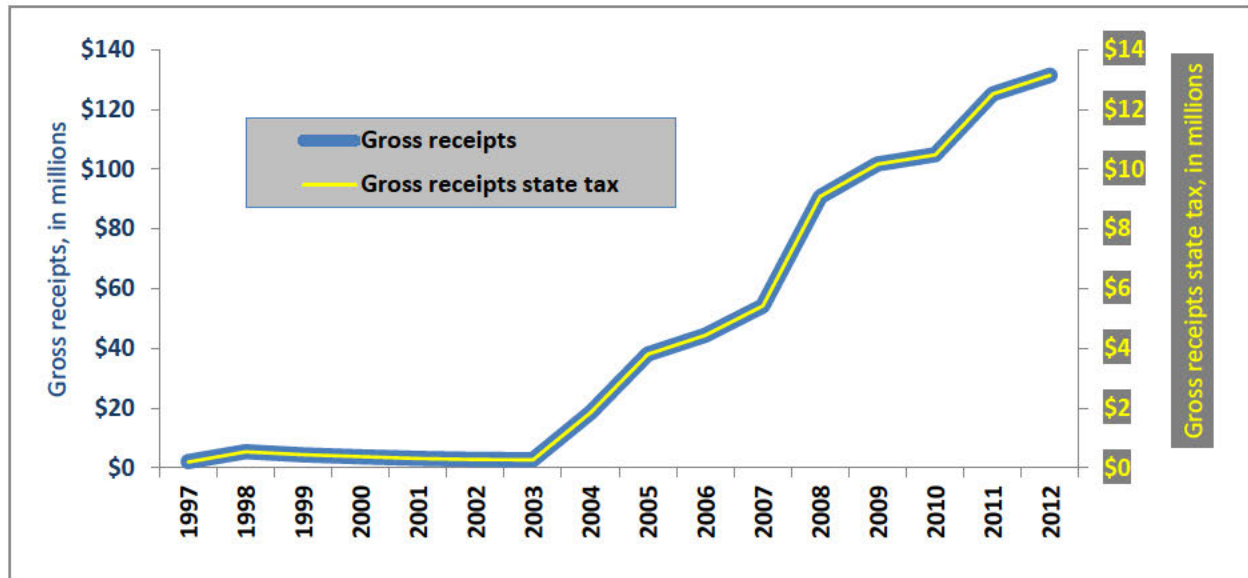
Quarter horse racing attracted paid attendance of nearly 36,000 in each of 1991 and 1992, but upon its return in 2010 did not charge for admission. The number of performances statewide for the last three years were 40 in 2010, 24 in 2011, and 76 in 2012.

⁵³² American Quarter Horse Association, custom report, May 21, 2013.

f. Cardrooms

The following chart shows cardroom receipts, along with the state's share from the 10 percent tax. Cardroom laws were changed in 2003 and then again in 2010 that encouraged professional poker players to play in Florida. The result, as the table shows, was a significant increase in gross receipts and tax revenue. Note that the revenue and tax lines follow identical paths, as the tax rate has stayed the same since inception.

Figure 61: Florida cardroom receipts and state tax, 1997-2012

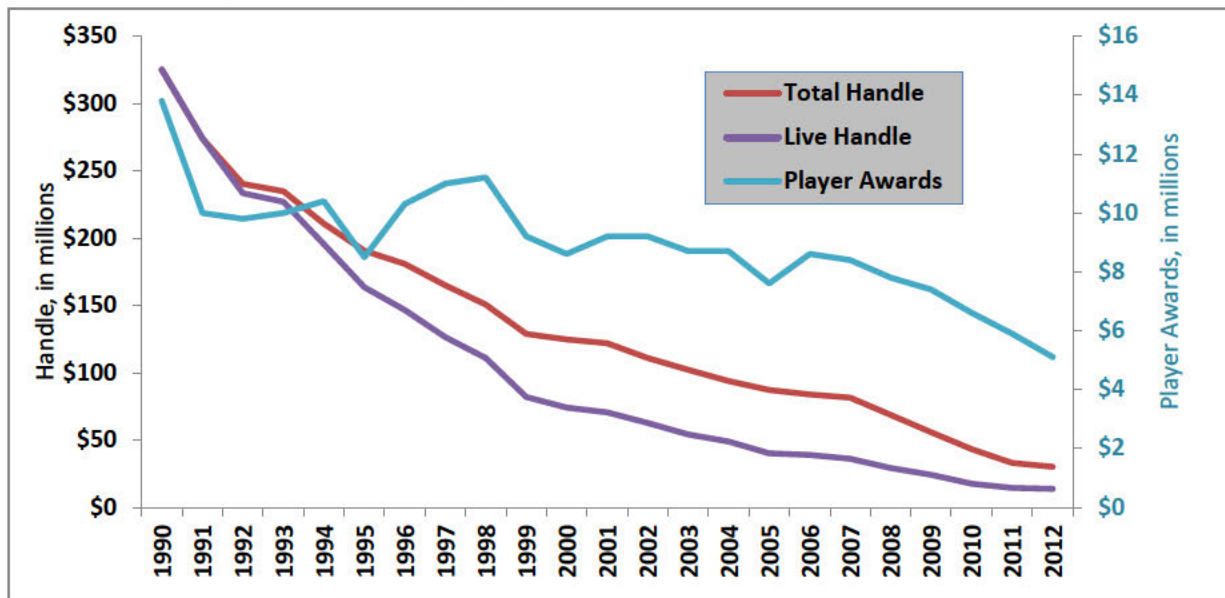


Source: Division of Pari-Mutuel Wagering

g. Jai Alai

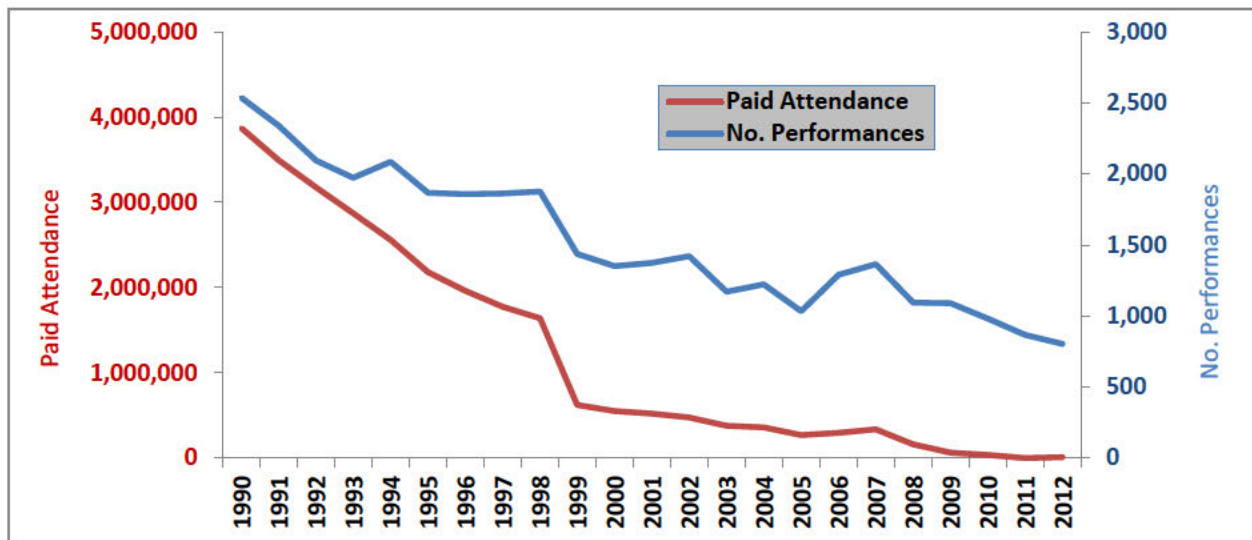
Jai alai is in rapid decline and, effective in 2012, stopped counting admissions. Its 2012 payroll was \$14.2 million, with 70 percent of it at two frontons, Fort Pierce and Miami.

Figure 62: Florida jai alai handle and player awards, 1990-2012



Source: Division of Pari-Mutuel Wagering

Figure 63: Florida jai alai paid attendance and performances, 1990-2012



Source: Division of Pari-Mutuel Wagering

41. Indian Casinos

Through 2011, the Native American casinos collectively had approximately 8,358 employees in both gaming-related and non-gaming capacities – or an average of nearly 1,200 employees per location.⁵³³ This estimate was reported by a third party, although we know this figure may be considerably greater today due to various facility-related expansion activities that

⁵³³ Alan Meister, *Casino City's Indian Gaming Industry Report*, 2012 Edition.

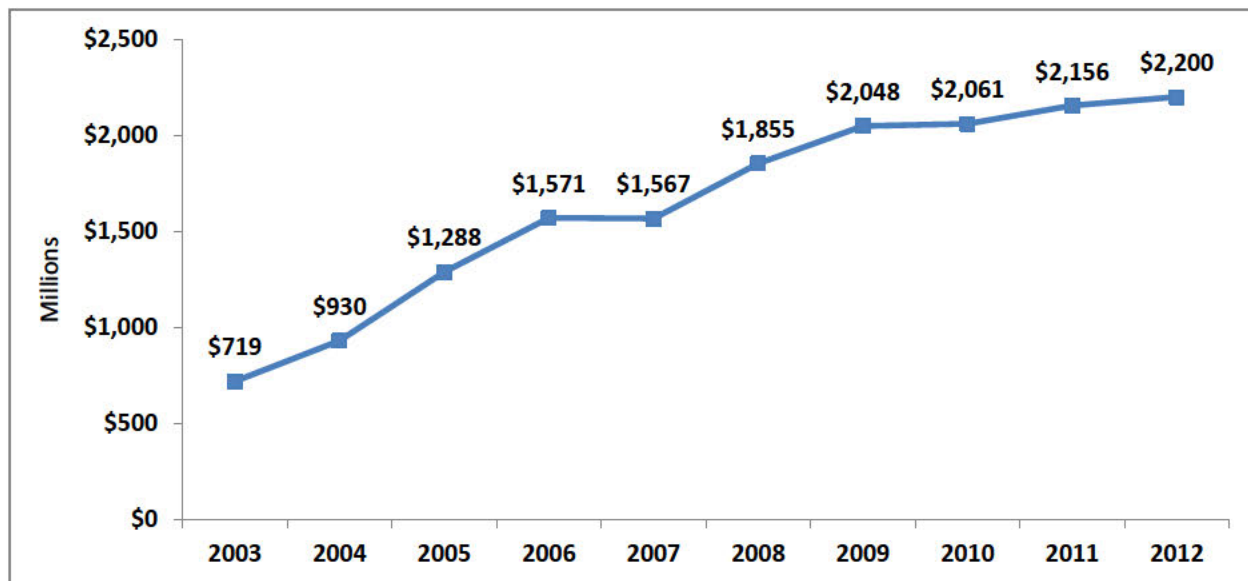
have occurred since 2011. In fact, the Seminole Tribe of Florida advised Spectrum that in 2012 its gaming facilities employed 9,562, or 7,725 full-time-equivalent employees. Another 4,000 are employed by Seminole casino tenants, such as retailers who operate on-site outlets.⁵³⁴ The operator of Florida's other Native American casino, the Miccosukee Tribe, declined to participate in this study, though an employee there advised us that the Miccosukee casino resort employs "over 800."

We estimate that Native American casinos in Florida had \$2.2 billion of GGR in calendar year ended 2012. We estimate GGR comprised approximately 94.8 percent of total revenue; therefore, we estimate total non-gaming revenue of \$120 million in 2012.⁵³⁵

We note that the Seminole Gaming enterprise, which operates six Florida casinos, generated \$1.96 billion in GGR⁵³⁶ and, based on Spectrum's estimates, more than \$1.1 billion in EBITDA annually, an estimate that was confirmed in our interviews with management.

The following table shows estimated GGR results for Native American casinos in Florida over the last 10 calendar years, through 2012.

Figure 64: Florida Native American casino GGR, 2003-2012



Source: Casino City's *Indian Gaming Industry Report*, 2013 Edition. Newton: Casino City Press.

Over this 10-year span, Native American casinos in Florida have generated nearly \$16.4 billion of GGR.⁵³⁷ Additionally, and even with the emergence of racinos in South Florida, year-

⁵³⁴ Interview with Seminole Gaming CEO James Allen, May 1, 2013.

⁵³⁵ The average from 2009-2011 as reported in *Casino City's Indian Gaming Industry Report*, 2013 Edition.

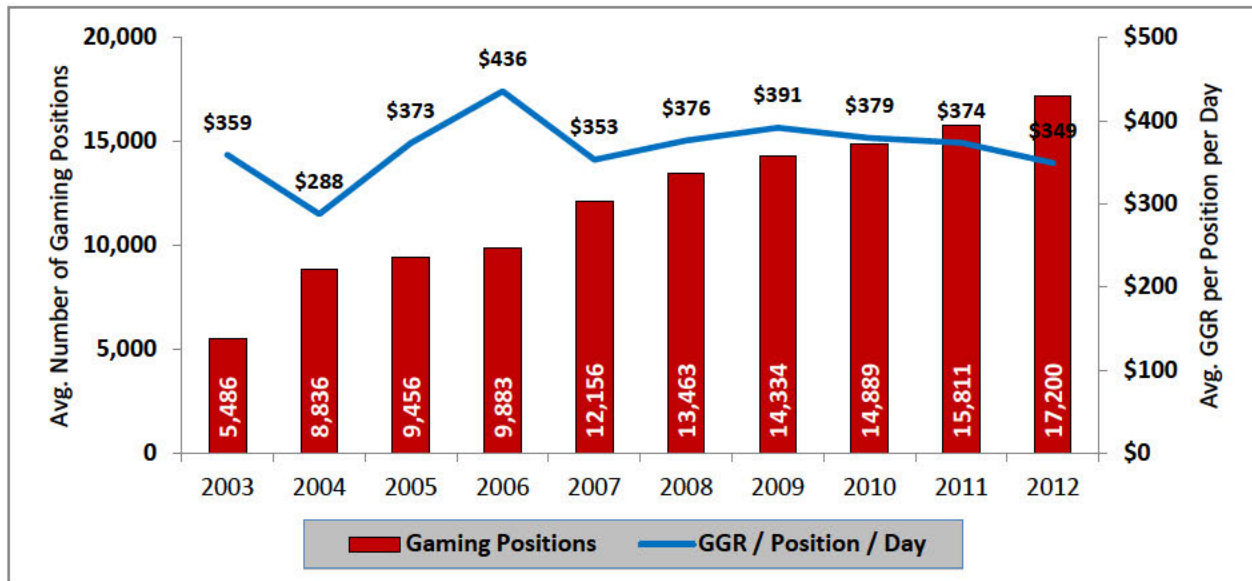
⁵³⁶ Figure provided by Seminole Gaming.

⁵³⁷ Alan Meister, *Casino City's Indian Gaming Industry Report*, 2012 Edition.

over-year GGR growth occurred in nine of the 10 periods illustrated (with exception of 2007 when GGR was down 0.3 percent).

The following chart shows annual average GGR per gaming position per day (estimated) from calendar year ended 2003 through calendar year ended 2012, along with an estimated average number of gaming positions in operation annually.

Figure 65: Florida Native American casino GGR/position/day and counts, 2003-2012



Source: Casino City's *Indian Gaming Industry Report*, 2013 Edition.

The following is excerpted from Casino City's *Indian Gaming Industry Report*, 2013 Edition, and provides an explanation of the taxes and/or payments associated with Native American casinos in Florida:

"In November 2007, the Seminole Tribe and the Governor of Florida entered into a tribal-state gaming compact. Upon federal approval in January 2008, the Tribe began making required compact payment to the State. However, the compact was challenged by the State Legislature, and in July 2008, the Florida Supreme Court ruled that the Governor did not have the authority to enter into the Seminole gaming compact without the ratification of the State. Following this ruling, the Tribe entered into a new gaming compact with the State on April 7, 2010. This compact was ratified by the State Legislature, and became effective when published in the Federal Register on July 6, 2010. The 2010 compact calls for several types of payments by the Tribe to the State (note that the State also kept all payments the Tribe made under the original 2007 compact). The new payments consist of (i) annual revenue sharing payments, 97 percent of which goes to the State and 3 percent goes to local governments; (ii) an annual oversight assessment not to exceed \$250,000 per year (indexed for inflation); and (iii) an annual donation to the Florida Council on Compulsive Gambling in the amount of not less than \$250,000 for each of its seven gaming facilities. The revenue sharing payments,

which are made in exchange for exclusivity within the local region, are as follows in the first five years: Years 1 and 2 – \$150 million per year; Years 3 and 4 – the greater of \$233 million per year or a percentage payment based on Class III net win (i.e., amounts wagered minus prizes/payouts and free play/promotional credits); and Year 5 – \$234 million or a percentage payment based on Class III net win. Percentage payments are based on a sliding scale: 12 percent on net win up to \$2 billion; 15 percent on net win over \$2 billion and up to \$3 billion; 17.5 percent on net win over \$3 billion and up to \$3.5 billion; 20 percent on net win over \$3.5 billion and up to \$4 billion; 22.5 percent on net win over \$4 billion and up to \$4.5 billion; and 25 percent on net win over \$4.5 billion. The Seminole Tribe also makes fixed annual local revenue sharing payments to the City of Coconut Creek.”

The same report indicated total direct payments in 2011 (from the Seminole Tribe) were \$154.4 million, of which \$147.3 million (or 95.4 percent) was for state revenue sharing.⁵³⁸ We note for the most recent fiscal year (ended June 2012) the state collected \$150 million in revenue sharing from the Seminole Tribe, of which \$3.75 million was distributed to local governments, including both counties and municipalities.⁵³⁹ The State subsequently collected \$163.8 million from the Seminole Tribe in FY 2012 and for FY 2013 through June 15, 2013, collected \$174.8 million.

Any assessment of the economic impact of Indian gaming should also consider the alternative: In the absence of this revenue stream, how would tribes such as the Seminoles be able to provide necessary services and funding for their families? Seminole General Counsel Jim Shore told Spectrum that the 3,800 members of his tribe would be living in abject poverty with little hope of escape.⁵⁴⁰

42.Lottery

The Florida Lottery supplies substantial economic benefits and is dedicated to providing assistance to education throughout Florida. The Lottery’s mission, as defined in the 2012 annual report, is “To maximize funding for the Educational Enhancement Trust Fund by responsibly providing innovative and entertaining Lottery products and promotions to Florida’s citizens and visitors.” The Florida Lottery has also been remarkably successful as a gambling business. In 2012 the Lottery’s sales totaled \$4.45 billion, surpassing the previous year by 11 percent,⁵⁴¹ and

⁵³⁸ Meister.

⁵³⁹ Florida Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, 81st Annual Report Fiscal Year 2011-2012, p. 5 <http://www.myfloridalicense.com/dbpr/pmw/documents/AnnualReport2011-2012--81st--revised2013-03-29.pdf>.

⁵⁴⁰ Interview with Jim Shore, May 1, 2013

⁵⁴¹ Florida Lottery, “Brighter Than Ever,” Annual Report, 2011-2012 <http://www.flalottery.com/exptkt/annualreport11-12.pdf>.

ranking the Florida Lottery third in the nation in total sales revenue (FY 2011), behind New York and Massachusetts.⁵⁴² This record beating performance enabled the Lottery to transfer \$1.32 billion to the Educational Enhancement Trust Fund (“EETF”). The Florida Lottery is also one of the more efficient state lotteries in the US, ranking consistently in the top quartile by the measurement ratio of administration as a percentage of ticket sales.⁵⁴³

The Florida Lottery’s contributions to education are considerable. Since its inception, the Lottery has provided a total of \$24 billion to the EETF.⁵⁴⁴ In the past fiscal year the EETF has allocated \$317 million for construction bonds, provided \$271 million for public school finding, \$130 million for state colleges, and \$254 million for state universities.⁵⁴⁵ Since 1997 the Florida Lottery has also provided scholarships to more than 600,000 students through the Bright Futures Scholarship Program, funded primarily through Lottery financial transfers. These contributions yield subsequent results, tangible and intangible, in the quality of Floridian’s lives which are impossible to fully quantify yet undeniable nonetheless.

Beyond sales revenue, and transfers to educational assistance the economic impact of the Lottery within the state of Florida is substantial. The Florida Lottery directly employs 420 full-time-equivalent employees. The Lottery is a critical partner to the widespread sales network of 13,300 lottery retailers. Most of these retailers are small independent businesses employing thousands of Florida citizens and providing essential goods and services to local communities. As part of its recent work with the Massachusetts State Lottery, Spectrum conducted a survey among lottery retailers which showed that, on average, each of the 7,400 retailers in the Commonwealth employs two or three people, often at the entry level, in a very wide range of small business enterprises.⁵⁴⁶ From an economic perspective, lottery revenue was estimated by retail sales agents to account for a median 25 percent of total business revenues.⁵⁴⁷ In Florida, retail lottery sales are generated primarily from convenience stores with gas pumps (48 percent), supermarkets (27 percent), convenience stores without gas pumps (17 percent), package liquor stores (3 percent), small grocery markets (1.5 percent), dollar/discount stores (1 percent), and newsstand/ tobacconist/sundries (1 percent).⁵⁴⁸ With the exception of supermarkets, the great majority of these establishments are local small business enterprises.

⁵⁴² Teresa Markle La Fleur, Byron la Fleur, *La Fleur’s 2012 World Lottery Almanac*, p. 259.

⁵⁴³ Lottery Revenue and Design by State, National Conference of State Legislatures, 2006, <http://www.ncsl.org/issues-research/econ/lottery-payouts-and-state-revenue.aspx>.

⁵⁴⁴ Florida Lottery, “Brighter Than Ever,” Annual Report, 2011-2012 <http://www.flalottery.com/exptkt/annualreport11-12.pdf>.

⁵⁴⁵ Ibid.

⁵⁴⁶ Spectrum Gaming Group, *Facing The Lottery’s Future*, December 4, 2012, Amended January 8, 2013.

⁵⁴⁷ Ibid.

⁵⁴⁸ Florida Lottery, “Brighter Than Ever,” Annual Report, 2011-2012 <http://www.flalottery.com/exptkt/annualreport11-12.pdf>.

43.Charitable Bingo

As discussed in Chapter II (B)(9), bingo conducted for charitable purposes is regulated at the county or municipal level and no state agency or organization aggregates the gross or net bingo revenue. Spectrum is unaware of even credible estimates as to the dollar size of the Florida charitable bingo market. As noted, there is no direct employment associated with charitable bingo, as the activity is operated by volunteers who are members of the recipient charity. In the bingo halls we observed, the facility's owner/operator and any other compensated employees are paid by revenues derived from facility's food concessions. Thus charitable bingo is captured in the fundraising and grant-making activities of the recipient charities, which is outside of our gaming-impact analysis model.

IV. The "Substitution" Effect

The introduction or expansion of legalized gambling, in particular casino gambling, raises a variety of concerns. Although casinos are often introduced in order to raise tax revenues, create jobs, and spur economic development, many observers have a concern for the potential "substitution effect" of casinos. That is, they are concerned that the expenditures at the new casino(s) will be redirected from other local or regional businesses, with the end result that the casinos have no real net benefit on the local economy. As an example, a quick review of "Stop Predatory Gambling" shows a variety of concerns about the casino industry's impacts on other industries.⁵⁴⁹

Fundamentally, the substitution effect is not unique to the casino industry. Indeed, anytime any new business opens, there is the potential that an addition to the local economy will be harmful to incumbent firms and industries. This is because the substitution effect is essentially synonymous with market competition. As such, from an economic perspective, the substitution effect is not necessarily a cause for concern. Casinos compete for a share of discretionary incomes within their respective markets, as would be expected from any segment of the entertainment or leisure industries. When adults elect to visit a casino, rather than the theater or a museum, the casino wins and the alternative loses. Quite often, however, the reverse is true – and the number of precise alternatives competing for a share of discretionary spending is so vast, even in smaller markets, that it would defy any efforts to track precise winners and losers.

Such efforts are further complicated because, not only are there many options for discretionary dollars, we point out that overall discretionary spending also competes against savings. A dollar saved is a dollar not spent, and vice versa.

Notably, Spectrum suggests there is a potential negative correlation between the savings rate and gaming spending. For example, in 2006, a pre-recession period that was at or near the

⁵⁴⁹ <http://stoppredatorygambling.org/blog/category/research-center/economic-impacts/> (accessed June 13, 2013)

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high-water mark for gaming revenue in both Atlantic City and Nevada, the national savings rate had sunk to a seven-decade low, as reported in early 2007 in *The New York Times*:

“Americans once again spent everything they made and then some last year, pushing the personal savings rate to the lowest level since the Great Depression more than seven decades ago.

“The Commerce Department reported ... that the savings rate for all of 2006 was a negative 1 percent, meaning that not only did people spend all the money they earned but they also dipped into savings or increased borrowing to pay for purchases.

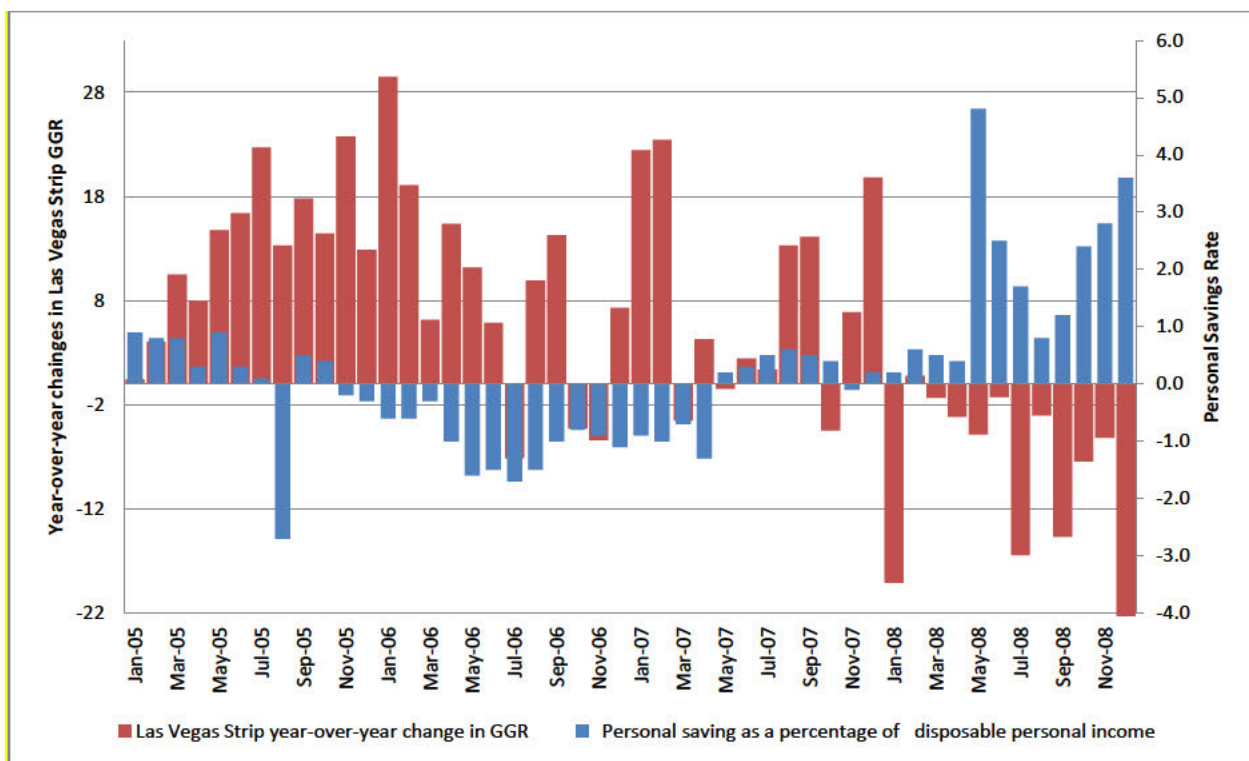
“The 2006 figure was lower than a negative 0.4 percent in 2005 and was the poorest showing since a negative 1.5 percent savings rate in 1933 during the Great Depression.”⁵⁵⁰

Our analysis and experience suggests that the success of gaming in destination markets such as Las Vegas during periods of low savings is not coincidental. This was generally a period in which both the stock and housing markets were robust, creating a general feeling of well-being in which household net worth was increasing by itself, without the need for additional savings, and much of that increased spending – the flip side of decreased savings – benefited the casino industry, as evidenced in the following chart, which tracks data in Las Vegas through the period of low savings, right through the first, most traumatic months of the Great Recession:

Figure 66: Personal saving as a percentage of disposable personal income vs. Las Vegas Strip Revenue

⁵⁵⁰ “U.S. savings rate sinks to lowest since Great Depression,” *New York Times*, Feb. 1, 2007
<http://www.nytimes.com/2007/02/01/business/worldbusiness/01iht-save.4436274.html>

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Source: Nevada Gaming Control Board, U.S. Department of Commerce

As the chart shows, an increase in the savings rate shrinks the pie of discretionary dollars, which affects the gaming industry and, presumably, other leisure industries as well, further complicating any analysis regarding substitution.

Spectrum's 2008 report for Massachusetts noted the following:

"We note a very important point that was articulated rather well by Michael E. Porter who makes the point that substitution is an omnipresent issue that must be viewed in a much larger context:

" 'Substitutes are always present, but they are easy to overlook because they may appear to very different from the industry's product: To someone searching for a Father's Day gift, neckties and power tools may be substitutes. It is a substitute to do without, to purchase a used product rather than a new one, or to do it yourself (bring the service or product in-house).' " ⁵⁵¹

"With that in mind, we caution that any analysis of the substitution effect defies simplification. If a casual dining establishment loses customers to casino restaurants, it is easy to identify a competitive culprit. But what if patrons of high-end restaurants decide

⁵⁵¹ "The Five Competitive Forces that Shape Strategy," by Michael E. Porter, *Harvard Business Review*, January 2008, p. 84.

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to alter their spending patterns, and shift more dollars to casual restaurants to free up more discretionary income to visit a spa at a destination casino. Who benefits? Who suffers? What if income levels rise in a community, thus allowing more households to spend less money at supermarkets to prepare home-cooked meals while they increase spending at area restaurants? Again, in such situations, it is difficult to identify the competition.”⁵⁵²

Casino advocates might argue that casinos should not be treated differently than other businesses; as long as they generate a profit, it implies the casino is satisfying the wants of consumers and is a “productive” industry. Indeed, to the extent to which consumers redirect their expenditures away from other industries to casinos, this is an indication that the casino’s product is of higher value than alternative products; otherwise – according to such economic logic – consumers would not have changed their spending patterns. Two exceptions to this may be argued:

- To some extent, casinos derive a portion of their revenues from problem or disordered gamblers, who do not really exercise free choice if they have a gambling problem.
- Casino licensure is largely viewed as a privilege that often comes with some level of exclusivity. As such, casinos have a concomitant obligation to act in the public interest, which can translate into policies that minimize substitution and focus more on attracting business from outside the region or state.

There have been a few academic papers that have addressed the substitution effect, either directly or in a round-about way. Figure 2 summarizes some of these studies. Most of the studies examine data from the 1990s.

Figure 2. Review of literature on interindustry relationships

Paper	Years	States/ counties	Findings ^a
Anders, Siegel, and Yacoub ⁵⁵³	1990–96	1 county (AZ)	Indian casinos harm other entertainment
Elliot and Navin ⁵⁵⁴	1989–95	All states	Casinos and pari-mutuels harm lotteries
Kearney ⁵⁵⁵	1982–98	All states	Lotteries do not harm other forms of gambling

⁵⁵² Comprehensive Analysis: Projecting and Preparing for Potential Impact of Expanded Gaming on Commonwealth of Massachusetts, p. 155

⁵⁵³ Gary Anders, Donald Siegel, and Munther Yacoub, “Does Indian Casino Gambling Reduce State Revenues? Evidence from Arizona,” *Contemporary Economic Policy*, Volume 16, 1998, p. 347-355.

⁵⁵⁴ Donald Elliott and John C. Navin, “Has Riverboat Gambling Reduced State Lottery Revenue?” *Public Finance Review*, Volume 30, 2002, p. 235-247.

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Mobilia ⁵⁵⁶	1972–86	All racing states	Lotteries harm horse and dog racing
Popp and Stehwien ⁵⁵⁷	1990–97	33 counties (NM)	Indian casinos harm other entertainment
Ray ⁵⁵⁸	1991–98	All dog racing states	Horse racing and casinos harm dog racing
Siegel and Anders ⁵⁵⁹	1994–96	1 state (MO)	Casinos harm other entertainment
Siegel and Anders ⁵⁶⁰	1993–98	1 state (AZ)	Slots harm the lottery; horse and dog racing do not affect the lottery
Thalheimer and Ali ⁵⁶¹	1960–87	3 tracks (OH,KY)	Lottery harms horse racing

Note: ^a "Other entertainment" refers to non-gambling industries, such as restaurants, hotels, and bars.
Source: Douglas M. Walker, *Casinonomics* (New York: Springer, 2013), p. 236.

The 2008 paper by Walker and Jackson is the most comprehensive study to date on gambling inter-industry relationships.⁵⁶² They studied data on all states for 1985-2000. Their results indicate that casinos and lotteries are substitutes, that lotteries complement pari-mutuel racing (and vice-versa), and that horse racing and casinos are complementary. Their inter-industry (intra-state) results are summarized in Figure 3.

For example, the "Casino" row indicates that increases in casino revenues within a state have a negative impact on dog racing and lottery revenues/handle within a state, but a positive impact on horse racing handle within the state. Since Indian casino revenue data are generally not public, Walker and Jackson instead use the square footage of Indian casinos in a state as a proxy for Indian casino revenues.

⁵⁵⁵ Melissa S. Kearney, "State Lotteries and Consumer Behavior," *Journal of Public Economics*, Volume 89, 2005, p. 2269-2299.

⁵⁵⁶ Pamela Mobilia, "Trends in Gambling: The Pari-Mutuel Racing Industry and Effect of State Lotteries, a New Market Definition," *Journal of Cultural Economics*, Volume 16, 1992, p. 51-62.

⁵⁵⁷ Anthony Popp and Charles Stehwien, "Indian Casino Gambling and State Revenue: Some Further Evidence," *Public Finance Review*, Volume 30, 2002, p. 320-330.

⁵⁵⁸ Margaret Ray, "How Much on That Doggie at the Window? An Analysis of the Decline in Greyhound Racing Handle," *Review of Regional Studies*, Volume 31, 2001, p. 165-176.

⁵⁵⁹ Donald Siegel and Gary C. Anders, "Public Policy and the Displacement Effects of Casinos: A Case Study of Riverboat Gambling in Missouri," *Journal of Gambling Studies*, Volume 15, 1999, p. 105-121.

⁵⁶⁰ Donald Siegel and Gary C. Anders, "The Impact of Indian Casinos on State Lotteries: A Case Study of Arizona," *Public Finance Review*, Volume 29, 2001, p. 139-147.

⁵⁶¹ Richard Thalheimer and Mukhtar M. Ali, "The Demand for Parimutuel Horse Race Wagering and Attendance," *Management Science*, Volume 41, 1995, p. 129-143.

⁵⁶² Douglas M. Walker and John D. Jackson, "Do U.S. Gambling Industries Cannibalize Each Other?" *Public Finance Review*, Volume 36, 2008, p. 308-333.

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Figure 3. Summary of intrastate industry relationships in the United States

Model	Casino	Dog racing	Horse racing	Lottery
Variable				
Casino		—	+	—
Dog racing	(—)		—	+
Horse racing	+	—		+
Lottery	—	+	+	
Indian square footage	+	(+)	+	—

Note: () indicates statistically insignificant at normal levels.

Source: Douglas M. Walker and John D. Jackson, "Do U.S. Gambling Industries Cannibalize Each Other?" *Public Finance Review*, Volume 36, p. 325.

Walker and Jackson also examined the relationship between an industry in one state and the availability of gambling in neighboring states. Figure 4 illustrates these relationships. Figure 4 shows that, for example, the greater the availability of casinos in neighboring states, the lower the casino revenue and lottery revenue in the particular state.⁵⁶³

Figure 4: Summary of adjacent-state competition

Model Variable	Casino	Dog racing	Horse racing	Lottery
Adjacent Casinos	—	(+)	+	—
Adjacent Dog racing	(—)	+	+	—
Adjacent Horse racing	+	—	+	+
Adjacent Lottery	(—)	—	+	—

Note: () indicates statistically insignificant.

Sources: Douglas M. Walker and John D. Jackson, "Do US Gambling Industries Cannibalize Each Other?" *Public Finance Review*, Volume 36, 2008, p. 322; Spectrum Gaming Group, "New York Gaming Analysis: Potential Impact of Commercial Casinos on New York Lottery Ticket Sales and Video Gaming Machine Revenues (Linwood, NJ, June 2013), p. 16.

As shown in the above table, not all industries appear to act as substitutes across state lines. However, the availability of casinos tends to harm casinos and lotteries in neighboring states. Lotteries also harm lotteries in neighboring states.

Three other studies offer some insight into the substitution effect. One is a county-level study that examines the labor market effects (employment and wages) of casinos. The 2008 study by Cotti analyzes the effects on labor of counties that have a casino (or casinos), relative to

⁵⁶³ "Availability of casinos" is measured as the percentage of neighboring states that allow casinos in a particular year. Hence, this measures the ease of access to casinos in nearby states, rather than the casino revenues in neighboring states.

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those that do not.⁵⁶⁴ Cotti finds that, generally, casino counties fare better, in terms of employment and wages, relative to non-casino counties. Cotti summarizes his results, “On average, casinos play a significant role in increasing both employment, earnings, and promoting economic development in a county” (p. 15). The results are more significant in rural casinos, relative to urban ones, since a casino represents a relatively large business in a smaller community. The evidence suggests that, on net, there is no net negative impact of casinos on employment or wages. This is not to say, however, that some industries may not see a negative impact from the introduction of casinos.

Another study examines the effect of casinos on retail property values. In their 2011 paper, Wiley and Walker examine how casinos in Detroit have affected property values, based on commercial property sales data.⁵⁶⁵ Their results suggest that the casinos tend to have a positive impact on property values, particularly for some sectors related to tourism (e.g., service stations, restaurants) and on “general freestanding” retail properties. This evidence from Detroit is one of the only published papers to directly examine the effect of casinos on other non-casino businesses. Of course, not every community will see the same relationship to casinos that Detroit does.

Finally, the 2007 paper by Wenz examined the impact of casinos on residential property values.⁵⁶⁶ Wenz found that casinos have a net positive impact on housing prices, of about 2 percent, in the same geographic area as a casino. At the same time, property values in bordering areas see an even greater effect, of about 6 percent. Notably, most of the casino areas analyzed are tribal casinos, so Wenz’s results may be due partially to the fact that tribal casinos may be more likely to be located in relatively depressed local economies. Indeed, Wenz finds that the positive impacts of casinos decline as population density increases.⁵⁶⁷ Several other studies (one on Atlantic City, and one on Windsor, Ontario) suggest, when the effect of crime is considered, the net impact of casinos on property values may be negative.⁵⁶⁸

We caution that such studies, no matter how rigorous they may be in developing their models or assumptions, should never be taken at face value, particularly as authors rarely take into account the full complexity of issues. In Atlantic City, the notion that casinos had a negative

⁵⁶⁴ Chad D. Cotti, “The Effect of Casinos on Local Labor Markets: A County Level Analysis,” *Journal of Gambling Business and Economics*, Volume 2, 2008, p. 17-41.

⁵⁶⁵ Jon A. Wiley and Douglas M. Walker, “Casino Revenues and Retail Property Values: The Detroit Case,” *Journal of Real Estate Finance and Economics*, Volume 42, 2011, p. 99-114.

⁵⁶⁶ Michael Wenz, “The Impact of Casino Gambling on Housing Markets: A Hedonic Approach,” *Journal of Gambling Business and Economics*, Volume 1, 2007, p. 101-120.

⁵⁶⁷ Douglas M. Walker, *Casinomics* (New York: Springer, 2013), p. 219. This discussion of Wenz’s study is based on Walker’s discussion.

⁵⁶⁸ Andrew J. Buck, et al., “A Von Thünen Model of Crime, Casinos and Property Values in New Jersey,” *Urban Studies*, Volume 28, p. 673-683. Alan G. Phipps, “Crime and Disorder, and House Sales and Prices Around the Casino Sties in Windsor, Ontario, Canada,” *The Canadian Geographer*, Volume 48, 2004, p. 403-432.

effect on property values might comport within the parameters of a specific model, but we would respectfully point out that, in 1978 when the first casino opened, the entire assessed valuation of all property in Atlantic City was \$308 million, a number that actually been declining in tandem with Atlantic City's downward spiral in the years preceding gambling.⁵⁶⁹ Within two years, the assessed valuation grew by more than 182 percent,⁵⁷⁰ a phenomenon that we would attribute almost entirely to the presence of this new industry. That growth, of course, did not dispel concerns about the impact of casinos, and created new sets of problems for those property owners that faced steeper tax bills.

When dealing with complex issues such as substitution, both facts and perceptions must be considered and addressed. In the case of casino gambling, it becomes an understandable concern for business owners, voters, politicians, and others because the introduction of casinos requires a positive act by government. Therefore, while there may be relatively little interest in, say, the economic impacts of opening a new restaurant in a particular neighborhood, that would not be the case with casinos.

Nevertheless, we can begin to identify the impacts of a new casino in Florida by considering the possible sources of spending at the new casino. Those revenues would come from a combination of these sources:

(1) New spending from Floridians

(2) New spending from out-of-state tourists

(3) Existing spending on other Florida non-gambling industries (by Floridians and tourists)

(4) Existing spending on other Florida gambling industries (by Floridians and tourists)

(5) Existing spending by Floridians on out-of-state purchases, including gambling

The evidence suggests that casinos are likely to have negative impact on lotteries, and some other businesses may see decreased revenue as a result of a casino's opening. But this is no different from what happens when any other business opens. Certainly some of the revenues for a new casino would come at the expense of other, existing gambling firms in Florida. Revenues are likely to come from all five of the sources identified above, but it is very difficult to predict the exact percentage from each source. In any case, the substitution effect is relevant for any new business that opens.

⁵⁶⁹ George Sternlieb and James W. Hughes, *The Atlantic City Gamble*, Twentieth Century Fund, 1983, p. 97

⁵⁷⁰ Ibid.

B. Conclusion

To be sure, new casinos create a substitution effect, but it is much less clear what the significance of it will be and which industries would be most affected by it. The academic studies that have been performed suggest that, at least for non-gambling industries, casinos are more likely to act as complements than substitutes. This suggests that the concern over the substitution effect may be greater than is justified. After all, the casino industry has expanded across the United States over the past two decades, and there is no evidence to suggest that this expansion has led to any long-term negative economic impacts for casino-hosting regional economies.

Still, we do not discount the importance of concerns regarding substitution, nor do we dismiss the notion that casinos compete. Indeed, they compete against any other option that seeks a share of discretionary income. While it is difficult to determine with any level of precision which businesses will win and which will lose in such competitive battles, there is one overarching certainty with respect to substitution, and that holds true for tourism in general, as well as for gaming: The dollar-for-dollar substitution with local businesses will be less pronounced and less impactful if new businesses – be they casinos or other attractions – help attract visitors and dollars from outside Florida.

V. Assessing Florida's Existing Economic Base, Now and Future

As noted in the Introduction, Spectrum is working with Regional Economic Models Inc. ("REMI") to calculate the economic impacts of Florida's gambling industry. The existing gambling industry spans across three sectors within the REMI model: Amusement, Gambling, Recreation Industries (North American Industry Classification System ["NAICS"] 713), Accommodation (NAICS 721), and Retail Trade (NAICS 44-45). The following tables show five main economic indicators of these three aggregate sectors between calendar year 2000 and 2060, in five-year increments.

Figure 67: Past, present, future economic indicators of Amusement, Gambling, Recreation Industries (including racinos, pari-mutuel, lottery)

NAICS 713	Units	2000	2005	2012	2015	2020	2025	
Employment	Jobs	139.944	157.519	175.462	184.931	198.716	208.514	
Output	Billions of Fixed (2012) Dollars	11.993	11.779	12.028	12.824	14.077	15.257	
Value Added	Billions of Fixed (2012) Dollars	8.071	7.576	7.596	8.089	8.946	9.805	
Wage & Salary	Billions of Current Dollars	3.14	4.078	5.269	6.129	7.763	9.967	
Compensation	Billions of Current Dollars	3.617	4.69	6.019	7.014	8.982	11.559	
NAICS 713	Units	2030	2035	2040	2045	2050	2055	2060

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NAICS 713	Units	2000	2005	2012	2015	2020	2025	
Employment	Jobs	216.153	221.982	224.191	224.105	221.768	218.112	213.268
Output	Billions of Fixed (2012) Dollars	16.338	17.332	18.078	18.659	19.057	19.331	19.48
Value Added	Billions of Fixed (2012) Dollars	10.497	11.052	11.433	11.697	11.834	11.886	11.853
Wage & Salary	Billions of Current Dollars	12.374	15.118	18.125	21.485	25.124	29.193	33.655
Compensation	Billions of Current Dollars	14.377	17.59	21.111	25.041	29.288	34.028	39.218

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 68: Past, present, future economic indicators of Accommodation (including Indian casinos)

NAICS 721	Units	2000	2005	2012	2015	2020	2025	
Employment	Jobs	162.766	167.140	177.415	184.386	189.593	191.554	
Output	Billions of Fixed (2012) Dollars	15.755	18.85	22.056	24.01	26.708	29.508	
Value Added	Billions of Fixed (2012) Dollars	9.465	11.064	14.686	15.988	17.954	20.079	
Wage & Salary	Billions of Current Dollars	3.566	4.585	5.382	6.156	7.431	9.158	
Compensation	Billions of Current Dollars	4.078	5.312	6.273	7.186	8.767	10.828	
NAICS 721	Units	2030	2035	2040	2045	2050	2055	2060
Employment	Jobs	195.676	200.905	203.795	205.729	207.060	208.440	210.048
Output	Billions of Fixed (2012) Dollars	32.977	37.06	41.156	45.487	50.112	55.192	60.811
Value Added	Billions of Fixed (2012) Dollars	22.425	24.99	27.482	30.041	32.702	35.556	38.637
Wage & Salary	Billions of Current Dollars	11.176	13.623	16.372	19.561	23.22	27.566	32.695
Compensation	Billions of Current Dollars	13.236	16.155	19.433	23.23	27.577	32.732	38.806

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 69: Past, present, future economic indicators of Retail Trade (including retail lottery)

NAICS 44-45	Units	2000	2005	2012	2015	2020	2025	
Employment	Jobs	1,071.790	1,149.132	1,153.883	1,199.357	1,244.712	1,228.356	
Output	Billions of Fixed (2012) Dollars	65.668	83.901	85.927	95.702	111.673	125.167	
Value Added	Billions of Fixed (2012) Dollars	44.918	57.692	62.064	69.026	81.117	91.933	
Wage & Salary	Billions of Current Dollars	21.183	27.006	29.526	33.752	41.068	49.285	
Compensation	Billions of Current Dollars	24.856	32.663	35.253	40.358	49.633	59.681	
NAICS 44-45	Units	2030	2035	2040	2045	2050	2055	2060
Employment	Jobs	1,204.670	1,174.574	1,123.288	1,060.127	990.560	920.639	848.663
Output	Billions of Fixed (2012) Dollars	139.374	154.272	167.443	179.274	189.930	200.043	208.829
Value Added	Billions of Fixed (2012) Dollars	102.344	112.439	121.063	128.511	134.910	140.717	145.392
Wage & Salary	Billions of Current Dollars	57.483	66.200	74.607	82.881	90.824	98.982	106.767
Compensation	Billions of Current Dollars	69.704	80.353	90.608	100.668	110.283	120.119	129.465

Source: Regional Economic Models Inc., Spectrum Gaming Group

Combined with data from the County Business Patterns (“CBP”) by the US Census Bureau and an assessment of the gambling industry in Florida by Spectrum Gaming Group, REMI was able to estimate the historical and current share of gambling industry within the three aggregate sectors. The CBP publishes paid employees and payroll data for both Gambling Industries (NAICS 7132), Casino Hotels (NAICS 72112), Food and Beverage Stores and Convenience Stores (NAICS 445 and NAICS 445120, respectively), which we categorized as

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subsectors of Amusement, Gambling, Recreation Industries, Accommodation, and Retail Trade, respectively. REMI and Spectrum divided the casino gaming industry into four main groups: racinos/pari-mutuels, lottery, retail lottery, and Native American casinos. *The racinos/pari-mutuels and lottery⁵⁷¹ have been assigned to the Amusement, Gambling, Recreation Industries, the Native American casinos to Accommodation, and retail lottery⁵⁷² to Retail Trade, based on the nature of the subsectors.*

The Census Bureau withholds data for certain industries to avoid disclosing data for individual companies and casino hotels in Florida is one of the industries heavily affected by nondisclosure. The following tables show historical data for the gaming industries.

Figure 70: Historical data for Gambling Industries (including racinos, pari-mutuel, lottery)

NAICS 7132	Units	2000	2001	2002	2003	2004	2005
Employment	Thousands (Jobs)	3.582	4.474	4.861	5.079	5.754	6.691
Payroll (Wage and Salary)	Thousands of Current Dollars	72,448	99,951	98,203	108,508	140,762	166,403
NAICS 7132	Units	2006	2007	2008	2009	2010	2011
Employment	Thousands (Jobs)	6.286	6.134	4.284	3.984	3.271	3.071
Payroll (Wage and Salary)	Thousands of Current Dollars	182,141	185,584	109,674	106,806	88,094	95,493

Source: Regional Economic Models Inc., Spectrum Gaming Group, US Census Bureau, County Business Patterns (NAICS) 2000-2011

Figure 71: Historical data for Casino Hotels (including Indian casinos)

NAICS 72112	Units	2000	2001	2002	2003	2004	2005
Employment	Thousands (Jobs)	0.004	a	a	b	c	g
Payroll (Wage and Salary)	Thousands of Current Dollars	114	D	D	D	D	D
NAICS 72112	Units	2006	2007	2008	2009	2010	2011
Employment	Thousands (Jobs)	g	g	4.392	6.374	i	i
Payroll (Wage and Salary)	Thousands of Current Dollars	D	D	174,224	249,294	D	D

Source: Regional Economic Models Inc., Spectrum Gaming Group, United States Census Bureau, County Business Patterns (NAICS) 2000-2011.

Note: D: Withheld to avoid disclosing data for individual companies; data are included in higher level totals. a: 0-19 employees; b: 20-99 employees; c: 100-249 employees; f: 500-999 employees; g: 1,000-2,499 employees; i: 5,000-9,999 employees

Figure 72: Historical data for Food & Beverage Stores and Convenience Stores (including retail lottery)

NAICS 445 and NAICS 447110	Units	2000	2001	2002	2003	2004	2005
Employment	Thousands (Jobs)	248.085	243.538	236.07	240.927	238.916	242.212
Payroll (Wage and Salary)	Thousands of Current Dollars	3,618,168	3,715,863	3,711,384	3,893,294	4,088,928	4,484,231
NAICS 445 and NAICS 447110	Units	2006	2007	2008	2009	2010	2011
Employment	Thousands (Jobs)	245.601	232.16	224.011	214.701	215.802	217.032

⁵⁷¹ The "Lottery" in this report represents the Florida Lottery established by the Florida Legislature

⁵⁷² The "Retail Lottery" in this report refers to the retailers selling lottery tickets

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NAICS 445 and NAICS 447110	Units	2000	2001	2002	2003	2004	2005
Payroll (Wage and Salary)	Thousands of Current Dollars	4,549,470	4,379,388	4,434,397	4,401,704	4,359,217	4,326,674

Source: Regional Economic Models Inc., Spectrum Gaming Group, United States Census Bureau, County Business Patterns (NAICS) 2000-2011.

The Spectrum casino gaming assessment provides payroll data and gross gaming revenues at racinos/pari-mutuels in 2012; payroll data, gross gaming revenues and employees are available for Native American casinos in 2012; payroll, revenue, and employee data the lottery in 2012; as well as estimated employment and revenue data for retail lottery in 2012. The Florida Department of Business Professional Regulation also provided the FY 2012 regulatory costs for pari-mutuels (includes pari-mutuels, slots, and gaming compact oversight expenditures).

We estimated the number of employee in racinos/pari-mutuels through dividing the total payroll amount by the average annual wage and salary in the Amusement, Gambling, Recreation Industries. Having both the gross gaming revenue and employee number allows us to calculate a baseline for the labor productivity (output per employee) for racinos, lottery, retail lottery, and Native American casinos. The following tables show the various data collected and estimated for the gaming industry in 2012.

Figure 73: Racino employees, gross gaming revenue, wage and salary, and regulatory costs 2012

Racinos/Pari-Mutuels (NAICS 713290)	Units	2012
Racinos/Pari-Mutuels Employees	Thousands (Jobs)	4.954
Racinos/Pari-Mutuels Gross Gaming Revenue	Millions of Fixed (2012) Dollars	527.6
Racinos/Pari-Mutuels Wage & Salary	Millions of Fixed (2012) Dollars	148.777
Racinos/Pari-Mutuels Regulatory Costs (FY 2012)	Millions of Fixed (2012) Dollars	17.927

Source: Regional Economic Models Inc., Spectrum Gaming Group, Florida Department of Business Professional Regulation.

Note: Wage and salary is exclusive of payroll taxes, benefits, etc.

Figure 74: Lottery employees, gross gaming revenue, and compensation, 2012

Lottery (NAICS 713290)	Units	2012
Lottery Employees	Thousands (Jobs)	0.408
Lottery Gross Gaming Revenue	Millions of Fixed (2012) Dollars	4449.896
Lottery Compensation	Millions of Fixed (2012) Dollars	25.164

Source: Regional Economic Models Inc., Spectrum Gaming Group.

Note: Compensation is inclusive of payroll taxes, benefits, etc.

Figure 75: Retail lottery employees and revenue, 2012

Retail Lottery (NAICS 445 & NAICS 447110)	Units	2012
Retail Lottery Employees	Thousands (Jobs)	39.900*
Retail Lottery Revenue	Millions of Fixed (2012) Dollars	247.690

Source: Regional Economic Models Inc., Spectrum Gaming Group.

Note: Lottery retail network totals 13,300 establishments. Massachusetts retailer survey (n=3,976) reported median number of employees as 3. $13,300 \times 3 = 39,900$.

Figure 76: Native American casino employees, gross gaming revenue and compensation, 2012

Native American Casinos (NAICS 72112)	Units	2012
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Native American Casinos (NAICS 72112)	Units	2012
Native American Casinos Employees	Thousands (Jobs)	10.387
Native American Casinos Gross Gaming Revenue	Millions of Fixed (2012) Dollars	2,200
Native American Casinos Compensation	Millions of Fixed (2012) Dollars	348.986

Source: Regional Economic Models Inc., Spectrum Gaming Group

With this information, we were able to establish the gambling industry's share within the three aggregate sectors. This information is essential to the following section as we carry out a counterfactual analysis that involves removing the employment and its associated wages and output to determine the total economic and fiscal contribution of the gambling industry. The gambling industry is unique because it typically has higher labor productivity than its aggregate sector. This is evident in the following table, showing the Racinos/Pari-mutuels employment is approximately 2.8 percent of the total employment and wage and salary in the Amusement, Gambling, Recreation Industries. However, the Racinos/Pari-mutuels output is 4.4 percent of the total Amusement, Gambling, Recreation Industries output. We had to take into account this higher labor productivity of the gaming subsectors when we do the counterfactual analysis.

The Casino Hotels shows a similar pattern where the employment and associated compensation make up about 5.5 percent of the Accommodation sector, but its output is over 10 percent of the Accommodation output.

The Lottery sector (excluding retailers) has uniquely high labor productivity due to its operation design. The total Lottery output makes up nearly 38 percent of the total output but less than 1 percent of employment and compensation of the Amusement, Gambling, Recreation Industries. Typically a lottery control board oversees the operation and sells lottery tickets through sales agents (retailers). Once the lottery operation is established, the administrative cost remains largely the same. The marginal cost for producing an additional dollar of lottery sale is very low compare to other goods and services, hence the high productivity.

The Retail Lottery sector, on the other hand, behaves differently than the Lottery sector. According to *La Fleur's 2012 Lottery Almanac*,⁵⁷³ over 95 percent of the lottery sales occur at gas stations with convenience stores, convenience stores, supermarkets, and liquor stores. These businesses primarily engage in providing other goods and services aside from the lottery. Lottery sales are a supplement to these businesses and commission on lottery ticket sales makes up only a fraction of their total revenue, which would explain why the lottery sale is makes up just 0.3 percent of the output of the Retail Trade industry.

Figure 77: Subsectors as percentages of respective aggregate sectors

	2012
Racinos/Pari-mutuels Employment as Percentage of NAICS 713 Employment	2.82%
Racinos/Pari-mutuels Wage and Salary as Percentage of NAICS 713 Wage and Salary	2.82%
Racinos/Pari-mutuels Output as Percentage of NAICS 713 Output	4.39%
Lottery Employment as Percentage of NAICS 713 Employment	0.23%

⁵⁷³ *La Fleurs 2012 World Lottery Almanac*, p. 66.

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	2012
Lottery Compensation as Percentage of NAICS 713 Compensation	0.42%
Lottery Output as Percentage of NAICS 713 Output	37.00%
Retail Lottery Employment as Percentage of NAICS 44-45 Employment	3.46%
Retail Lottery Compensation as Percentage of NAICS 44-45 Compensation	3.46%
Retail Lottery Output as Percentage of NAICS 44-45 Output	0.29%
Native American Casinos Employment as Percentage of NAICS 721 Employment	5.85%
Native American Casinos Compensation as Percentage of NAICS 721 Compensation	5.56%
Native American Casinos Output as Percentage of NAICS 721 Output	9.97%

Source: Regional Economic Models Inc., Spectrum Gaming Group

h. Historical Tax Revenue by Gaming Sectors

The Office of Economic and Demographic Research (“EDR”) of the Florida Legislature provided REMI with historical tax revenue information, allowing us to examine the historical trend of tax revenue collection from each of the gaming sector. The following table displays the tax collection, dating from FY 2000.

	Units	FY 00	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06
Indian Gaming	Millions of Current Dollars	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pari-mutuel Fees, Licenses, Taxes Total	Millions of Current Dollars	57.5	34.7	35.1	32.4	32.1	32.0	33.6
Slot Machine Total	Millions of Current Dollars	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lottery Total	Millions of Current Dollars	1,159.5	1,157.3	1,181.0	1,327.6	1,361.9	1,393.4	1,639.3
	Units	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12
Indian Gaming	Millions of Current Dollars	0.0	0.0	0.0	0.0	287.5	140.4	150.0
Pari-mutuel Fees, Licenses, Taxes Total	Millions of Current Dollars	33.6	33.9	33.8	29.2	26.6	26.0	26.9
Slot Machine Total	Millions of Current Dollars	0.0	61.6	132.3	114.0	153.0	149.4	156.5
Lottery Total	Millions of Current Dollars	1,639.3	1,681.0	1,602.5	1,590.8	1,550.7	1,506.9	1,671.3

Source: The Office of Economic and Demographic Research of the Florida Legislature.

Note: The Lottery Total excludes lottery prizes, which is consistent with the calibrated budget used within Tax-PI.

I. Floridian Out-of-State Gaming Spending

Spectrum estimates the GGR currently exported from Florida. We believe it is reasonable that casinos along the Gulf Coast of Mississippi and in Alabama, as well as those in Las Vegas and Atlantic City, are generating at least \$411-plus million of GGR from Florida residents annually. Aside from the three aforementioned destinations there are hundreds of other casinos in the US and a short distance away in the Bahamas and/or various Caribbean islands that Florida residents are visiting (and exporting GGR to). Therefore, we believe it is well within reason that at least \$500 billion of GGR annually is being generated at casinos outside of Florida and is attributable to permanent Florida residents.

B. Discussion of Components of Economic and Fiscal Impacts

A description of the direct, indirect, and induced components of the economic and fiscal impact of each of the subsectors. Impacts associated with facility construction should be distinguished from impacts associated with ongoing operation of a facility.

Using the employment, output, wage & salary, tax revenue, and regulatory costs data from Chapter III(A) above, we performed a counterfactual analysis using the REMI Tax-PI model to evaluate the contribution of the gambling industry as it existed in Florida in 2012. For this modeling effort, the EDR of the Florida Legislature provided REMI with the latest tax and budget information, national benchmark based upon Global Insight June 2013 Control Forecast, and state benchmark based upon population estimates from Florida's February 2013 Economic Estimating Conference and employment estimate from September 2012 US BEA historical ES-202 data in order to correctly calibrate the Tax-PI model baseline. For further information about Tax-PI and how the EDR budget information is used in the model, please see Section E Appendix.

The REMI model forecasts the economy out to 2060 to allow analyst to evaluate any changes to the baseline. The gambling industry is already presented in the baseline forecast because it is a component in the current Florida economy. In this study we are not trying to measure the contribution of the gambling industry *on top of* the existing gambling activities in the Florida baseline. The objective is to understand the impacts of the gambling *as it exists currently*. In other words, what are the impacts to Florida if the gambling industry did not exist? Employing the counterfactual means we *remove the employment, associated output, wage & salary, tax revenue, as well as Floridian out-of-state gaming spending* to simulate the loss of the gambling industry in Florida. This approach allows us to measure the direct, indirect, and induced contribution of the existing gambling industry to the overall economy in 2012.

It is also important to consider the substitution effect of gaming spending in this counterfactual analysis. If households did not spend on gaming-related expenses, those spending do not simply disappear in the economy. Rather, we assume they would have spent it on other goods and services. In this analysis we assume 95 percent of the GGR to the pari-mutuel casinos was from Florida residents, 85 percent of GGR to Native American casinos was from Florida resident, and 98 percent of total lottery sales was from Florida residents. The full amount of GGR attributable to Florida residents are redistributed to various consumption categories via a policy variable within Tax-PI.

We selected five policy variables for this particular simulation: Industry Employment, Industry Sales without Employment, Investment, and Compensation, Wage Bill, Compensation, and Consumption Reallocation. The Industry Employment variable allows us to remove the total number of direct jobs in the gambling industry (recall that this is a *counterfactual* analysis, so we reduce the number of employment instead of adding to it); the Industry Sales without Employment, Investment, and Compensation variable is used to account for the higher labor

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productivity in the gambling industry in comparison to the Amusement, Gambling, Recreation Industries and Accommodation sectors; the Wage Bill variable is used to adjust the wage & salary differences between the gambling industry and its aggregate sectors; and the Compensation variable is used to adjust the compensation differences between the gambling industry and its aggregate sectors; the Consumption Reallocation variable is used to capture the spending of Floridians on gaming outside of Florida and to capture the substitution effect of gaming spending within Florida. The tax revenue of each gaming subsector is taken out directly through the revenue module in Tax-PI. Regulatory costs for pari-mutuels are not explicitly modeled in Tax-PI because the fees paid by pari-mutuels funds the costs. When we eliminate the direct tax revenue and fees collected from pari-mutuels, we also eliminate the expenditure (e.g., regulatory costs) associated with the revenue.

Note in the following tables that the values for employment, wage, compensation, and productivity adjustments are *negative* because this is what we are removing from the economy; the reallocation amount is positive because it represents the substitution effect of money spent on other goods and services if it were not spent on gambling:

Figure 78: Inputs for Racinos/Pari-Mutuels

Amusement, Gambling, Recreation Industries - Racinos/Pari-Mutuels		2012
Industry Employment (Industry Sales / Exogenous Production) (number)	Thousands (Jobs)	-4.954
Industry Sales / Exogenous Production without Employment, Investment, and Compensation (amount)	Billions of Fixed (2012) Dollars	-0.188
Consumption Reallocation (amount)	Billions of Fixed (2012) Dollars	0.501

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 79: Inputs for Lottery⁵⁷⁴

Amusement, Gambling, Recreation Industries - Lottery		2012
Industry Employment (Industry Sales / Exogenous Production) (number)	Thousands (Jobs)	-0.408
Industry Sales / Exogenous Production without Employment, Investment, and Compensation (amount)	Billions of Fixed (2012) Dollars	-4.422
Compensation (amount)	Billions of Current Dollars	-0.011
Consumption Reallocation (amount)	Billions of Fixed (2012) Dollars	4.361

Source: Regional Economic Models, Inc., Spectrum Gaming Group

Figure 80: Inputs for Retail Lottery⁵⁷⁵

Retail Trade - Retail Lottery		2012
Industry Employment (Industry Sales / Exogenous Production) (number)	Thousands (Jobs)	-39.900
Industry Sales / Exogenous Production without Employment, Investment, and Compensation (amount)	Billions of Fixed (2012) Dollars	2.489

Source: Regional Economic Models, Inc., Spectrum Gaming Group

Figure 81: Inputs for Native American Casinos

Accommodation - Native American Casinos		2012
Industry Employment (Industry Sales / Exogenous Production) (number)	Thousands (Jobs)	-10.387
Industry Sales / Exogenous Production without Employment, Investment, and Compensation (amount)	Billions of Fixed (2012) Dollars	-1.397

⁵⁷⁴ The Lottery in this report represents the Florida Lottery established by the Florida Legislature

⁵⁷⁵ The Retail Lottery in this report refers to the retailers selling lottery tickets

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and Compensation (amount)		
Compensation (amount)	Billions of Current Dollars	-0.102
Consumption Reallocation	Billions of Fixed (2012) Dollars	1.870

Source: Regional Economic Models Inc., Spectrum Gaming Group

Each gambling subsector was modeled as a discrete simulation to determine the economic and fiscal impact of each subsector. The inputs from Figure 12 to Figure 15 provided the following results:

Figure 82: Economic and fiscal impacts of Florida pari-mutuel sector in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	5.942
Population	Thousands	1.746
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	0.413
Personal Income	Billions of Fixed (2012) Dollars	0.241
State Tax Revenues (fiscal year 2013)	Billions of Fixed (2012) Dollars	0.194

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 16 exhibits the total economic and fiscal impacts generated from the existence of the pari-mutuel sector in 2012. The pari-mutuel sector supports a total of 5,942 jobs in Florida. The associated gross state product (“GSP”) is \$413 million and it generated \$241 million in personal income. The tax revenue generated from the direct, indirect, and induced impacts of the pari-mutuel industry in FY 2013 is \$194 million.

Figure 83: Top 12 Florida industries with largest employment impact from pari-mutuels in 2012

Industry category, with NAICS code	Units	2012
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	4.952
Construction (23)	Thousands (Jobs)	0.217
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.112
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.049
Real estate (531)	Thousands (Jobs)	0.048
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.042
Employment services (5613)	Thousands (Jobs)	0.04
Legal services (5411)	Thousands (Jobs)	0.033
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.033
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.033
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.029
Advertising and related services (5418)	Thousands (Jobs)	0.025

Source: Regional Economic Models Inc.

Figure 17 shows the private non-farm industries that are dependent on the pari-mutuel sector (Accommodation and Amusement, Gambling, Recreation Industries). Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Legal services, are intermediate input suppliers to the gaming industry.

Figure 84: Employment by demand source from pari-mutuels in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
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Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	4.616
Intermediate Demand Employment	Thousands (Jobs)	1.062
Local Consumption Demand Employment	Thousands (Jobs)	-1.734
Government Demand Employment	Thousands (Jobs)	0.152
Investment Activity Demand Employment	Thousands (Jobs)	0.042
Exports Employment	Thousands (Jobs)	0.141
Exogenous Industry Sales Employment	Thousands (Jobs)	4.953

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 18 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel employment. It can also be interpreted as the direct input we entered into the model. The direct pari-mutuel employment impact is 4,953 jobs in 2012 and the indirect employment (Intermediate Demand Employment) supported by the pari-mutuel sector is 1,062. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the pari-mutuel industry is minus-1,399. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector. The sum of the direct, indirect, and induced employment is 4,616.

Figure 85: Economic and fiscal impacts of Florida lottery sector in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	5.570
Population	Thousands	1.258
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	3.100
Personal Income	Billions of Fixed (2012) Dollars	0.459
State Tax Revenues (fiscal year 2013)	Billions of Fixed (2012) Dollars	1.884
Government Employment	Thousands (Jobs)	11.860

Source: Regional Economic Models Inc., Spectrum Gaming Group.

Note: Total Employment includes private non-farm, government, and farm employment.

Figure 19 exhibits the total economic and fiscal impacts generated from the existence of the lottery sector in 2012. The lottery supports a total of 5,570 jobs in Florida. The associated gross state product ("GSP") is \$3.1 billion and it generated \$459 million in personal income. The tax revenue generated from the direct, indirect, and induced impacts of the lottery in FY 2013 is \$1.88 billion. The lottery sector also supports 11,860 government employments in 2012.

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Figure 86: Top 12 Florida industries with largest employment impact from lottery in 2012

Industry category, with NAICS code	Units	2012
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	2.715
Construction (23)	Thousands (Jobs)	1.174
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.859
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.339
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.327
Employment services (5613)	Thousands (Jobs)	0.286
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.283
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.252
Legal services (5411)	Thousands (Jobs)	0.231
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.222
Advertising and related services (5418)	Thousands (Jobs)	0.209
Performing arts companies; Promoters of events, and agents and managers (7111, 7113, 7114)	Thousands (Jobs)	0.140

Source: Regional Economic Models Inc.

Figure 20 shows the private non-farm industries that are dependent on the lottery sector (Accommodation and Amusement, Gambling, Recreation Industries). Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Legal services, are intermediate input suppliers to the gaming industry.

Figure 87: Employment by demand source from lottery in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	-6.290
Intermediate Demand (indirect) Employment	Thousands (Jobs)	8.277
Local Consumption Demand (induced) Employment	Thousands (Jobs)	-18.751
Government Demand (induced) Employment	Thousands (Jobs)	1.372
Investment Activity Demand (induced) Employment	Thousands (Jobs)	-0.456
Exports Demand (induced) Employment	Thousands (Jobs)	2.875
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	0.394

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 21 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct lottery employment. It can also be interpreted as the direct input we entered into the model. The direct lottery employment impact is 394 jobs in 2012 and the indirect employment (Intermediate Demand Employment) supported by the lottery is 8,277. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the lottery is minus-14,960. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar

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Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery. The sum of the direct, indirect, and induced employment is minus-6,290. The negative induced employment (driven mainly by Local Consumption Demand employment) dominate the total, consequently the sum of direct, indirect, and induced employment is also negative.

Figure 88: Economic and fiscal impacts of Florida retail lottery sector in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	59.959
Population	Thousands	15.875
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	1.922
Personal Income	Billions of Fixed (2012) Dollars	2.258
State Tax Revenues (fiscal year 2013)	Billions of Fixed (2012) Dollars	0.124

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 22 exhibits the total economic and fiscal impacts generated from the existence of the retail lottery sector in 2012. The retail lottery supports a total of 59,959 jobs in Florida. The associated gross state product is \$1.92 billion and it generated \$2.26 billion in personal income. The tax revenue generated from the indirect and induced impacts of the retail lottery industry in FY 2013 is \$124 million.

Figure 89: Top 12 Florida industries with largest employment impact from retail lottery in 2012

Industry category, with NAICS code	Units	2012
Retail trade (44-45)	Thousands (Jobs)	42.361
Construction (23)	Thousands (Jobs)	5.673
Offices of health practitioners (6211-6213)	Thousands (Jobs)	1.000
Food services and drinking places (722)	Thousands (Jobs)	0.892
Real estate (531)	Thousands (Jobs)	0.673
Wholesale trade (42)	Thousands (Jobs)	0.595
Private households (814)	Thousands (Jobs)	0.502
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.442
Hospitals (622)	Thousands (Jobs)	0.347
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.343
Personal care services (8121)	Thousands (Jobs)	0.319
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.307

Source: Regional Economic Models Inc.

Figure 23 shows the private non-farm industries that are dependent on the retail lottery sector (Retail Trade). Some of these, such as Wholesale Trade and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (retail lottery) or indirect jobs.

Figure 90: Employment by demand source from retail lottery in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	58.146
Intermediate Demand (indirect) Employment	Thousands (Jobs)	4.206
Local Consumption Demand (induced) Employment	Thousands (Jobs)	8.085
Government Demand (induced) Employment	Thousands (Jobs)	0.188
Investment Activity Demand (induced) Employment	Thousands (Jobs)	6.381
Exports Demand (induced) Employment	Thousands (Jobs)	-0.612
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	39.900

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 24 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct retail lottery employment. It can also be interpreted as the direct input we entered into the model. The direct retail lottery employment impact is 39,900 jobs in 2012, and the indirect employment (Intermediate Demand Employment) supported by the retail lottery sector is 4,206. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the retail lottery industry is 14,042. The sum of the direct, indirect, and induced employment is 58,146.

Figure 91: Economic and fiscal impacts of Florida Native American casinos sector in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	8.943
Population	Thousands	2.111
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	1.429
Personal Income	Billions of Fixed (2012) Dollars	0.476
State Tax Revenues (fiscal year 2013)	Billions of Fixed (2012) Dollars	0.238

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 25 exhibits the total economic and fiscal impacts generated from the existence of the Native American casinos in 2012. The Native American casinos support a total of 8,943 jobs in Florida. The associated gross state product is \$1.429 billion and it generated \$476 million in personal income. The tax revenue generated from the direct, indirect, and induced impacts of the Native American casinos in FY 2013 is \$238 million.

Figure 92: Top 12 Florida industries with largest employment impact from Native American casinos in 2012

Industry category, with NAICS code	Units	2012
Accommodation (721)	Thousands (Jobs)	9.999
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.587
Construction (23)	Thousands (Jobs)	0.370
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.147

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Industry category, with NAICS code	Units	2012
Management of companies and enterprises (55)	Thousands (Jobs)	0.133
Advertising and related services (5418)	Thousands (Jobs)	0.128
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.117
Legal services (5411)	Thousands (Jobs)	0.103
Employment services (5613)	Thousands (Jobs)	0.100
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.091
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.084
Food services and drinking places (722)	Thousands (Jobs)	0.060

Source: Regional Economic Models Inc.

Figure 26 shows the private non-farm industries that are dependent on the Native American casinos industry (Accommodation). Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (Native American casinos) or indirect jobs.

Figure 93: Employment by demand source from Native American casinos in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	6.526
Intermediate Demand (indirect) Employment	Thousands (Jobs)	3.646
Local Consumption Demand (induced) Employment	Thousands (Jobs)	-7.326
Government Demand (induced) Employment	Thousands (Jobs)	0.275
Investment Activity Demand (induced) Employment	Thousands (Jobs)	0.024
Exports Demand (induced) Employment	Thousands (Jobs)	0.431
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	10.387

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 27 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The direct Native American casinos employment impact is 10,387 jobs in 2012, and the indirect employment (Intermediate Demand Employment) supported by the Native American casinos sector is 3,646. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the Native American casinos industry is minus-7,506. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and

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this negative number represents the jobs their spending could have supported if it were not for the Native American casinos. The sum of the direct, indirect, and induced employment is 6,526.

Figure 94: Economic and fiscal impacts of Florida out-of-state gaming spending in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	4.116
Population	Thousands	1.012
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	0.313
Personal Income	Billions of Fixed (2012) Dollars	0.18
State Tax Revenues (fiscal year 2013)	Millions of Fixed (2012) Dollars	15.406

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 28 exhibits the total economic and fiscal impacts that would have been generated if Floridian's out-of-state gaming spending were brought back to Florida in 2012. The total employment impact is 4,116 jobs in Florida. The associated gross state product ("GSP") is \$313 million and it would have generated \$180 million in personal income. The tax revenue generated from the indirect and induced impacts of the out-of-state gaming spending in FY 2013 are \$15.4 million.

Figure 95: Top 12 Florida industries with largest employment impact from Floridian out-of-state gaming in 2012

Industry category, with NAICS code	Units	2012
Retail trade (44-45)	Thousands (Jobs)	0.858
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.439
Food services and drinking places (722)	Thousands (Jobs)	0.235
Private households (814)	Thousands (Jobs)	0.221
Construction (23)	Thousands (Jobs)	0.215
Wholesale trade (42)	Thousands (Jobs)	0.167
Personal care services (8121)	Thousands (Jobs)	0.136
Real estate (531)	Thousands (Jobs)	0.135
Hospitals (622)	Thousands (Jobs)	0.105
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.101
Monetary authorities, credit intermediation, and related activities (521, 522)	Thousands (Jobs)	0.085
Securities, commodity contracts, and other financial investments and related activities (523)	Thousands (Jobs)	0.082

Source: Regional Economic Models Inc.

Figure 29 shows the private non-farm industries that would have been impacted if Floridian's out-of-state gaming spending were brought back to Florida. Many of these industries, such as Retail Trade, Food Services and Drinking Places, and Private Households, are supported by local spending.

Figure 96: Employment by demand source from Floridian out-of-state gaming spending in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	3.836
Intermediate Demand (indirect) Employment	Thousands (Jobs)	0.693
Local Consumption Demand (induced) Employment	Thousands (Jobs)	3.033

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Government Demand (induced) Employment	Thousands (Jobs)	0.031
Investment Activity Demand (induced) Employment	Thousands (Jobs)	0.193
Exports Demand (induced) Employment	Thousands (Jobs)	-0.114
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	0.000

Source: Regional Economic Models Inc.

Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 30 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct employment. It can also be interpreted as the direct input we entered into the model. The direct employment impact is 0 in 2012 because we did not use any employment policy variables to model this consumption reallocation of Floridian's out-of-state gaming spending. The indirect employment (Intermediate Demand Employment) is 693. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact is 3,143. The sum of the direct, indirect, and induced employment is 3,836.

1. Impact of Hialeah Park Construction (2012)

Construction of Hialeah Park in 2012 was modeled separately from all of the gambling subsector economic impact assessments. The total cost of construction for Hialeah Park is \$63.36 million, with an annual average construction employment of 210. The construction duration was estimated to be 24 months starting in summer of 2011.

Figure 97: Economic and fiscal impacts of Hialeah Park construction in 2012

Summary	Units	2012
Total Employment	Jobs	364
Population	Individuals	125
Gross Domestic Product (GDP)	Millions of Fixed (2012) Dollars	29.602
Personal Income	Millions of Fixed (2012) Dollars	18.311
State Tax Revenues (fiscal year 2013)	Millions of Fixed (2012) Dollars	0.9219

Source: Regional Economic Models Inc., Spectrum Gaming Group

The construction activity in 2012 generates a total 364 jobs, \$29.6 million in GSP, and \$18.3 million in personal income. It also induces \$0.92 million in state tax revenue for FY 2013.

C. Assessment of Economic, Fiscal Impacts Over Time

An assessment of the changes in those impacts over time until the present day, historically, and projections for the future.

For this section, we employed the same policy variables as the Chapter III(B) above and ran a counterfactual analysis for years 2012 through 2060 to observe the impacts of the gambling industry over time. In addition, we established two alternative national forecasts representing a future with slower economic growth and the other projecting a stronger economic growth, relative to the state benchmark baseline in the model. The new national forecasts generated new regional forecasts for Florida. We then ran the same set of inputs against the three regional forecasts to quantify the impacts of the gambling industry under different economic trajectories.

REMI and Spectrum assume that over time, the employment in the overall gambling industry will expand at half the growth rate of its aggregate sectors in the REMI model. Given the regulations and restrictions imposed on the gambling industry, it is difficult to justify that the industry can expand at the same rate as a typical entertainment/recreation, retail trade, or accommodation industry. On the other hand, assuming no growth in the next 50 years is an excessively conservative assumption. We believe it is reasonable to choose a growth rate in between the two extremes. We assume wages and labor productivity will both grow at the same rate as the respective aggregate sector.

The following are tables showing the forecasted employment, output, wage & salary/compensation, and consumption reallocation for each of the gambling subsectors.

Figure 98: Racinos, pari-mutuels forecast

Racinos/Pari-mutuels	Units	2012	2015	2020	2025	2030	
Employment	Thousands (Jobs)	4.954	5.086	5.273	5.402	5.500	
Output	Billions of Fixed (2012) Dollars	0.528	0.548	0.580	0.614	0.646	
Wage & Salary Disbursements	Billions of Current Dollars	0.149	0.173	0.219	0.281	0.349	
Consumption Reallocation	Billions of Fixed (2012) Dollars	0.501	0.521	0.551	0.583	0.614	
Racinos/Pari-mutuels	Units	2035	2040	2045	2050	2055	2060
Employment	Thousands (Jobs)	5.574	5.602	5.601	5.571	5.525	5.464
Output	Billions of Fixed (2012) Dollars	0.676	0.702	0.724	0.744	0.761	0.775
Wage & Salary Disbursements	Billions of Current Dollars	0.427	0.512	0.607	0.709	0.824	0.950
Consumption Reallocation	Billions of Fixed (2012) Dollars	0.642	0.667	0.688	0.707	0.723	0.737

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 99: Lottery forecast⁵⁷⁶

Lottery	Units	2012	2015	2020	2025	2030
Employment	Thousands (Jobs)	0.408	0.419	0.434	0.445	0.453
Output	Billions of Fixed (2012) Dollars	4.450	4.622	4.895	5.179	5.448
Compensation	Billions of Current Dollars		0.029	0.038	0.048	0.060

⁵⁷⁶ The "Lottery" in this report represents the Florida Lottery established by the Florida Legislature

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Lottery	Units	2012	2015	2020	2025	2030	
		0.025					
Consumption Reallocation	Billions of Fixed (2012) Dollars	4.361	4.529	4.797	5.076	5.339	
Lottery	Units	2035	2040	2045	2050	2055	2060
Employment	Thousands (Jobs)	0.459	0.461	0.461	0.459	0.455	0.450
Output	Billions of Fixed (2012) Dollars	5.703	5.919	6.110	6.273	6.417	6.539
Compensation	Billions of Current Dollars	0.074	0.088	0.105	0.122	0.142	0.164
Consumption Reallocation	Billions of Fixed (2012) Dollars	5.589	5.801	5.988	6.148	6.288	6.409

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 100: Retail Lottery Forecast⁵⁷⁷

Retail Lottery	Units	2012	2015	2020	2025	2030	
Employment	Thousands (Jobs)	39.900	40.681	41.445	41.172	40.774	
Output	Billions of Fixed (2012) Dollars	0.248	0.271	0.310	0.350	0.393	
Retail Lottery	Units	2035	2040	2045	2050	2055	2060
Employment	Thousands (Jobs)	40.262	39.375	38.255	36.983	35.659	34.242
Output	Billions of Fixed (2012) Dollars	0.441	0.489	0.539	0.591	0.646	0.702

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 101: Casino Hotels forecast (including Native American casinos)

Native American Casinos	Units	2012	2015	2020	2025	2030	
Employment	Thousands (Jobs)	10.387	10.590	10.710	10.794	10.910	
Output	Billions of Fixed (2012) Dollars	2.200	2.350	2.530	2.833	3.133	
Compensation	Billions of Current Dollars	0.349	0.400	0.468	0.602	0.736	
Consumption Reallocation	Billions of Fixed (2012) Dollars	1.870	1.997	2.191	2.408	2.663	
Native American Casinos	Units	2035	2040	2045	2050	2055	2060
Employment	Thousands (Jobs)	11.055	11.134	11.187	11.223	11.260	11.304
Output	Billions of Fixed (2012) Dollars	3.474	3.831	4.214	4.628	5.080	5.576
Compensation	Billions of Current Dollars	0.899	1.081	1.292	1.534	1.821	2.159
Consumption Reallocation	Billions of Fixed (2012) Dollars	2.953	3.256	3.582	3.934	4.318	4.739

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 102: Florida Resident Out-of-State Gaming Spending forecast

FL Resident Out-of-State Gaming Spending	Units	2012	2015	2020	2025	2030	
Consumption Reallocation	Billions of Fixed (2012) Dollars	0.500	0.500	0.500	0.500	0.500	
FL Resident Out-of-State Gaming Spending	Units	2035	2040	2045	2050	2055	2060
Consumption Reallocation	Billions of Fixed (2012) Dollars	0.500	0.500	0.500	0.500	0.500	0.500

Source: Regional Economic Models Inc., Spectrum Gaming Group

⁵⁷⁷ The "Retail Lottery" in this report refers to the retailers selling lottery tickets

1. Results – Normal Economic Growth (2012-2060)

Figure 103: Economic and fiscal impacts of pari-mutuel sector, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	6.763
Average Annual Population	Thousands	7.422
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	33.326
Cumulative Personal Income	Billions of Fixed (2012) Dollars	35.154
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.561

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the pari-mutuel sector is projected to support an annual average of 6,763 jobs⁵⁷⁸ in Florida under normal economic growth assumptions. The cumulative GSP is \$33.3 billion and \$35.2 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the pari-mutuel industry between FY 2013 and FY 2060 is \$561 million.

Figure 104: Top 12 Florida industries with largest average employment impact from pari-mutuel, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	2.549
Construction (23)	Thousands (Jobs)	0.465
Nursing and residential care facilities (623)	Thousands (Jobs)	0.103
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.090
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.059
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.053
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.045
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.044
Employment services (5613)	Thousands (Jobs)	0.041
Hospitals (622)	Thousands (Jobs)	0.041
Wholesale trade (42)	Thousands (Jobs)	0.037
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.031

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 38 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

⁵⁷⁸ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 105: Average annual employment by demand source from pari-mutuel, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	3.106
Intermediate Demand Employment	Thousands (Jobs)	1.268
Local Consumption Demand Employment	Thousands (Jobs)	-1.406
Government Demand Employment	Thousands (Jobs)	0.397
Investment Activity Demand Employment	Thousands (Jobs)	0.073
Exports Employment	Thousands (Jobs)	-2.675
Exogenous Industry Sales Employment	Thousands (Jobs)	5.449

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 39 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel employment. It can also be interpreted as the direct input we entered into the model. The average annual direct pari-mutuel employment impact is 5,449 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the pari-mutuel sector is 1,268. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the pari-mutuel industry is minus-3,611. The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector. The sum of the average annual direct, indirect, and induced employment is 3,106.

Figure 106: Economic and fiscal impacts of lottery industry, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	34.387
Average Annual Population	Thousands	45.999
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	327.604
Cumulative Personal Income	Billions of Fixed (2012) Dollars	187.769
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	3.657
Average Annual Government Employment	Thousands (Jobs)	26.285

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the lottery industry is projected to support an annual average of 34,387 jobs⁵⁷⁹ in Florida under normal economic growth assumptions. The cumulative GSP is \$327.6 billion and \$187.8 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the lottery industry between FY 2013 and FY 2060 is \$3.66 billion.

⁵⁷⁹ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 107: Top 12 Florida industries with largest average employment impact from lottery, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Construction (23)	Thousands (Jobs)	3.265
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	3.116
Services to buildings and dwellings (5617)	Thousands (Jobs)	1.175
Food services and drinking places (722)	Thousands (Jobs)	0.759
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.602
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.539
Nursing and residential care facilities (623)	Thousands (Jobs)	0.497
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.489
Employment services (5613)	Thousands (Jobs)	0.450
Real estate (531)	Thousands (Jobs)	0.348
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.342
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.292

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 41 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 108: Average annual employment by demand source from lottery, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	8.804
Intermediate Demand (indirect) Employment	Thousands (Jobs)	12.510
Local Consumption Demand (induced) Employment	Thousands (Jobs)	-7.719
Government Demand (induced) Employment	Thousands (Jobs)	2.760
Investment Activity Demand (induced) Employment	Thousands (Jobs)	0.291
Exports Demand (induced) Employment	Thousands (Jobs)	0.517
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	0.445

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 42 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct lottery employment. It can also be interpreted as the direct input we entered into the model.

The average annual direct lottery employment impact is 445 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the lottery sector is 12,510. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the lottery industry is minus-4,151.

The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar

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Floridian spends on lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector. The sum of the average annual direct, indirect, and induced employment is 8,804.

Figure 109: Economic and fiscal impacts of retail lottery industry, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	76.616
Average Annual Population	Thousands	122.954
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	358.902
Cumulative Personal Income	Billions of Fixed (2012) Dollars	354.081
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.590

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the retail lottery industry is projected to support an annual average of 76,616 jobs⁵⁸⁰ in Florida under normal economic growth assumptions. The cumulative GSP is \$358.9 billion and \$354.1 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the retail lottery industry between FY 2013 and FY 2060 is \$590 million.

Figure 110: Top 12 Florida industries with largest average employment impact from retail lottery, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	42.152
Construction (23)	Thousands (Jobs)	9.292
Food services and drinking places (722)	Thousands (Jobs)	2.196
Computer systems design and related services (5415)	Thousands (Jobs)	2.155
Offices of health practitioners (6211-6213)	Thousands (Jobs)	1.654
Architectural, engineering, and related services (5413)	Thousands (Jobs)	1.487
Nursing and residential care facilities (623)	Thousands (Jobs)	1.407
Hospitals (622)	Thousands (Jobs)	1.168
Wholesale trade (42)	Thousands (Jobs)	1.145
Educational services (61)	Thousands (Jobs)	1.142
Home health care services (6216)	Thousands (Jobs)	0.986
Real estate (531)	Thousands (Jobs)	0.938

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 44 shows the private non-farm industries with largest average annual employment impact. Aside from Retail Trade, which is the direct impact for retail lottery, the rest are the top industries that are reliant on the retail lottery industry in Florida.

⁵⁸⁰ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Some of these, such as Wholesale Trade and Computer Systems Design Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (retail lottery) or indirect jobs.

Figure 111: Average annual employment by demand source from retail lottery, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	76.548
Intermediate Demand (indirect) Employment	Thousands (Jobs)	9.775
Local Consumption Demand (induced) Employment	Thousands (Jobs)	16.159
Government Demand (induced) Employment	Thousands (Jobs)	0.051
Investment Activity Demand (induced) Employment	Thousands (Jobs)	17.146
Exports Demand (induced) Employment	Thousands (Jobs)	-5.682
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	39.099

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 45 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct retail lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct retail lottery employment impact is 39,099 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the retail lottery sector is 9,775. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the retail lottery industry is 27,674. The sum of the average annual direct, indirect, and induced employment is 76,548.

Figure 112: Economic and fiscal impacts of Native American casinos industry, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	8.476
Average Annual Population	Thousands	10.545
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	115.023
Cumulative Personal Income	Billions of Fixed (2012) Dollars	51.895
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.280

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the Native American casinos industry is projected to support an annual average of 8,476 jobs⁵⁸¹ in Florida under normal economic growth assumptions. The cumulative GSP is \$115 billion and \$51.9 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the Native American casinos industry between FY 2013 and FY 2060 is \$280 million.

⁵⁸¹ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

Figure 113: Top 12 Florida industries with largest average employment impact from Native American casinos, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Accommodation (721)	Thousands (Jobs)	10.580
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.564
Construction (23)	Thousands (Jobs)	0.337
Food services and drinking places (722)	Thousands (Jobs)	0.286
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.203
Advertising and related services (5418)	Thousands (Jobs)	0.140
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.130
Employment services (5613)	Thousands (Jobs)	0.120
Management of companies and enterprises (55)	Thousands (Jobs)	0.098
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.085
Legal services (5411)	Thousands (Jobs)	0.074
Waste management and remediation services (562)	Thousands (Jobs)	0.072

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 47 shows the private non-farm industries with largest average annual employment impact. Aside from Accommodation, which is the direct impact for this analysis, the rest are the top industries that are reliant on the Native American casinos industry in Florida. Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (Native American casinos) or indirect jobs.

Figure 114: Average annual employment by demand source from Native American casinos, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	6.092
Intermediate Demand (indirect) Employment	Thousands (Jobs)	3.952
Local Consumption Demand (induced) Employment	Thousands (Jobs)	-7.047
Government Demand (induced) Employment	Thousands (Jobs)	0.264
Investment Activity Demand (induced) Employment	Thousands (Jobs)	-0.138
Exports Demand (induced) Employment	Thousands (Jobs)	-1.931
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	10.993

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 48 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The average annual direct Native American casinos employment impact is 10,993 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the gaming sector is 3,952. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the Native American casinos industry is minus-8,852. The Local Consumption Demand

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Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos. The sum of the average annual direct, indirect, and induced employment is 6,092.

Figure 115: Economic and fiscal impacts of Floridian out-of-state gaming spending, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	2.764
Average Annual Population	Thousands	4.563
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	14.813
Cumulative Personal Income	Billions of Fixed (2012) Dollars	13.792
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Millions of Fixed (2012) Dollars	27.060

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, if out-of-state gambling dollars by Florida residents were to instead remain in Florida, this spending will support an annual average of 2,764 jobs⁵⁸² in Florida under normal economic growth assumption. The cumulative GSP is \$14.8 billion and \$13.8 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the out-of-state gaming spending between FY 2013 and FY 2060 is \$27.1 million.

Figure 116: Top 12 Florida industries with largest average employment impact from Floridian out-of-state gaming spending, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	0.488
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.390
Food services and drinking places (722)	Thousands (Jobs)	0.165
Construction (23)	Thousands (Jobs)	0.152
Private households (814)	Thousands (Jobs)	0.124
Wholesale trade (42)	Thousands (Jobs)	0.099
Nursing and residential care facilities (623)	Thousands (Jobs)	0.098
Hospitals (622)	Thousands (Jobs)	0.091
Real estate (531)	Thousands (Jobs)	0.080
Educational services (61)	Thousands (Jobs)	0.068
Personal care services (8121)	Thousands (Jobs)	0.066
Home health care services (6216)	Thousands (Jobs)	0.065

Source: Regional Economic Models Inc., Spectrum Gaming Group

⁵⁸² The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 50 shows the private non-farm industries that would have been impacted if Floridian's out-of-state gaming spending were brought back to Florida. Many of these industries, such as Retail Trade, Food Services and Drinking Places, and Private Households, are commonly supported by local spending.

Figure 117: Average annual employment by demand source from Floridian out-of-state gaming spending, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	2.695
Intermediate Demand (indirect) Employment	Thousands (Jobs)	0.455
Local Consumption Demand (induced) Employment	Thousands (Jobs)	2.261
Government Demand (induced) Employment	Thousands (Jobs)	0.011
Investment Activity Demand (induced) Employment	Thousands (Jobs)	0.238
Exports Demand (induced) Employment	Thousands (Jobs)	-0.271
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	0.000

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 51 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents direct employment. It can also be interpreted as the direct input we entered into the model. The average annual direct employment impact is 0 jobs because we did not use any employment policy variables to model this consumption reallocation of Floridian's out-of-state gaming spending. The average annual indirect employment (Intermediate Demand Employment) is 455. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact is 2,239. The sum of the average annual direct, indirect, and induced employment is 2,695.

2. Results – Slow Economic Growth (2012-2060)

Figure 118: Economic and fiscal impacts of pari-mutuel sector, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	7.468
Average Annual Population	Thousands	9.096
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	36.613
Cumulative Personal Income	Billions of Fixed (2012) Dollars	38.559
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.544

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the pari-mutuel sector is projected to support an annual average of 7,468 jobs⁵⁸³ in Florida under normal economic growth assumptions. The cumulative GSP is \$36.6 billion and \$38.6 billion in personal income. The average annual tax revenues generated

⁵⁸³ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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from the direct, indirect, and induced impacts of the pari-mutuel industry between FY 2013 and FY 2060 is \$544 million.

Figure 119: Top 12 Florida industries with largest average employment impact from pari-mutuel, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	2.979
Construction (23)	Thousands (Jobs)	0.481
Nursing and residential care facilities (623)	Thousands (Jobs)	0.121
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.103
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.064
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.061
Hospitals (622)	Thousands (Jobs)	0.054
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.050
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.050
Employment services (5613)	Thousands (Jobs)	0.047
Wholesale trade (42)	Thousands (Jobs)	0.046
Automotive repair and maintenance (8111)	Thousands (Jobs)	0.037

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 53 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 120: Average annual employment by demand source from pari-mutuel, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	3.816
Intermediate Demand Employment	Thousands (Jobs)	1.397
Local Consumption Demand Employment	Thousands (Jobs)	-1.265
Government Demand Employment	Thousands (Jobs)	0.390
Investment Activity Demand Employment	Thousands (Jobs)	0.104
Exports Employment	Thousands (Jobs)	-2.259
Exogenous Industry Sales Employment	Thousands (Jobs)	5.449

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 54 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel employment. It can also be interpreted as the direct input we entered into the model. The average annual direct pari-mutuel employment impact is 5,449 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the pari-mutuel sector is 1,397. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the pari-mutuel industry is

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minus-3,030. The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector. The sum of the average annual direct, indirect, and induced employment is 3,816.

Figure 121: Economic and fiscal impacts of lottery industry, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	39.232
Average Annual Population	Thousands	57.484
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	355.575
Cumulative Personal Income	Billions of Fixed (2012) Dollars	210.206
Average Annual State Tax Revenues (fiscal year)	Billions of Fixed (2012) Dollars	3.455
Average Annual Government Employment	Thousands (Jobs)	26.632

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the lottery industry is projected to support an annual average of 39,232 jobs⁵⁸⁴ in Florida under normal economic growth assumptions. The cumulative GSP is \$355.6 billion and \$210.2 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the lottery industry between FY 2013 and FY 2060 is \$3.46 billion.

Figure 122: Top 12 Florida industries with largest average employment impact from lottery, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	6.654
Construction (23)	Thousands (Jobs)	3.306
Services to buildings and dwellings (5617)	Thousands (Jobs)	1.294
Food services and drinking places (722)	Thousands (Jobs)	0.943
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.664
Nursing and residential care facilities (623)	Thousands (Jobs)	0.597
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.591
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.517
Real estate (531)	Thousands (Jobs)	0.511
Employment services (5613)	Thousands (Jobs)	0.503
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.377
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.317

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 56 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct

⁵⁸⁴ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 123: Average annual employment by demand source from lottery, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	14.227
Intermediate Demand Employment	Thousands (Jobs)	13.645
Local Consumption Demand Employment	Thousands (Jobs)	-6.799
Government Demand Employment	Thousands (Jobs)	2.659
Investment Activity Demand Employment	Thousands (Jobs)	0.467
Exports Employment	Thousands (Jobs)	3.810
Exogenous Industry Sales Employment	Thousands (Jobs)	0.445

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 57 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct lottery employment impact is 445 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the lottery sector is 13,645. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the lottery industry is 137. The sum of the average annual direct, indirect, and induced employment is 14,227.

Figure 124: Economic and fiscal impacts of retail lottery industry, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	78.073
Average Annual Population	Thousands	128.361
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	368.241
Cumulative Personal Income	Billions of Fixed (2012) Dollars	358.951
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.581

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the retail lottery industry is projected to support an annual average of 78,073 jobs⁵⁸⁵ in Florida under normal economic growth assumptions. The cumulative GSP is \$368.2 billion and \$359 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the retail lottery industry between FY 2013 and FY 2060 is \$581 million.

⁵⁸⁵ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 125: Top 12 Florida industries with largest average employment impact from retail lottery, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	42.780
Construction (23)	Thousands (Jobs)	9.373
Food services and drinking places (722)	Thousands (Jobs)	2.283
Computer systems design and related services (5415)	Thousands (Jobs)	2.255
Offices of health practitioners (6211-6213)	Thousands (Jobs)	1.677
Architectural, engineering, and related services (5413)	Thousands (Jobs)	1.540
Nursing and residential care facilities (623)	Thousands (Jobs)	1.453
Hospitals (622)	Thousands (Jobs)	1.204
Educational services (61)	Thousands (Jobs)	1.186
Wholesale trade (42)	Thousands (Jobs)	1.179
Home health care services (6216)	Thousands (Jobs)	1.026
Real estate (531)	Thousands (Jobs)	1.011

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 59 shows the private non-farm industries with largest average annual employment impact. Aside from Retail Trade, which is the direct impact for retail lottery, the rest are the top industries that are reliant on the retail lottery industry in Florida. Some of these, such as Wholesale Trade and Computer Systems Design Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (retail lottery) or indirect jobs.

Figure 126: Average annual employment by demand source from retail lottery, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	78.164
Intermediate Demand Employment	Thousands (Jobs)	10.148
Local Consumption Demand Employment	Thousands (Jobs)	16.625
Government Demand Employment	Thousands (Jobs)	0.032
Investment Activity Demand Employment	Thousands (Jobs)	17.612
Exports Employment	Thousands (Jobs)	-5.351
Exogenous Industry Sales Employment	Thousands (Jobs)	39.099

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 60 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct retail lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct retail lottery employment impact is 39,099 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the retail lottery sector is 28,918. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the retail lottery industry is 27,674. The sum of the average annual direct, indirect, and induced employment is 78,164.

Figure 127: Economic and fiscal impacts of Native American casinos industry, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	9.949
Average Annual Population	Thousands	13.263
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	127.276
Cumulative Personal Income	Billions of Fixed (2012) Dollars	58.783
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.283

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the Native American casinos industry is projected to support an annual average of 9,949 jobs⁵⁸⁶ in Florida under normal economic growth assumptions. The cumulative GSP is \$127.3 billion and \$58.8 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the Native American casinos industry between FY 2013 and FY 2060 is \$283 million.

Figure 128: Top 12 Florida industries with largest average employment impact from Native American casinos, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Accommodation (721)	Thousands (Jobs)	11.391
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.634
Construction (23)	Thousands (Jobs)	0.384
Food services and drinking places (722)	Thousands (Jobs)	0.381
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.227
Advertising and related services (5418)	Thousands (Jobs)	0.151
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.141
Employment services (5613)	Thousands (Jobs)	0.138
Management of companies and enterprises (55)	Thousands (Jobs)	0.109
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.095
Legal services (5411)	Thousands (Jobs)	0.088
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.082

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 62 shows the private non-farm industries with largest average annual employment impact. Aside from Accommodation, which is the direct impact for this analysis, the rest are the top industries that are reliant on the Native American casinos industry in Florida. Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (Native American casinos) or indirect jobs.

⁵⁸⁶ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 129: Average annual employment by demand source from Native American casinos, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	7.504
Intermediate Demand Employment	Thousands (Jobs)	4.429
Local Consumption Demand Employment	Thousands (Jobs)	-6.906
Government Demand Employment	Thousands (Jobs)	0.268
Investment Activity Demand Employment	Thousands (Jobs)	-0.090
Exports Employment	Thousands (Jobs)	-1.189
Exogenous Industry Sales Employment	Thousands (Jobs)	10.993

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 63 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The average annual direct Native American casinos employment impact is 10,993 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the gaming sector is 4,429. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the Native American casinos industry is minus-7,918. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos. The sum of the average annual direct, indirect, and induced employment is 7,504.

Figure 130: Economic and fiscal impacts of Floridian out-of-state gaming spending, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	2.889
Average Annual Population	Thousands	4.946
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	15.599
Cumulative Personal Income	Billions of Fixed (2012) Dollars	14.357
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Millions of Fixed (2012) Dollars	28.583

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, if out-of-state gambling dollars by Florida residents were to instead remain in Florida, this spending will support an annual average of 2,889 jobs⁵⁸⁷ in

⁵⁸⁷ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs

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Florida under normal economic growth assumption. The cumulative GSP is \$15.6 billion and \$14.4 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the out-of-state gaming spending between FY 2013 and FY 2060 is \$28.6 million.

Figure 131: Top 12 Florida industries with largest average employment impact from Floridian out-of-state gaming spending, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	0.511
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.398
Food services and drinking places (722)	Thousands (Jobs)	0.174
Construction (23)	Thousands (Jobs)	0.157
Private households (814)	Thousands (Jobs)	0.128
Nursing and residential care facilities (623)	Thousands (Jobs)	0.103
Wholesale trade (42)	Thousands (Jobs)	0.103
Hospitals (622)	Thousands (Jobs)	0.096
Real estate (531)	Thousands (Jobs)	0.087
Educational services (61)	Thousands (Jobs)	0.072
Home health care services (6216)	Thousands (Jobs)	0.069
Personal care services (8121)	Thousands (Jobs)	0.068

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 65 shows the private non-farm industries that would have been impacted if Floridian's out-of-state gaming spending were brought back to Florida. Many of these industries, such as Retail Trade, Food Services and Drinking Places, and Private Households, are commonly supported by local spending.

Figure 132: Average annual employment by demand source from Floridian out-of-state gaming spending, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	2.822
Intermediate Demand Employment	Thousands (Jobs)	0.488
Local Consumption Demand Employment	Thousands (Jobs)	2.352
Government Demand Employment	Thousands (Jobs)	0.010
Investment Activity Demand Employment	Thousands (Jobs)	0.251
Exports Employment	Thousands (Jobs)	-0.280
Exogenous Industry Sales Employment	Thousands (Jobs)	0.000

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 66 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents direct employment. It can also be interpreted as the direct input we

from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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entered into the model. The average annual direct employment impact is 0 jobs because we did not use any employment policy variables to model this consumption reallocation of Floridian's out-of-state gaming spending. The average annual indirect employment (Intermediate Demand Employment) is 488. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact is 2,334. The sum of the average annual direct, indirect, and induced employment is 2,822.

3. Results –Strong Economic Growth (2012-2060)

Figure 133: Economic and fiscal impacts of pari-mutuel sector, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	6.145
Average Annual Population	Thousands	6.123
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	30.483
Cumulative Personal Income	Billions of Fixed (2012) Dollars	32.138
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Millions of Fixed (2012) Dollars	0.534

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the pari-mutuel sector is projected to support an annual average of 6,145 jobs⁵⁸⁸ in Florida under normal economic growth assumptions. The cumulative GSP is \$30.5 billion and \$32.1 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the pari-mutuel industry between FY 2013 and FY 2060 is \$534 million.

⁵⁸⁸ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 134: Top 12 Florida industries with largest average employment impact from pari-mutuel, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	2.164
Construction (23)	Thousands (Jobs)	0.449
Nursing and residential care facilities (623)	Thousands (Jobs)	0.089
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.079
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.055
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.046
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.040
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.039
Employment services (5613)	Thousands (Jobs)	0.036
Hospitals (622)	Thousands (Jobs)	0.030
Wholesale trade (42)	Thousands (Jobs)	0.029
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.028

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 68 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 135: Average annual employment by demand source from pari-mutuel, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	2.489
Intermediate Demand Employment	Thousands (Jobs)	1.159
Local Consumption Demand Employment	Thousands (Jobs)	-1.519
Government Demand Employment	Thousands (Jobs)	0.402
Investment Activity Demand Employment	Thousands (Jobs)	0.046
Exports Employment	Thousands (Jobs)	-3.048
Exogenous Industry Sales Employment	Thousands (Jobs)	5.449

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 69 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel employment. It can also be interpreted as the direct input we entered into the model. The average annual direct pari-mutuel employment impact is 5,449 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the pari-mutuel sector is 1,159. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the pari-mutuel industry is minus-4,119. The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has

a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector. The sum of the average annual direct, indirect, and induced employment is 2,489.

Figure 136: Economic and fiscal impacts of lottery industry, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	30.207
Average Annual Population	Thousands	36.436
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	303.067
Cumulative Personal Income	Billions of Fixed (2012) Dollars	167.4
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	3.550
Average Annual Government Employment	Thousands (Jobs)	26.632

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the lottery industry is projected to support an annual average of 30,207 jobs⁵⁸⁹ in Florida under normal economic growth assumptions. The cumulative GSP is \$303.1 billion and \$167.4 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the lottery industry between FY 2013 and FY 2060 is \$3.6 billion.

Figure 137: Top 12 Florida industries with largest average employment impact from lottery, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Construction (23)	Thousands (Jobs)	3.217
Services to buildings and dwellings (5617)	Thousands (Jobs)	1.070
Food services and drinking places (722)	Thousands (Jobs)	0.603
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.547
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.497
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.465
Nursing and residential care facilities (623)	Thousands (Jobs)	0.409
Employment services (5613)	Thousands (Jobs)	0.405
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.312
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.270
Waste management and remediation services (562)	Thousands (Jobs)	0.216
Real estate (531)	Thousands (Jobs)	0.213

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 71 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel

⁵⁸⁹ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 138: Average annual employment by demand source from lottery, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	4.191
Intermediate Demand Employment	Thousands (Jobs)	11.525
Local Consumption Demand Employment	Thousands (Jobs)	-8.492
Government Demand Employment	Thousands (Jobs)	2.841
Investment Activity Demand Employment	Thousands (Jobs)	0.138
Exports Employment	Thousands (Jobs)	-2.265
Exogenous Industry Sales Employment	Thousands (Jobs)	0.445

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 72 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct lottery employment impact is 445 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the lottery sector is 11,525. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the lottery industry is minus-7,778. The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector. The sum of the average annual direct, indirect, and induced employment is 4,191.

Figure 139: Economic and fiscal impacts of retail lottery industry, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	75.060
Average Annual Population	Thousands	117.469
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	349.330
Cumulative Personal Income	Billions of Fixed (2012) Dollars	347.93
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.551

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the retail lottery industry is projected to support an annual average of 75,060 jobs⁵⁹⁰ in Florida under normal economic growth assumptions. The cumulative GSP is \$349.3 billion and \$347.9 billion in personal income. The average annual tax

⁵⁹⁰ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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revenues generated from the indirect and induced impacts of the retail lottery industry between FY 2013 and FY 2060 is \$551 million.

Figure 140: Top 12 Florida industries with largest average employment impact from retail lottery, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	41.473
Construction (23)	Thousands (Jobs)	9.160
Food services and drinking places (722)	Thousands (Jobs)	2.111
Computer systems design and related services (5415)	Thousands (Jobs)	2.058
Offices of health practitioners (6211-6213)	Thousands (Jobs)	1.618
Architectural, engineering, and related services (5413)	Thousands (Jobs)	1.433
Nursing and residential care facilities (623)	Thousands (Jobs)	1.362
Hospitals (622)	Thousands (Jobs)	1.132
Wholesale trade (42)	Thousands (Jobs)	1.112
Educational services (61)	Thousands (Jobs)	1.098
Home health care services (6216)	Thousands (Jobs)	0.948
Real estate (531)	Thousands (Jobs)	0.866

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 74 shows the private non-farm industries with largest average annual employment impact. Aside from Retail Trade, which is the direct impact for retail lottery, the rest are the top industries that are reliant on the retail lottery industry in Florida. Some of these, such as Wholesale Trade and Computer Systems Design Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (retail lottery) or indirect jobs.

Figure 141: Average annual employment by demand source from retail lottery, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	74.847
Intermediate Demand Employment	Thousands (Jobs)	9.418
Local Consumption Demand Employment	Thousands (Jobs)	15.671
Government Demand Employment	Thousands (Jobs)	0.070
Investment Activity Demand Employment	Thousands (Jobs)	16.645
Exports Employment	Thousands (Jobs)	-6.055
Exogenous Industry Sales Employment	Thousands (Jobs)	39.099

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 75 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct retail lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct retail lottery employment impact is 39,099 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the retail lottery sector is 9,418. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the retail lottery industry is 26,330. The sum of the average annual direct, indirect, and induced employment is 74,847.

Figure 142: Economic and fiscal impacts of Native American casinos industry, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	7.199
Average Annual Population	Thousands	8.336
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	104.284
Cumulative Personal Income	Billions of Fixed (2012) Dollars	45.846
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.257

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the Native American casinos industry is projected to support an annual average of 7,199 jobs⁵⁹¹ in Florida under normal economic growth assumptions. The cumulative GSP is \$104.3 billion and \$45.8 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the Native American casinos industry between FY 2013 and FY 2060 is \$257 million.

Figure 143: Top 12 Florida industries with largest average employment impact from Native American casinos, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Accommodation (721)	Thousands (Jobs)	9.855
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.503
Construction (23)	Thousands (Jobs)	0.294
Food services and drinking places (722)	Thousands (Jobs)	0.207
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.183
Advertising and related services (5418)	Thousands (Jobs)	0.129
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.119
Employment services (5613)	Thousands (Jobs)	0.105
Management of companies and enterprises (55)	Thousands (Jobs)	0.090
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.076
Waste management and remediation services (562)	Thousands (Jobs)	0.066
Legal services (5411)	Thousands (Jobs)	0.063

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 77 shows the private non-farm industries with largest average annual employment impact. Aside from Accommodation, which is the direct impact for this analysis, the rest are the top industries that are reliant on the Native American casinos industry in Florida. Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (Native American casinos) or indirect jobs.

⁵⁹¹ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

Figure 144: Average annual employment by demand source from Native American casinos, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	4.875
Intermediate Demand Employment	Thousands (Jobs)	3.542
Local Consumption Demand Employment	Thousands (Jobs)	-7.146
Government Demand Employment	Thousands (Jobs)	0.260
Investment Activity Demand Employment	Thousands (Jobs)	-0.177
Exports Employment	Thousands (Jobs)	-2.596
Exogenous Industry Sales Employment	Thousands (Jobs)	10.993

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 78 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The average annual direct Native American casinos employment impact is 10,993 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the gaming sector is 3,542. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the Native American casinos industry is minus-9,660. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos. The sum of the average annual direct, indirect, and induced employment is 4,875.

Figure 145: Economic and fiscal impacts of Floridian out-of-state gaming spending, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	2.655
Average Annual Population	Thousands	4.263
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	14.138
Cumulative Personal Income	Billions of Fixed (2012) Dollars	13.334
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Millions of Fixed (2012) Dollars	24.474

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, if out-of-state gambling dollars by Florida residents were to instead remain in Florida, this spending would support an annual average of 2,655 jobs⁵⁹² in Florida under normal economic growth assumption. The cumulative GSP is \$14.1 billion and

⁵⁹² The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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\$13.3 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the out-of-state gaming spending between FY 2013 and FY 2060 is \$24.5 million.

Figure 146: Top 12 Florida industries with largest average employment impact from Floridian out-of-state gaming spending, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	0.467
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.383
Food services and drinking places (722)	Thousands (Jobs)	0.157
Construction (23)	Thousands (Jobs)	0.145
Private households (814)	Thousands (Jobs)	0.120
Nursing and residential care facilities (623)	Thousands (Jobs)	0.094
Wholesale trade (42)	Thousands (Jobs)	0.094
Hospitals (622)	Thousands (Jobs)	0.088
Real estate (531)	Thousands (Jobs)	0.075
Educational services (61)	Thousands (Jobs)	0.065
Personal care services (8121)	Thousands (Jobs)	0.064
Home health care services (6216)	Thousands (Jobs)	0.062

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 80 shows the private non-farm industries that would have been impacted if Floridian's out-of-state gaming spending were brought back to Florida. Many of these industries, such as Retail Trade, Food Services and Drinking Places, and Private Households, are commonly supported by local spending.

Figure 147: Average annual employment by demand source from Floridian out-of-state gaming spending, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	2.585
Intermediate Demand Employment	Thousands (Jobs)	0.428
Local Consumption Demand Employment	Thousands (Jobs)	2.185
Government Demand Employment	Thousands (Jobs)	0.011
Investment Activity Demand Employment	Thousands (Jobs)	0.224
Exports Employment	Thousands (Jobs)	-0.262
Exogenous Industry Sales Employment	Thousands (Jobs)	0.000

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 81 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents direct employment. It can also be interpreted as the direct input we entered into the model. The average annual direct employment impact is 0 jobs because we did not use any employment policy variables to model this consumption reallocation of Floridian's out-of-state gaming spending. The average annual indirect employment (Intermediate Demand Employment) is 428. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact is 2,157. The sum of the average annual direct, indirect, and induced employment is 2,585.

4. Out-of-State Gambling Spending Contribution

While the previous section evaluates the impacts of total Florida gaming sector as well as the substitution effects of Floridian gambling spending, we carried out another simulation to specifically assess at the contribution of gambling spending from out-of-state (non-Florida residents). For this simulation, we assume 5% of the GGR to the pari-mutuel was from out-of-state, 2% of the GGR to the lottery (excluding retailers) was from out-of-state, and 15% of the GGR to Native American casinos as from out-of-state.

Figure 82: Economic and fiscal impacts from non-resident gambling spending in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	4.289
Population	Thousands	1.053
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	0.404
Personal Income	Billions of Fixed (2012) Dollars	0.191
State Tax Revenues (fiscal year 2013)	Millions of Fixed (2012) Dollars	90.063

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 82 exhibits the total economic and fiscal impacts generated from non-Florida residents gambling spending in 2012. The total non-resident gambling spending supports a total of 4,289 jobs⁵⁹³ in Florida. The associated gross state product (“GSP”) is \$404 million and it generated \$191 million in personal income. The tax revenue generated from the direct, indirect, and induced impacts of the non-resident gambling spending in FY 2013 is \$90.1 million.

Figure83: Top 12 Florida industries with largest employment impact from non-resident gambling spending in 2012

Industry category, with NAICS code	Units	2012
Accommodation (721)	Thousands (Jobs)	1.212
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	0.279
Retail trade (44-45)	Thousands (Jobs)	0.243
Construction (23)	Thousands (Jobs)	0.228
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.162
Food services and drinking places (722)	Thousands (Jobs)	0.152
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.098
Real estate (531)	Thousands (Jobs)	0.087
Wholesale trade (42)	Thousands (Jobs)	0.073
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.068
Employment services (5613)	Thousands (Jobs)	0.047
Private households (814)	Thousands (Jobs)	0.046

Source: Regional Economic Models Inc., Spectrum Gaming Group

⁵⁹³ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 83 shows the private non-farm industries that are dependent on the gaming industry (Accommodation and Amusement, Gambling, Recreation Industries). Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Retail Trade and Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (gaming) or indirect jobs.

Figure 84: Employment by demand source from non-resident gambling spending in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	3.468
Intermediate Demand Employment	Thousands (Jobs)	1.128
Local Consumption Demand Employment	Thousands (Jobs)	0.704
Government Demand Employment	Thousands (Jobs)	0.093
Investment Activity Demand Employment	Thousands (Jobs)	0.120
Exports Employment	Thousands (Jobs)	-0.070
Exogenous Industry Sales Employment	Thousands (Jobs)	1.492

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 84 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel, lottery, and Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The direct employment impact is 1,492 jobs in 2012, and the indirect employment (Intermediate Demand Employment) supported by non-resident gambling spending is 1,128. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the non-resident gambling spending is 847. The sum of the direct, indirect, and induced employment is 3,468.

Figure 85: Economic and fiscal impacts from non-resident gambling spending, 2012-2060

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	5.288
Average Annual Population	Thousands	7.609
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	36.181
Cumulative Personal Income	Billions of Fixed (2012) Dollars	49.031
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.294

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the total non-Florida residents gambling spending support an annual average of 5,288 jobs⁵⁹⁴ in Florida. The cumulative GSP is \$36.2 billion and \$49 billion

⁵⁹⁴ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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in personal income. The average annual tax revenue generated from the direct, indirect, and induced impacts of between FY 2013 and 2060 is \$294 million.

Figure 86: Top 12 Florida industries with largest employment impact from non-resident gambling spending, 2012-2060

Industry category, with NAICS code	Units	2012-2060
Accommodation (721)	Thousands (Jobs)	1.563
Construction (23)	Thousands (Jobs)	0.307
Retail trade (44-45)	Thousands (Jobs)	0.264
Food services and drinking places (722)	Thousands (Jobs)	0.229
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.177
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.167
Nursing and residential care facilities (623)	Thousands (Jobs)	0.107
Wholesale trade (42)	Thousands (Jobs)	0.084
Hospitals (622)	Thousands (Jobs)	0.079
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.074
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.074
Real estate (531)	Thousands (Jobs)	0.073

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 86 shows the private non-farm industries that are dependent on the gaming industry (Accommodation and Amusement, Gambling, Recreation Industries). Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Retail Trade and Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (gaming) or indirect jobs.

Figure 87: Employment by demand source from non-resident gambling spending, 2012-2060

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	4.164
Intermediate Demand Employment	Thousands (Jobs)	1.395
Local Consumption Demand Employment	Thousands (Jobs)	1.196
Government Demand Employment	Thousands (Jobs)	0.126
Investment Activity Demand Employment	Thousands (Jobs)	0.249
Exports Employment	Thousands (Jobs)	-0.695
Exogenous Industry Sales Employment	Thousands (Jobs)	1.893

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 87 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel, lottery, and Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The average annual direct employment impact is 1,893 job, and the average annual indirect employment (Intermediate Demand Employment) supported by non-resident gambling

spending is 1,395. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the non-resident gambling spending is 876. The sum of the direct, indirect, and induced employment is 4,164.

5. Hialeah Park Construction Impacts, 2011-2013

Similar to the previous section, we modeled the construction of Hialeah Park separately from the gambling industry assessment. Instead of modeling the impact of construction for only 2012, however, we modeled the construction activity in its entirety, starting in 2011 and ending in 2013, under the assumption that the construction duration is 24 months starting in summer of 2011. The total cost of construction for Hialeah Park is \$63,360,000 with an annual employment of 210.

Figure 148: Economic and fiscal impacts of Hialeah Park construction, 2011-2013

Summary	Units	2011-2013
Average Annual Employment	Jobs	248
Average Annual Population	Individuals	107
Cumulative Gross State Product	Millions of Fixed (2012) Dollars	60.730
Cumulative Personal Income	Millions of Fixed (2012) Dollars	38.513
Cumulative State Tax Revenues (fiscal year 2013 to 2014)	Millions of Fixed (2012) Dollars	1.445

Source: Regional Economic Models Inc., Spectrum Gaming Group

The construction activity from 2011 to 2013 generates an annual average of 248 jobs, a total of \$60.7 million in GSP, and \$38.5 million in personal income in Florida. It also induces \$1.45 million in state tax revenue from FY 2013 to FY 2014.

D. Conclusion

This analysis examines the gambling industry and its economic and fiscal contribution to Florida. The first part of the REMI economic impact analysis (“Assessing the Florida’s Existing Economic Base, Now and Future”) illustrates that although the various gambling subsectors (racinos/pari-mutuels, lottery, and Native American casinos) account for only a fraction of employment and wages within its respective aggregate sector, they are highly productive industries and generate a considerable amount of direct economic output to Florida.

In addition, the gaming industry has consistently brought it revenue for the state of Florida historically, below is tax collection information from FY 2000:

Figure 83: FY 2000 to FY 2012 tax revenue by gaming sectors

	Units	FY 00	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06
Indian Gaming	Millions of Current Dollars	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pari-mutuel Fees, Licenses,	Millions of Current Dollars	57.5	34.7	35.1	32.4	32.1	32.0	33.6

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	Units	FY 00	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06
Taxes Total								
Slot Machine Total	Millions of Current Dollars	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lottery Total	Millions of Current Dollars	1,159.5	1,157.3	1,181.0	1,327.6	1,361.9	1,393.4	1,639.3
	Units	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12
Indian Gaming	Millions of Current Dollars	0.0	0.0	0.0	0.0	287.5	140.4	150.0
Pari-mutuel Fees, Licenses, Taxes Total	Millions of Current Dollars	33.6	33.9	33.8	29.2	26.6	26.0	26.9
Slot Machine Total	Millions of Current Dollars	0.0	61.6	132.3	114.0	153.0	149.4	156.5
Lottery Total	Millions of Current Dollars	1,639.3	1,681.0	1,602.5	1,590.8	1,550.7	1,506.9	1,671.3

The second section (“Discussion of Components of Economic and Fiscal Impacts”) examines the total economic and fiscal impacts of the gambling industry by subsectors in 2012. The results show that there are, or would be:

- Racinos/Pari-mutuels:
 - 4,953 direct racinos/pari-mutuels jobs in 2012.
 - These direct jobs support an additional 1,062 indirect jobs.
 - The induced jobs impact is minus-1,399; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities from racinos/pari-mutuels generated \$194 million in tax revenue for Florida.
- Lottery:
 - 394 direct lottery jobs in 2012.
 - These direct jobs support an additional 8,277 indirect jobs.
 - The induced jobs impact is minus-14,960; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Households have a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery.
 - The total economic activities from the lottery generated \$1.9 billion in tax revenue for Florida.
- Retail Lottery:
 - 39,900 direct retail lottery jobs in 2012.

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- These direct jobs support an additional 4,206 indirect jobs and 14,042 induced jobs
- The total economic activities from the retail lottery generated \$124 million in tax revenue for Florida.
- Native American Casinos:
 - 10,387 direct Native American casinos jobs in 2012.
 - These direct jobs support an additional 3,646 indirect jobs.
 - The induced jobs impact is minus-7,506; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos.
 - The total economic activities from the Native American casinos generated \$238 million in tax revenue for Florida.
- Floridian Out-of-State Gaming
 - No direct employment because we did not use an employment variable to model the reallocation of the gaming spending.
 - 693 indirect jobs and 3,143 induced jobs.
 - The total economic activities from the out-of-state gaming spending generated \$15.4 million in tax revenue for Florida.

The third section (“Assessment of Economic, Fiscal Impacts Over Time”) evaluates the total economic and fiscal impacts of the gambling industry by subsectors over between 2012 and 2060 under three different economic growth assumptions. Under normal economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,268 indirect jobs.
 - The average annual induced jobs impact is minus-3,611; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.

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- The total economic activities generated an annual average \$561 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 12,510 indirect jobs.
 - The average annual induced jobs impact is minus-4,151; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector.
 - The total economic activities generated \$3.7 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 9,775 indirect jobs and 27,674 induced jobs.
 - The total economic activities generated an annual average \$590 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 3,952 indirect jobs.
 - The average annual induced jobs impact is minus-8,852; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$280 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:

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- No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
- An average annual of 455 indirect jobs and 2,239 induced jobs.
- The total economic activities generated an annual average \$27.1 million in tax revenue for Florida between 2012 and 2060.

Under slower economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,397 indirect jobs.
 - The average annual induced jobs impact is minus-3,030; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities generated an annual average \$544 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 13,645 indirect jobs and 147 induced jobs.
 - The total economic activities generated an annual average \$3.5 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 10,148 indirect jobs and 29,918 induced jobs.
 - The total economic activities generated an annual average \$581 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.

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- The direct jobs support an additional average annual of 4,429 indirect jobs.
- The average annual induced jobs impact is minus-7,918; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
- The total economic activities generated an annual average \$283 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 488 indirect jobs and 2,334 induced jobs.
 - The total economic activities generated \$28.6 billion in tax revenue for Florida between 2012 and 2060.

Under stronger economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,159 indirect jobs.
 - The average annual induced jobs impact is minus-4,119; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities generated an annual average \$534 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 11,525 indirect jobs.

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- The average annual induced jobs impact is minus-7,778; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector.
- The total economic activities generated an annual average \$3.6 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 9,418 indirect jobs and 26,330 induced jobs.
 - The total economic activities generated an annual average \$551 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 3,542 indirect jobs.
 - The average annual induced jobs impact is minus-9,660; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$257 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 428 indirect jobs and 2,157 induced jobs.
 - The total economic activities generated \$24.5 million in tax revenue for Florida between 2012 and 2060.
 -

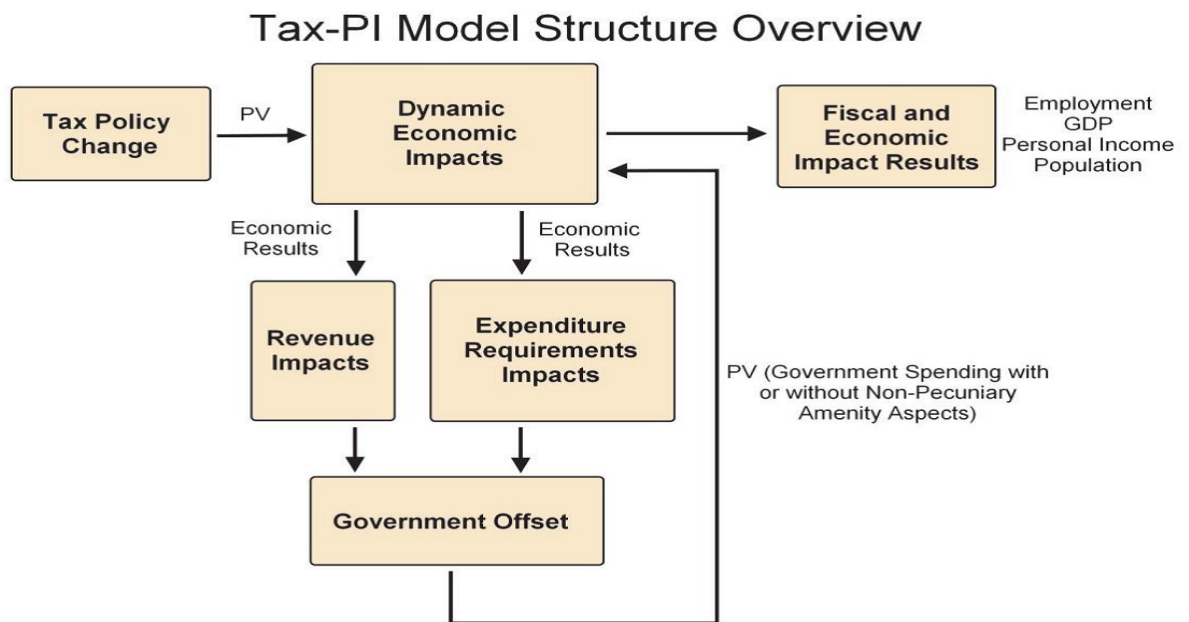
E. Appendix

Tax-PI is a new tool for evaluating the total fiscal and economic effects of tax policy changes. Tax-PI is based on over 30 years of experience in modeling the economic effects of tax policy changes. As states begin to demand better methods for estimating the economic and fiscal impacts of alternative tax scenarios, they look to experts to respond with sophisticated, flexible and relevant tools that can meet their needs.

Tax-PI is a dynamic fiscal and economic impact model that captures the direct, indirect and induced fiscal and economic effects of taxation and other policy changes over multiple years (up to 2060). It can model the complete dynamic economic and demographic impacts of any manner of tax policy change. States need to thoroughly evaluate both the short- and long-term effects of any tax changes in order to best serve the needs of the people. Tax-PI allows state agencies to do this with a model backed by years of dependability and experience. Highlights include

- Budget Editor: Customizable table that users calibrate to reflect actual or projected revenue and expenditure details for the current, past or future fiscal years.
- Taxes: Dynamic capability to adjust state-specific tax revenues. Users assign tax-specific variables to each of the custom revenue categories in order to track the fiscal effects of policy changes along with the economic effects. There is also a built-in feedback mechanism that automatically feeds revenue impacts back into the model to account for price and disposable income changes, therefore adjusting government spending accordingly.

Figure 149: Tax-PI Structure



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As Figure 1 shows, the methodology of Tax-PI revolves around the estimation of dynamic economic impacts. These impacts serve as the basis for the estimation of budgetary changes through the calibration done by REMI's economists and clients. For this analysis, REMI used a budget calibrated by Tax-PI users at the Office of Economic and Demographic Research. Prior to running simulations, the newest available year of revenue data is used to calibrate the budget. Each category is individually entered into Tax-PI. Then each revenue source is assigned an economic driver from the dynamic impact model that will form the basis of future estimates of the amount of revenue gained from that particular source. For example, the amount of sales tax revenue collected is connected to the amount of consumption in taxable categories in the state in that year as given by Tax-PI's baseline economic and demographic forecast. Using these two pieces of information (collections and driver), Tax-PI creates a quantified relationship between the two that can then predict changes in the future. A similar process is carried out for each revenue source. In Florida, the expenditures are mapped to specific revenue categories so the amount of government spending is tied to the availability of applicable revenues.

1. Detailed Model Methodology

Tax-PI is a structural economic forecasting and policy analysis model. It integrates input-output, computable general equilibrium, econometric and economic geography methodologies. The model is dynamic, with forecasts and simulations generated on an annual basis and behavioral responses to compensation, price, and other economic factors.

The model consists of thousands of simultaneous equations with a structure that is relatively straightforward. The exact number of equations used varies depending on the extent of industry, demographic, demand, and other detail in the specific model being used. The overall structure of the model can be summarized in five major blocks: (1) Output and Demand, (2) Labor and Capital Demand, (3) Population and Labor Supply, (4) Compensation, Prices, and Costs, and (5) Market Shares. The blocks and their key interactions are shown in Figures 2 and 3.

Figure 150: Model Linkages

REMI Model Linkages (Excluding Economic Geography Linkages)

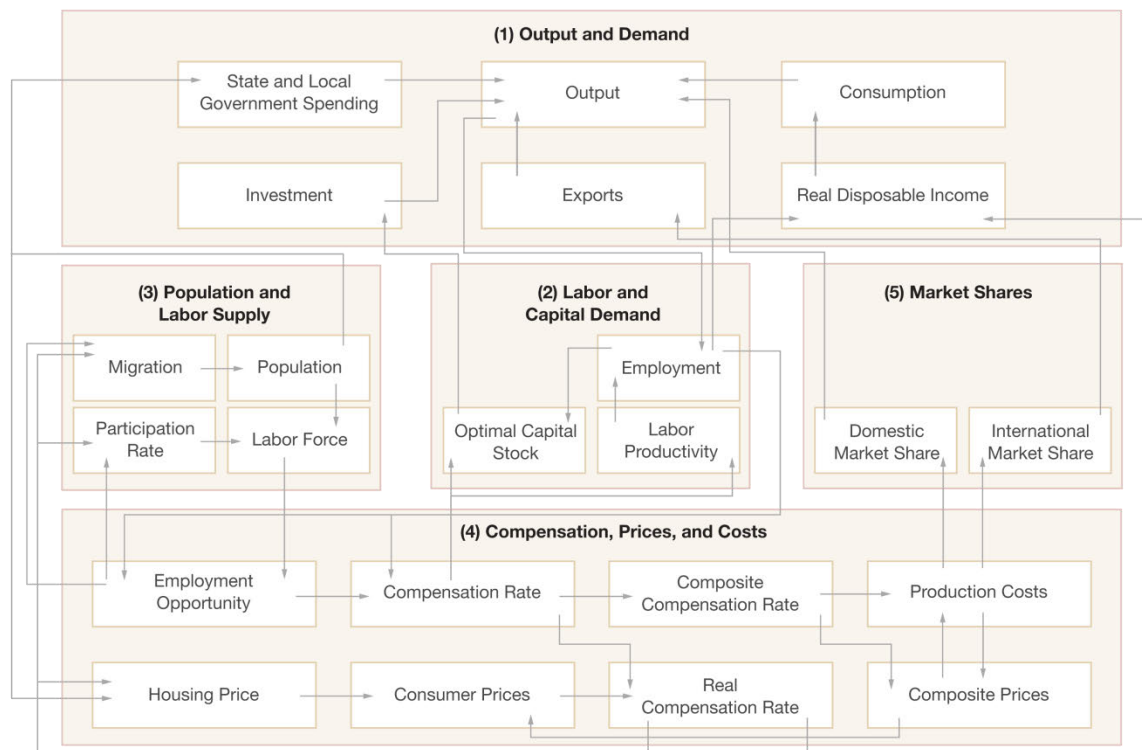
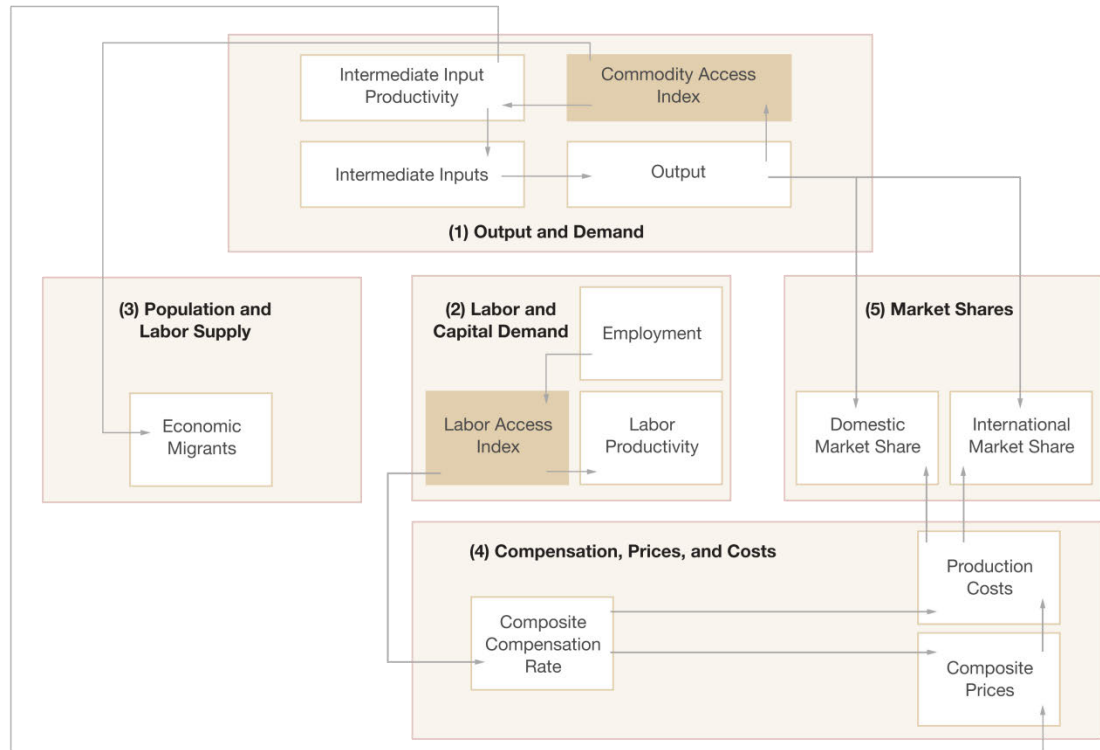


Figure 151: Economic Geography Linkages

Economic Geography Linkages



The Output and Demand block consists of output, demand, consumption, investment, government spending, exports, and imports, as well as feedback from output change due to the change in the productivity of intermediate inputs. The Labor and Capital Demand block includes labor intensity and productivity as well as demand for labor and capital. Labor force participation rate and migration equations are in the Population and Labor Supply block. The Compensation, Prices, and Costs block includes composite prices, determinants of production costs, the consumption price deflator, housing prices, and the compensation equations. The proportion of local, inter-regional, and export markets captured by each region is included in the Market Shares block.

Single-region models consist of an individual region, called the home region. The rest of the nation is also represented in the model. However, since the home region is only a small part of the total nation, the changes in the region do not have an endogenous effect on the variables in the rest of the nation.

A. Block 1. Output and Demand

This block includes output, demand, consumption, investment, government spending, import, commodity access, and export concepts. Output for each industry in the home region is determined by industry demand in all regions in the nation, the home region's share of each market, and international exports from the region.

For each industry, demand is determined by the amount of output, consumption, investment, and capital demand on that industry. Consumption depends on real disposable income per capita, relative prices, differential income elasticities, and population. Input productivity depends on access to inputs because a larger choice set of inputs means it is more likely that the input with the specific characteristics required for the job will be found. In the capital stock adjustment process, investment occurs to fill the difference between optimal and actual capital stock for residential, non-residential, and equipment investment. Government spending changes are determined by changes in the population.

B. Block 2. Labor and Capital Demand

The Labor and Capital Demand block includes the determination of labor productivity, labor intensity, and the optimal capital stocks. Industry-specific labor productivity depends on the availability of workers with differentiated skills for the occupations used in each industry. The occupational labor supply and commuting costs determine firms' access to a specialized labor force.

Labor intensity is determined by the cost of labor relative to the other factor inputs, capital and fuel. Demand for capital is driven by the optimal capital stock equation for both non-residential capital and equipment. Optimal capital stock for each industry depends on the relative cost of labor and capital, and the employment weighted by capital use for each industry. Employment in private industries is determined by the value added and employment per unit of value added in each industry.

C. Block 3. Population and Labor Supply

The Population and Labor Supply block includes detailed demographic information about the region. Population data is given for age, gender, and race, with birth and survival rates for each group. The size and labor force participation rate of each group determines the labor supply. These participation rates respond to changes in employment relative to the potential labor force and to changes in the real after-tax compensation rate. Migration includes retirement, military, international, and economic migration. Economic migration is determined by the relative real after-tax compensation rate, relative employment opportunity, and consumer access to variety.

D. Block 4. Compensation, Prices and Costs

This block includes delivered prices, production costs, equipment cost, the consumption deflator, consumer prices, the price of housing, and the compensation equation. Economic geography concepts account for the productivity and price effects of access to specialized labor, goods, and services.

These prices measure the price of the industry output, taking into account the access to production locations. This access is important due to the specialization of production that takes place within each industry, and because transportation and transaction costs of distance are significant. Composite prices for each industry are then calculated based on the production costs of supplying regions, the effective distance to these regions, and the index of access to the variety of outputs in the industry relative to the access by other uses of the product.

The cost of production for each industry is determined by the cost of labor, capital, fuel, and intermediate inputs. Labor costs reflect a productivity adjustment to account for access to specialized labor, as well as underlying compensation rates. Capital costs include costs of non-residential structures and equipment, while fuel costs incorporate electricity, natural gas, and residual fuels.

The consumption deflator converts industry prices to prices for consumption commodities. For potential migrants, the consumer price is additionally calculated to include housing prices. Housing prices change from their initial level depending on changes in income and population density.

Compensation changes are due to changes in labor demand and supply conditions and changes in the national compensation rate. Changes in employment opportunities relative to the labor force and occupational demand change determine compensation rates by industry.

E. Block 5. Market Shares

The market shares equations measure the proportion of local and export markets that are captured by each industry. These depend on relative production costs, the estimated price elasticity of demand, and the effective distance between the home region and each of the other regions. The change in share of a specific area in any region depends on changes in its delivered price and the quantity it produces compared with the same factors for competitors in that market. The share of local and external markets then drives the exports from and imports to the home economy.

About This Report

This report was prepared by Spectrum Gaming Group, an independent research and professional services firm founded in 1993 that serves private- and public-sector clients worldwide. Our professionals have backgrounds regulation, economic and financial analysis, law enforcement, gaming operations, market research and journalism.

Spectrum neither supports nor opposes legalized gambling or the expansion of it. Neither the company nor its employees hold a beneficial interest in any casino operating companies or gaming equipment manufacturers or suppliers. We employ only senior-level executives and associates who have earned reputations for honesty, integrity and the highest standards of professional conduct. Our work is never influenced by the interests of past or potentially future clients.

Each Spectrum project is customized to our client's specific requirements and developed from the ground up. Our findings and conclusions are based solely on our research, analysis and experience. Our mandate is not to tell clients what they want to hear; we tell them what they need to know. We will not accept, and have never accepted, engagements that seek a preferred result.

Spectrum's public-sector clients have included agencies or branches for 14 US state or territory governments and several international government agencies. Our private-sector clients have included most major casino companies, as well as investment firms, developers, law firms and architects. Our past clients in Florida, which have been disclosed to the Legislature in connection with this engagement, include Genting, Hialeah Park, the Seminole Tribe of Florida, and Sunrise Sports & Entertainment.

Spectrum executives have testified before the following government bodies:

- Georgia Joint Committee on Economic Development and Tourism
- Illinois Gaming Board
- Indiana Horse Racing Commission
- Indiana Gaming Study Commission
- International Tribunal, The Hague
- Massachusetts Gaming Commission
- Massachusetts Joint Committee on Bonding, Capital Expenditures, and State Assets
- New Hampshire Gaming Study Commission
- National Gambling Impact Study Commission
- New Jersey Assembly Tourism and Gaming Committee
- New Jersey Senate Legislative Oversight Committee
- New Jersey Senate Wagering, Tourism & Historic Preservation Committee
- Ohio Casino Control Commission

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- Ohio House Economic Development Committee
- Ohio Senate Oversight Committee
- Pennsylvania Gaming Control Board
- US House Congressional Gaming Caucus
- US Senate Indian Affairs Committee
- US Senate Select Committee on Indian Gaming
- US Senate Subcommittee on Organized Crime

Disclaimer

Spectrum has made every reasonable effort to ensure that the data and information in this study reflect the most accurate and timely information possible. The data are believed to be generally reliable. This study is based on estimates, assumptions, and other information developed by Spectrum from its independent research efforts, general knowledge of the gaming industry, and secondary research. Spectrum shall not be responsible for any inaccuracies in reporting by the Client or its agents and representatives, or any other data source used in preparing or presenting this study. The data presented in this study were collected through the cover date of this report. Spectrum has not undertaken any effort to update this information since this time.

Some significant factors that are unquantifiable and unpredictable – including, but not limited to, economic, governmental, managerial and regulatory changes; and acts of nature – are qualitative by nature, and cannot be readily used in any quantitative projections.

No warranty or representation is made by Spectrum that any of the projected values or results contained in this study will actually be achieved. We shall not be responsible for any deviations in the project's actual performance from any predictions, estimates, or conclusions contained in this study.

This study is qualified in its entirety by, and should be considered in light of, these limitations, conditions and considerations.

Appendix: Research Interviews

Spectrum Gaming Group staff and associates have interviewed the following through June 28, 2013, as part of our research for the Florida Gaming Study. The interviews were conducted in person, by telephone and/or by email. The purpose of some of the interviews may have been primarily for Part 1-B or Part II, which are being submitted to the State on or before October 1, 2013.

Last	First	Affiliation	Title	Date
Acosta	David	Ohio Casino Control Commission	Director of Licensing	May 20, 2013
Adams	Maureen	Calder Casino & Race Course	Senior Director of Finance	May 2, 2013
Adkins	Dan	Mardi Gras Casino	COO	May 1, 9, 2013
Allen	James	Seminole Gaming	CEO	May 1, 2013
Appleton	Doreen	Pennsylvania Gaming Control Board	Special Assistant, Communications	May 20, 2013
Barnes	Connie	Florida Lottery	Director of Communications	May 17, 2013
Bartek	David	Loews Hotels at Universal Orlando	Area Managing Director	May 29, 2013
Biegalski	Leon	Division of Pari-Mutuel Wagering	Director	May 8, May 22, 2012
Bissett	William	Daytona Greyhound Track	Adviser	May 23, 2013
Brower	Chaz	Hamilton Jai Alai and Poker	Jai Alai player	May 10, 2013
Brunetti	John	Hialeah Park	Chairman of the Board	May 9, 2013
Brunetti	John	Hialeah Race Track Casino	President	June 4, 2013
Calabro	Steve	Hialeah Park	Vice President, General Manager Gaming	May 9, 2013
Carbone	Noah	Palm Beach Kennel Club	Cardroom Manager	May 15, 2013
Carroll	Sarrah	Florida Sheriff's Association	Assistant Executive Director of Operations	May 23, 2013
Cebbalos	Orlando	Link Construction	Project Manager	May 21, 2013
Cliburn	Tom	Hialeah Race Track Casino	Comptroller	June 4, 2013
Collett	William	Casino Miami Jai Alai	President & CEO	May 2, 2013
Combest	Phil	Florida Horsemen's Benevolent & Protective Association	President	May 2, 2013
Connors	Brian	Massachusetts Gaming Commission	Detective Lieutenant	June 14, 2013
Conroy	Dennis	<i>Bingo Bugle Magazine</i>	Publisher	May 19, 2013
Cory	Jack	Florida Greyhound Association	Lobbyist	May 10, 2013
Couch	Michael	Gulfstream Race Course	Gaming Director	May 12, 2013
Cox	Wesley	North Florida Horsemen's Association	Chairman	May 12, 2013
Davis	Tama	Ohio Casino Control Commission	Director of Communications	June 17, 2013
Deluca	Mike	Mardi Gras Casino	Slot Director	May 9, 2013
Dissinger	Donald	Ewing Cole Architect	Senior Vice President	May 20-28, 2013
Dissinger	Donald	Hialeah Race Track Casino	Adviser (Architect)	June 4, 2013
Dunbar	Marc	Jones Walker	Partner	May 2, 2013
Fisch	Steve	Florida Quarter Horse Breeders' and Owners Association	President	May 13, 2013
Fontaine	Gale	Florida Arcade and Bingo Association	President	May 21, 2013

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Last	First	Affiliation	Title	Date
Forrest	Mat	Palm Beach Kennel Club	Adviser	May 15, 2013
Fowler	Pat	Florida Council on Compulsive Gambling	Exec. Dir.	May 24, 2013
Giery	Adam	Florida Chamber of Commerce	Director of Talent, Education and Quality of Life	May 23, 2013
Glenn	Michael	Palm Beach Kennel Club	General Manager	May 15, 2013
Harbach	Doug	Pennsylvania Gaming Control Board	Director of Communications	May 21, 2013
Harris	Glenda	4 Star Bingo	Owner/Operator	May 22, 2013
Havenick	Alexander	Magic City Casino	VP, Operations and Legal	May 8, 2013
Havenick	Isadore	Magic City Casino	VP, Director of Governmental Affairs	April 26, 2013
Hellkamp	Erin	Central Florida Hotel & Lodging Association	Public Policy Director	May 29, 2013
Heneghan	Dan	New Jersey Casino Control Commission	Public Information Officer	May 20, 2013
Hogenmuller	John	Florida Prosecuting Attorneys Association	Executive Director	May 20, 2013
Hudson	Ian	Iowa Racing and Gaming Commission	Executive Office	May 21, 2013
Huscroft	Sonya	VKGS LLC, d/b/a Video King	Director of Compliance	May 22, 2013
Jenkins	Ed	Seminole Tribal Gaming Comm	Director of Compliance and Regulations	May 20, 2013
Jonas	Dave	Phoenix Gaming & Entertainment	President	May 2, 2013
Jones	Carol	Iowa Racing and Gaming	Director of Operations	June 17, 2013
Keith	Kocher	Kansas Lottery	Director of Gaming Facilities	May 20, 2013
Lawson	Kent	Department of Business & Professional Regulation	Secretary	April 30, 2013
Letson	Laura	Florida Council on Compulsive Gambling	Corporate Consultant	May 8, 13, 24, 2013
Licciardi	Daniel	Casino Miami Jai Alai	Chief Operating Officer	May 2, 2013
Love	Joe	Palm Beach Kennel Club	Director of Governmental Affairs	May 14, 15, 2013
Lupfer	Bill	Florida Attractions Association	President	May 23, 2013
Maladecki	Rich	Central Florida Hotel & Lodging Association	President/CEO	May 29, 2013
Manley	Mike	Florida Lottery	Director of Legislative Affairs	May 22, 2013
Martin	Jim	Florida Department of Law Enforcement	Attorney	June 17, 2013
Martinez	Felix	Link Construction	Chief Estimator	May 21, 2013
May	Steve	Association of Racing Commissioners International	Vice-President	May 29, 2013
McGarvey	Richard	Pennsylvania Gaming Control Board	Public Information Officer	June 14, 2013
McGee	Gene	Jacksonville Greyhound Racing Inc.	Adviser	May 30, 2013
McGregor	James	The Southern Economist LLC	Principal	May 20, 2013
McIntosh	Jeff	VKGS LLC d/b/a Video King	General Manager	May 22, 2013
McReynolds	John	Universal Parks & Resorts	Sr. Vice President of External Affairs	May 29, 2013
Mickell	Bill	Kansas Racing and Gaming Commission	Public Information Officer	May 20, 2013
Miskell	Bill	Kansas Racing and Gaming Commission	Public Information Officer	June 17, 2013
Mitchell	Donn	Isle of Capri	Sr. Vice President	May 28, 2013
Ossip	Alon	Stronach Group	CEO	May 2, 2013
Peeples	Jack	Hialeah Park Casino	General Counsel	May 9, 2013
Pennachio	Joseph	Florida Standardbred Breeder's &	President	April 25, 2013

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Last	First	Affiliation	Title	Date
		Owner's Association		
Peoples	Jack	Hialeah Race Track Casino	Adviser	June 4, 2013
Pierce	Jennifer	Florida Horsemen's Benevolent and Protective Association	Adviser	May 12, 2013
Pottinga	Jetse	Melia Hotels	General Manager	May 29, 2013
Powell	Lonnnie	Florida Thoroughbred Breeders' and Owners' Association	CEO	May 10, 2013
Quilty	Jim	Iowa Greyhound Owners' Association	Lawyer	May 13, 2013
Reside	Catherine	Mardi Gras Casino	Chief Operating Executive	May 9, 2013
Richards	Glenn	Hamilton Jai Alai and Poker	General Manager	May 9, 2013
Ridge	Doug	Orlando World Center Marriott Resort & Convention Center	General Manager	May 29, 2013
Ritvo	Tim	Stronach Group	Chief Operating Officer	May 2, 2013
Robinson	Mary Ann	Mardi Gras Casino	Chief Financial Officer	May 9, 2013
Sargent	Thea	Disney's Contemporary Resort	General Manager	May 29, 2013
Savin	Scott	Magic City Casino	CFO	April 26, May 8, 2013
Schmitzer	Miriam	Florida Lottery	Executive Assistant to the Secretary	May 23, 2013
Searcy	Brenda	Bingo at Four Corners	General Manager	May 21, 2013
Shelton	Jamie	Jacksonville Greyhound Racing Inc.	CFO	May 30, 2013
Shore	Jim	Seminole Tribe	General Counsel	May 1, 2013
Smokey	Sharon	Walt Disney Parks and Resorts U.S.	Government Relations Manager	May 29, 2013
Sowinski	John	No Casinos, Inc.	President	May 29, 2013
Spengler	Lisa	New Jersey Division of Gaming Enforcement	Public Information Officer	June 14, 2013
Stewart	Tim	VKGS LLC d/b/a Video King	President/CEO	May 22, 2013
Stirling	Kent	Florida Horsemen's Benevolent and Protective Association	Executive Director	May 2, 11, 2013
Tanner	Michael	US Trotting Association	Executive Director	May 24, 2013
Testa	Dan	Hialeah Park	Construction & Design	May 20, 2013
Theil	Carey	Grey2 K USA	Executive Director	May 17, 2013
Thomas	Chris	Bingo Magic of Lake Worth	Owner/Operator	May 21, 2013
Ventura	Tom	Ocala Breeders' Sales Company	President	May 20, 2013
Verghese	Sam	Department of Business & Professional Regulation	Legislative Affairs Director	April 30, 2013
Vincent	Jackie	Maryland Lottery and Gaming Control Agency	Chief of Staff	June 17, 2013
Warfield	Cindy	VKGS LLC d/b/a Video King	General Manager	May 22, 2013
Wolf	Michael	Florida Arcade and Bingo Association	General Counsel	May 21, 2013
Woodburn	Jeffrey	Executive Office of the Governor	Deputy Policy Director	May 5-28, 2013
Wyre	Rob	Isle Casino Racing Pompano Park	General Manager	May 1, 13, 2013

Source: Spectrum Gaming Group

From: [Gibson, Ben](#)
To: [Antonacci, Peter](#)
Subject: FW: Spectrum Report
Date: Monday, July 01, 2013 3:00:26 PM
Attachments: [Spectrum Gaming Group Report for State of Florida Part 1-A Draft.pdf](#)

Draft of Part 1

From: Woodburn, Jeff [<mailto:Jeff.Woodburn@LASPBS.STATE.FL.US>]
Sent: Monday, July 01, 2013 12:10 PM
To: Gibson, Ben
Subject: FW: Spectrum Report

From: GUTHRIE.JOHN [<mailto:GUTHRIE.JOHN@flsenate.gov>]
Sent: Monday, July 01, 2013 8:47 AM
To: Woodburn, Jeff
Cc: Nordby, Daniel; LEVESQUE.GEORGE
Subject: RE: Spectrum Report

Dear Jeff:

The email thread below refers to the SECOND DRAFT that was provided to Mary Ellen Klas. A copy of the SECOND DRAFT is attached.

The final version will include many changes. We expect to receive a copy sometime today and to post it at [Gaming Study webpage](#) as soon as it is delivered.

Sincerely,

John Guthrie

(850) 487-5811

From: Woodburn, Jeff [<mailto:Jeff.Woodburn@LASPBS.STATE.FL.US>]
Sent: Monday, July 01, 2013 8:30 AM
To: GUTHRIE.JOHN
Subject: Spectrum Report

John,

Would it be possible to forward me a copy of the first part of the Spectrum gaming study.

Thanks,

Jeff

Jeffrey S. Woodburn

Deputy Policy Director

Executive Office of the Governor

Office of Policy and Budget

www.flgov.com

Office: (850) 717-9510

jeff.woodburn@laspbs.state.fl.us

@itsWorkingFL



From: GUTHRIE.JOHN
Sent: Thursday, June 27, 2013 4:34 PM

To: PERSAK.LAQUISHA; Duffy, Ryan; BETTA.KATHERINE

Subject: RE: Request for Spectrum draft

The attached DRAFT report was sent to Dan Nordby and me Wednesday, June 26, 2013 at 6:52 PM.

We are on schedule to publish the "Part I.A." report on the [Gaming Study webpage](#) Monday, July 1.

The DRAFT is not the final version. It will be revised.

John Guthrie

(850) 487-5811

From: PERSAK.LAQUISHA

Sent: Thursday, June 27, 2013 4:23 PM

To: GUTHRIE.JOHN

Subject: FW: Request for Spectrum draft

From: Mary Ellen Klas [<mailto:meklas@miamiherald.com>]

Sent: Thursday, June 27, 2013 2:37 PM

To: Katie Betta; Ryan Duffy; PERSAK.LAQUISHA

Subject: Request for Spectrum draft

Katie, Ryan and LaQuisha --

Please provide me with an electronic copy of the draft report to the Legislature from Spectrum

Gaming Group related to the following: [Part I.A. Assessment of the Florida gaming industry and its economic effects](#)

Since your staff is in receipt of this draft, it should be possible to forward me a copy by the end of the day today. I do not plan to post or publish the report, but will refer to it generally for a story on the gaming industry for the weekend. I plan to write about the report only when the final draft is submitted on July 1.

Thank you,

~ Mary Ellen

--

Mary Ellen Klas

Herald/Times Tallahassee Bureau

Miami Herald Bureau Chief

cell: 850-524-4488

office: 850-222-3095

meklas@MiamiHerald.com

Twitter: @MaryEllenKlas



Spectrum Gaming Group

Experience. Integrity. Independence.

GAMBLING IMPACT STUDY:

Part 1, Section A: Assessment of the Florida Gaming Industry and its Economic Effects

Prepared for the State of Florida Legislature

June 26, 2013



1201 New Road, Suite 308
Linwood, NJ 08221 USA
Tel: 609.926.5100
www.spectrumgaming.com

Executive Summary

Introduction

The Florida Legislature commissioned Spectrum Gaming Group to undertake a three-party study of legalized gambling, focusing on its economic effects (including the social costs). This report, the first in the series, is divided into two primary parts:

- The first provides overviews of many aspects of gambling generally, both nationally and as they pertain to Florida (as relevant). Because this part consists of summaries existing data and research, we have not attempted to summarize the content in this Executive Summary.
- The second provides the economic impacts of Florida's existing gambling industry as it stands now – including the Florida Lottery, the pari-mutuel industry including slot machines and cardrooms, and Indian casinos. We provide the key performance data by sector and, working in concert with project partner Regional Economic Models Inc. ("REMI"), we provide the economic and fiscal impacts of these gambling sectors. The key findings are provided below in this Executive Summary.

This report is the product of a far-reaching scope of research and analysis. In many respects, it is a collection of several reports. We have provided a detailed Table of Contents that allows readers to easily find the topics of greatest interest to them.

While reading this report, it is important that readers understand the Legislature's instructions:

- Spectrum will not make recommendations in any of its reports. The Legislature commissioned Spectrum to undertake an economic and academic study for the purpose of educating the state's policymakers and other stakeholders so that they may make enlightened decisions regarding the future of gambling in their state.
- This is the first of three reports due to the Legislature. The two additional reports will be delivered by Spectrum on or before October 1, 2013, are as follows: Part 1, Section B: *Assessment of potential changes and economic effects*; and Part 2: *Statistical relationships between gaming and economic variables for communities*.
- It is also important to note that Spectrum was tasked with analyzing the social costs of associated with gambling in the second report. While this initial report provides a discussion of the many social costs of gambling, in Part 1B, as part of our next report, we will determine the costs as they relate to expanded gambling in Florida.

Key Gambling Sector Findings

First, we review the key performance data for each of Florida's three primary gambling sectors – pari-mutuel (including the subsectors of slots, cardrooms and pari-mutuel wagering) lottery, and Indian casinos.

Pari-Mutuel

Three distinct types of gambling take place under the umbrella of Florida's pari-mutuel industry, only one of which actually involves pari-mutuel wagering. Because state-regulated slot machines and cardrooms must be coupled with a pari-mutuel license, these activities are offered only at racetracks and jai alai frontons. All three types of gambling are regulated by the Department of Pari-Mutuel Wagering, a unit of the Business & Professional Regulation.

Racetrack Slots

- The racetrack slot industry, which is legally restricted to Broward and Miami-Dade counties, has steadily grown since inception in 2006. The six racinos in 2012 reported gross slot revenue of \$489.2 million and are set for continued growth with the opening of slots at Hialeah Park in summer 2013.
- The racinos in 2012 had 3,319 employees and generated \$149.8 million in taxes directly from slot revenue. Gross slot revenue is taxed at 35 percent.

Cardrooms

- Twenty-four pari-mutuel facilities operate cardrooms, which are restricted to poker and dominoes (which is rarely offered or played). Cardrooms last year generated \$131 million gross receipts and paid a tax of \$13.1 million.
- Cardrooms pay a state tax of 10 percent on gross receipts. Additionally, at jai alai and greyhound facilities 4 percent of cardroom gross receipts are used to fund purses and player awards; the figure is 50 percent at horse race facilities.

Pari-Mutuel Wagering

Most pari-mutuel facilities lose money on their pari-mutuel operations and need cardroom and/or casino revenue to subsidize those losses.

It is important to note that the total handle numbers cited below are understated because the Department of Pari-Mutuel Wagering does not collect data on out-of-state generated handle, which is the single largest component of handle.

- *Greyhound racing:* Total handle for the 13 facilities that ran greyhound racing fell from \$933.8 million in FY 1990 to \$265.4 million in FY 2012, a decline of 67 percent – mirroring the decline nationally. The number of Florida greyhound performances (a racing card of at least eight races) fell from 3,853 to 3,636, a decline of only 6

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percent. One of the reasons for the relatively small decline is because of the 90 percent rule: Operators with cardrooms are required to conduct at least 90 percent of the live performances that were held the year before their cardrooms opened, which for many of them was 1996. Although attendance has declined precipitously since 1990, reliable figures are unavailable because most tracks no longer charge for admission.

- *Thoroughbred racing:* Thoroughbred racing is the dominant pari-mutuel sector in Florida, with the three tracks accounting for 61 percent of total Florida handle in FY 2012. A Florida thoroughbred operator must run a minimum of 40 performances a year. From FY 1990 to FY 2012, Florida thoroughbred performances fell from 348 to 327, a decline of 6 percent; paid attendance fell from 653,206 to 97,738, a decline of 85 percent. Total handle in FY 2012 was \$530.7 million and live handle was \$78.6 million; both figures are in decline, although they have somewhat stabilized since slots were introduced at two of the tracks. Purses increased from \$78.1 million to \$81.1 million, a rise of 16 percent. The three tracks generated a combined operating profit of \$13 million for FY 2012. Much of the profit, \$10.6 million, came from pari-mutuel operations, with the rest from slots and/or cardrooms.
- *Harness racing:* Florida's sole harness track, Isle Casino and Racing at Pompano, accounted for 5 percent of total Florida handle in FY 2012. The Pompano track must run at least 140 performances a year but it can seek a one-time, 10 percent reduction from the 140-performance minimum. Attendance has declined such that Isle Pompano no longer charges admission and attendance figures are not kept. Total handle in FY 2012 was \$49.5 million and live handle was \$4.4 million; both figures are about the same as the year earlier.
- *Quarter horse racing:* Quarter horse racing returned to Florida in November 2009 at Hialeah Park after an 18-year absence. Quarter horse racing accounted for less than 1 percent of total Florida handle in FY 2012. Quarter horse racing had 76 performances in FY 2012. It generated a live handle of \$1.7 million, total handle of \$2.1 million and purses of \$3.8 million. Almost all of the traditional quarter horse activity was at Hialeah, where the operator subsidized purses as part of its contract with horsemen.
- *Jai alai:* Of all the pari-mutuel sectors, jai alai has sustained the steepest cuts in attendance and popularity. Since 1990, total handle has fallen 91 percent, live handle 96 percent, player awards 63 percent and performances, 63 percent. In 1990, 3.9 million people paid to watch the sport. In 2012, total paid attendance was 9,068. From pari-mutuel operations, the jai alai sector sustained an operating loss of \$14 million. Their cardrooms were able to generate an operating profit of \$1 million. Miami Jai Alai had the highest handle at \$6.6 million in FY 2012.

Lottery

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The Florida Lottery reported FY 2012 sales of a record \$4.45 billion, up 11 percent over the previous year, ranking third in the nation in total sales revenue (FY 2011), behind New York and Massachusetts. On a per-capital basis, Lottery sales were \$233, also a state record.

Since its inception in 1988, the Lottery has provided a total of \$24 billion to the Educational Enhancement Trust Fund (“EETF”). In the past fiscal year the EETF has allocated \$317 million for construction bonds, provided \$271 million for public school finding, \$130 million for state colleges, and \$254 million for state universities. Since 1997 the Florida Lottery has also provided scholarships to more than 600,000 students through the Bright Futures Scholarship Program, funded primarily through Lottery financial transfers. Lottery tickets are sold at 13,300 retail locations throughout the state.

Indian Casinos

The Seminole Tribe of Florida operates six casinos and the Miccosukee Tribe operates one casino. The Seminole Tribe advised Spectrum that in 2012 its gaming facilities employed 9,562 total employees, or 7,725 full-time-equivalent employees. Another 4,000 are employed by Seminole casino tenants, such as retailers who operate on-site outlets. The Miccosukee Tribe, declined to participate in this study, though a Miccosukee Gaming & Resort employee advised Spectrum that its gaming property employs “over 800.”

The Seminole Gaming enterprise generated \$1.96 billion in GGR in 2012 at its six properties, and we estimate statewide GGR at Indian casinos \$2.2 billion.

At least two other Indian tribes/nations are trying to operate casinos:

- The Poarch Band of Creek Indians, based in Atmore, AL, has land in Escambia County, which is held in trust by the US government, and also owns, or has options to own, or agreements to control 10 pari-mutuel permits along the Interstate 10 corridor between Pensacola and Jacksonville. It is seeking to negotiate an agreement, which could include revenue-sharing, with the State to operate Class II gaming.
- For the past decade the Muscogee Nation of Florida has been pursuing federal recognition by act of Congress in order to initiate gaming operations as a means of economic development. Tribal landholdings are well positioned to offer casino gaming in the Florida panhandle.

Fiscal Impacts

Our analysis examines the total economic and fiscal impacts of the gambling industry by subsectors in 2012. The results show that there are, or would be:

- Racinos/Pari-mutuels:
 - 4,953 direct racinos/pari-mutuels jobs in 2012.

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- These direct jobs support an additional 1,062 indirect jobs.
- The induced jobs impact is minus-1,399; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
- The total economic activities from racinos/pari-mutuels generated \$194 million in tax revenue for Florida.
- Lottery:
 - 394 direct lottery jobs in 2012.
 - These direct jobs support an additional 8,277 indirect jobs.
 - The induced jobs impact is minus-14,960; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Households have a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery.
 - The total economic activities from the lottery generated \$1.9 billion in tax revenue for Florida.
- Retail Lottery:
 - 39,900 direct retail lottery jobs in 2012.
 - These direct jobs support an additional 4,206 indirect jobs and 14,042 induced jobs
 - The total economic activities from the retail lottery generated \$124 million in tax revenue for Florida.
- Native American Casinos:
 - 10,387 direct Native American casinos jobs in 2012.
 - These direct jobs support an additional 3,646 indirect jobs.
 - The induced jobs impact is minus-7,506; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos.

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- The total economic activities from the Native American casinos generated \$238 million in tax revenue for Florida.
- Floridian Out-of-State Gaming
 - No direct employment because we did not use an employment variable to model the reallocation of the gaming spending.
 - 693 indirect jobs and 3,143 induced jobs.
 - The total economic activities from the out-of-state gaming spending generated \$15.4 million in tax revenue for Florida.

The third section (“Assessment of Economic, Fiscal Impacts Over Time”) evaluates the total economic and fiscal impacts of the gambling industry by subsectors over between 2012 and 2060 under three different economic growth assumptions. Under normal economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,268 indirect jobs.
 - The average annual induced jobs impact is minus-3,611; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities generated an annual average \$561 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 12,510 indirect jobs.
 - The average annual induced jobs impact is minus-4,151; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector.

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- The total economic activities generated \$3.7 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 9,775 indirect jobs and 27,674 induced jobs.
 - The total economic activities generated an annual average \$590 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 3,952 indirect jobs.
 - The average annual induced jobs impact is minus-8,852; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$280 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 455 indirect jobs and 2,239 induced jobs.
 - The total economic activities generated an annual average \$27.1 million in tax revenue for Florida between 2012 and 2060.

Under slower economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,397 indirect jobs.
 - The average annual induced jobs impact is minus-3,030; There is a negative change in induced jobs primarily because for every dollar

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Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.

- The total economic activities generated an annual average \$544 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 13,645 indirect jobs and 147 induced jobs.
 - The total economic activities generated an annual average \$3.5 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 10,148 indirect jobs and 29,918 induced jobs.
 - The total economic activities generated an annual average \$581 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 4,429 indirect jobs.
 - The average annual induced jobs impact is minus-7,918; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$283 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 488 indirect jobs and 2,334 induced jobs.

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- The total economic activities generated \$28.6 billion in tax revenue for Florida between 2012 and 2060.

Under stronger economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,159 indirect jobs.
 - The average annual induced jobs impact is minus-4,119; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities generated an annual average \$534 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 11,525 indirect jobs.
 - The average annual induced jobs impact is minus-7,778; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector.
 - The total economic activities generated an annual average \$3.6 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 9,418 indirect jobs and 26,330 induced jobs.
 - The total economic activities generated an annual average \$551 million in tax revenue for Florida between 2012 and 2060.

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- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 3,542 indirect jobs.
 - The average annual induced jobs impact is minus-9,660; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$257 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 428 indirect jobs and 2,157 induced jobs.
 - The total economic activities generated \$24.5 million in tax revenue for Florida between 2012 and 2060.

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I. Introduction

The study of gambling's economic and social impacts is a never-ending process that will only grow more critical over time: Some form of gambling is legal in 48 states, and debates over gambling expansion seem to be an annual event at statehouses across the country. Moreover, the effective legalization of Internet gambling at the state level has magnified such debates. At the same time, illegal and/or unregulated gambling is proliferating through such channels as so-called Internet cafes, gray-market electronic gaming devices, skill games, amusement games, and online games.

There is no debating that most Americans like to gamble. Some 53 percent of American adults played the lottery last year and 32 percent gambled in a casino.¹ As gambling historian David G. Schwartz notes, the activity is nearly as old as civilization itself. In America, colonial legislatures authorized 157 lotteries from the 1740s through 1776 to assist governments and other institutions.²

Legalized gambling as we know it today is relatively young. The first legal casinos of the modern era opened in Nevada in 1931. The country's first lottery, in New Hampshire, began in 1964. Betting on horse races has a longer history, dating to colonial days in the US but grew rapidly after the Civil War.³

Although popular in one form or another with most Americans, gambling remains controversial. On the one hand, regulated gambling can provide substantial revenues to governments and, in many markets, a substantial number of direct, indirect and inducted jobs; on the other hand, it can lead to compulsions that result in financial, familial and mental-health costs, as well as governmental costs ranging from gambling-addiction treatment centers to additional law enforcement. The arguments on both sides are strong – and usually impassioned.

This report will not resolve the debate over the merits of legalized gambling, nor is it the assignment of Spectrum Gaming Group to attempt to do so (nor has the Florida Legislature tasked Spectrum with recommending any course of action). Rather, the Legislature commissioned an economic and academic study for the purpose of educating the state's policymakers and other stakeholders so that they may make enlightened decisions regarding the future of gambling in their state.

This analysis relies on the experience of Spectrum professionals in various disciplines, many of whom have studied this issue for decades, and is supported by additional research and interviews with numerous stakeholders in Florida who care deeply about this issue, and about the

¹ American Gaming Association, *2013 State of the States*, p. 25
http://www.americangaming.org/sites/default/files/uploads/docs/aga_sos2013_fnl.pdf.

² David G. Schwartz, *Roll The Bones: The History of Gambling*, p. 144.

³ *Ibid.*, p. 332.

future of their state. Our experience is tempered and governed by certain observations and principles:

- The gaming industry is uniquely intertwined with government, arguably as much as any other industry, particularly any industry that is dependent on discretionary spending. Government can legislate gaming into – or out of – existence, which underscores this relationship.
- Gaming is a privilege granted to those who meet affirmative obligations for demonstrating their good character, honesty and integrity. That principle is largely universal, and is shared by federal, state and tribal governments.
- Governments not only authorize legalized gambling, but often grant regional monopolies for operators. The corollary to that is that operators have a responsibility to operate in the public interest.
- With proper planning and coordination, the public and private sectors are more likely to identify common goals, and to achieve those goals.

Methodology

The State of Florida on April 16, 2013, retained Spectrum Gaming Group (“Spectrum,” “we” or “our”) to complete a two-party study of the state’s gambling industry, pursuant to Invitation to Negotiate #859 (“the ITN”).⁴ This report is Part 1, Section A: *Assessment of the Florida gaming industry and its economic effects*. Two additional reports as part of this engagement will be delivered by Spectrum to the Legislature on or before October 1, 2013: Part 1, Section B: *Assessment of potential changes and economic effects*; and Part 2: *Statistical relationships between gaming and economic variables for communities*.

Following is the assigned scope of this report, as published in the ITN:

A. Assessment of the Florida gaming industry and its economic effects.

1. An assessment of gambling generally, including:
 - a. A general description of gambling in terms of popularity, profitability, regulatory considerations, and cost mitigation, including not only industries currently operating in Florida but also other gambling activities such as table games, Internet poker, destination resort casinos, and sports betting.
 - b. A general description of gambling regulatory schemes, including: State-operated, consolidated agency oversight, multi-agency oversight, and the use of local and state commissions; Authorizing and revocation mechanisms; Taxation schemes.
 - c. A general description of trends and best practices in governance and regulation of gambling activities.

⁴ See http://www.leg.state.fl.us/GamingStudy/docs/ITN_859_Invitation.pdf.

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- d. A general description of gambling as a public funding source, including: Comparison of states' reliance on and uses of gambling as a public funding source; Reliability and predictability of gambling revenues; Direct and indirect costs to the state.
 - e. A general description of gambling impacts, including: Social, criminal, and personal; Short- and long-term fiscal.
2. An economic assessment of the structure and performance of Florida's existing gaming industry, including:
 - a. An analysis of gaming subsectors and their size and economic importance.
 - b. A description of the direct, indirect, and induced components of the economic and fiscal impact of each of the subsectors. Impacts associated with facility construction should be distinguished from impacts associated with ongoing operation of a facility.
 - c. An assessment of the changes in those impacts over time until the present day, historically, and projections for the future.

In each section of the report, we provide the relevant ITN language (highlighted in gray) to provide an understanding of the scope of research with which Spectrum was tasked for this first report.

Our task was to study the impacts of legalized gambling. Like many other states, Florida had (and perhaps still has) illegal and/or unregulated gaming in the form of Internet cafes and slot-like arcade games. While we discuss the nature and issues involving such gambling, it is beyond the scope of this study to examine its performance and impacts.

Many of the topics covered herein are worthy of their own reports, but the broad, multi-subject scope of this report – and the directive of providing “an assessment of gambling generally” – limits the extent to which we could reasonably treat such topics. It is important to note, however, that in-depth analysis of several topics will be provided in the second and third reports of Spectrum's engagement. Further, our footnotes herein provide dozens of excellent document references – many available online, with the URLs included – where readers can find more information about these important topics.

Spectrum employed 16 project professionals for this report, all of whom are staff experts or associates, assisted by support staff as needed. We relied on publicly available data, as well as data requested from gambling operators and government sources, interviews with various Florida stakeholders (both in person, by telephone and by email), site visits, existing documents and research reports, and our own expertise in having studied gambling for more than three decades.

For the second part of this report, which assesses the economic structure of Florida's existing gaming industry, we teamed with Regional Economic Models Inc., a globally respected economic modeling firm based in Amherst, MA, that works with numerous state governments, including the State of Florida. REMI's goal in this report was to establish, as best the data would allow, a baseline of the economic contributions of the existing gaming industry in Florida. To this end, REMI relied on its Tax-PI model, data from the US Census Bureau, and data from the

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other project team members. REMI used each source of data to compliment the others in order to produce the best picture the data would support. Once a base year was established, REMI used an index of the growth in the relevant industry sectors in Tax-PI to forecast growth for the gaming industry into the future. With this baseline established, REMI then conducted a counterfactual study that removed the existing gaming industry from the economy in order to calculate its contribution.

II. General Assessment of Gambling

A general description of gambling in terms of popularity, profitability, regulatory considerations, and cost mitigation, including not only industries currently operating in Florida but also other gambling activities such as table games, Internet poker, destination resort casinos, and sports betting.

A. Growth and Evolution of Gambling in United States

Florida is not an emerging gambling state. In terms of revenue, employment, number of gaming locations and other important measures, it already is a major gambling state, with a wide array of options. Florida is arguably a microcosm of US gaming, with all of the forces that are shaping the industry in other states at play here. Absent a plan for growth, these forces will continue unabated in shaping the industry in both Florida and elsewhere. Moreover, the presence of such forces will also constrict the ability of lawmakers to chart the future of gaming. These forces can be segmented into the following broad areas:

- **Legal:** Within the bounds of the state Constitution and federal law, the Florida Legislature has significant ability to craft its own laws and policies in areas ranging from tax rates to governing Internet cafes, among many examples. The boundaries that limit legislative authority, however, are significant. Florida is bound by a compact with the Seminole Tribe of Florida, and that compact is, in turn, bound by federal laws and regulations, most notably by the Indian Gaming Regulatory Act (“IGRA”). Other states, such as Connecticut, have found themselves in a similar position, having learned that compacts can represent missed opportunities that are difficult to revise after the fact. The same holds true for constitutional amendments.
- **Market:** As with any gaming jurisdiction, the future size of the gaming industry will be partly dependent on the size of the resident population, as well as on the size of the existing and future tourism markets. Those markets will, in turn, be dependent on the number of gaming and other entertainment options, both inside and outside Florida. As gaming expands within the home markets of Florida visitors, as well as within markets that compete for those visits, it will impact the growth of gaming in Florida, as well as the ability of lawmakers to guide that growth.
- **Historic:** The two federally recognized tribes in Florida lay claim to a longstanding history of gaming in Florida, as well as other rights and privileges granted to sovereign governments. Historic claims to sovereignty are at the root of IGRA and various court decisions that have supported and bolstered the concept of sovereignty and gaming rights. At the same time, the pari-mutuel industry – in particular, horse racing – has a long history within the state as well, and extends into various geographic regions and

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economic interests, from breeding and training to racing. This factor is arguably more acute in Florida, but is not unprecedented.

- **Political:** Among various private industries, gaming is uniquely dependent on the political process for its success, and in many instances, for its very existence. In Florida, as in other states, this essential connection with government and the political process means that gaming operators and their allied interests have devoted – and will continue to devote – considerable resources toward influencing that process. At the same time, other interests that oppose the expansion of gaming, for reasons ranging from moral to economic, will play a role in that process.
- **Technological:** Gaming is hardly immune to changes in technology that are whipsawing many industries and changing business models around the world. The development of the Internet, and offshoots of that, including the expanded use of mobile technologies, have created new gaming opportunities, while presenting new challenges for lawmakers and regulators. In turn, as other states – and the federal government – adapt their own gaming laws, it will inevitably have an impact on the future of gaming in Florida.
- **Competitive:** While states compete against other states, in-state competition is also common. Lotteries and casinos can view each other as threats (even though arguably the experience is quite different, as is the demographics of the player base). Similarly, within the casino sub-sector itself, in-state competition can occur, and that can include competition for legislative and regulatory attention and resources. In Indiana, for example, the state's two racinos⁵ operate under different rules than the riverboats. For example, riverboats are allowed live table games, which are barred from racinos, while the tax rates also differ.

As these macro trends combine, a number of smaller yet still significant trends have emerged. For example, states that first legalized gaming with slots or video lottery terminals are evolving into full-service casinos, with both slots and table games. In part, this has been facilitated by political pressures for more gaming revenue and to create additional employment opportunities, but it has also been advanced through technology as well. Various companies, most notably Shuffle Master and International Game Technology, have developed popular electronic table games that mimic live table games, sometimes with virtual dealers, but can be governed like slot machines.

That is an example of how political and technological trends can combine to effect changes. The technology that created electronic table games was largely unanticipated when slots were initially authorized in many states, and as the technology developed, new questions arose, such as: Are the electronic games tables or slots?

⁵ "Racino" is a widely used portmanteau formed by the combination of two words, racing and casino. It is a synonymous term for racetrack casino.

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With that in mind, this interim step of electronic table games has made it easier from both a management and a government standpoint to take the next step of live table games. Moreover, in such instances, states are often responding to what other states are doing. This has clearly been the case with West Virginia first adding live tables to its slots-only mix, followed by Delaware and then by Pennsylvania.

Similarly, within the private sector, various operators are taking advantage of expansion by developing a “hub and spoke” business model, in which smaller properties that are generally in markets with a higher gaming tax can feed business to hub properties in destination markets where the tax rates are generally lower. This trend is explained in more detail later in the report.

With these factors combined, Florida is also emblematic of national trends. In-state competition is intense, not just on a geographic basis, but in terms of fighting for parity on issues ranging from the type of offerings allowed to the effective tax rate. Florida is arguably more heightened on the competitive front than other states.

As more than one stakeholder told us during the course of our research for this study, the pari-mutuel industry resembles a “circular firing squad.” Horse racing interests have little in common with their dog-racing counterparts, and both have little in common with jai alai. Even within horse racing, there are warring camps between those who favor racing as the principal line of business and those who favor the casino offerings.

The various parties that comprise the pari-mutuel industry have different agendas as well, with some favoring the addition of table games to pari-mutuels as the principal goal with others favoring a lower effective tax rate, for example. Pari-mutuels will generally find some common ground among themselves on the issue of a perceived “unlevel playing field” with the Indian gaming operations, as well as in opposition to Internet cafes. Going further, the pari-mutuels will also find common cause with the tribal operations in their shared opposition to proposals to authorize additional destination gaming resorts under a competitive bidding process.

On that latter issue, they all find common ground with business interests in the Orlando region and others, such as No Casinos, in their uniform opposition to the introduction of new destination resorts.

Such shifting alliances and differing agendas are not uncommon within gaming, and highlight two other truisms:

- The status quo always has its adherents, and can make for some unusual political bedfellows.
- Gaming will continue to evolve, with or without guidance or planning from public officials.

The former point is best exemplified by how gaming has evolved in different states. For example, Nevada – the state that is most dependent on gaming revenues for government operations – has no state lottery. At the same time, Internet gambling is just beginning to emerge

in the United States while it is a mature industry in Europe. In both instances, the same explanation applies: Those whose interests are tied to the status quo are more likely to resist.

That does not mean that the industry will stop changing and evolving. Change will continue, whether public officials play a lead role or not. The factors leading to change, as outlined in this section, will not render any effort to develop a gaming policy as moot. In fact, the presence of these critical factors heightens the need for a comprehensive policy. Based on our research and experience in Florida and elsewhere, gaming will evolve in Florida whether or not the Florida Legislature develops a plan and puts that plan into action. Absent any plan, however, that evolution would be haphazard and would be far less likely to address or advance any public-policy goals.

5. How Governments Respond to Gambling Expansion

Gaming has been expanding for decades and continues to do so. Even when limits are enshrined in the state Constitution, it does not preclude serious expansion efforts. Constitutional limitations, as well as tribal compacts, can be viewed as obstacles to expansion, but in a real-world sense, do not serve as permanent barriers. The best example of this can be found in New York, where the state constitution prohibits commercial gambling, yet it has a highly successful lottery, nine racinos and five Indian casinos – all operating through a variety of exemptions, rulings and legal interpretations. Today, New York Governor Andrew Cuomo is pushing to outright amend the state constitution to allow full-blown commercial casinos; i.e., those with true slot machines (as opposed to video lottery terminals) and live table games.

States place all sorts of limits on their gaming industry, from geographic locations (as with New Jersey, which restricts casinos to Atlantic City), to limits on the number of licenses (Pennsylvania, Illinois, Massachusetts and others), to limiting gaming to pari-mutuel facilities (as with many states, such as Delaware and New York), to limits on the number of gaming positions per property (Illinois, for example), to requirements that casinos be on riverboats (several Midwest states).

The following macro factors are driving the expansion of gaming:

- As states need more revenue, particularly in periods of economic recession, gaming bills and referenda are more likely to be introduced, and to be viewed favorably. This trend hails back to 1931, when Nevada introduced gambling in the midst of the Great Depression. In 1976, New Jersey voters approved casinos in large measure to assist economically depressed Atlantic City. Economic downturns in the 1990s prompted a number of Midwestern states, from Illinois down to Mississippi, to create riverboat casino industries.
- As related industries such as pari-mutuels see their own revenues and profitability decline, this prompts calls for subsidies, usually in the form of adding slot machines (often followed by table games) to pari-mutuel operations. Consequently, as racetracks

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use some of this additional funding to increase purses, that trend is further fueled as tracks that compete for horses and export signals are pressured to increase their purses in response.

- States respond to what occurs in other states. One political argument that often gains traction with legislatures and the general public is the notion that one state's residents are spending their dollars in neighboring states rather than at home. This argument has been used in a variety of states in the last decade including Kentucky, Massachusetts, Ohio and Pennsylvania.
- In the battles between pro-gaming and anti-gaming political campaigns, the playing field is not level in one important sense: Those who oppose gaming's expansion often succeed, but in many instances they have to continue doing battle in subsequent years. They have to win every time. Those who favor the expansion of gaming need to win only once.

That latter point can be illustrated in various states. For example, Ohio voters turned down four referenda between 1990 and 2008 that would have legalized casinos in various locations.⁶ In only one of those votes – a 2006 measure to approve two casinos in Cuyahoga County, plus slot machines at seven racetracks – did the measure gain support from more than 40 percent of the voters. Yet, a fifth ballot measure in 2009 to authorize one casino in each of four Ohio cities – Cleveland, Cincinnati, Columbus and Toledo -- was supported by 53 percent of Ohio voters.⁷ Consequently, despite four successful efforts to defeat casinos, Ohio is now a gaming state.

The most notable example of this phenomenon can be found in Florida itself, starting with a failed measure in 1978. The following account summarizes that effort:

“On November 4, 1978, Florida voters overwhelmingly rejected a proposal to legalize casinos along the Gold Coast – and in Miami Beach in particular. By a lopsided 73 to 27 margin, opponents of the casino legalization measure, led by two-term governor Reubin Askew, carried every county in Florida and beat back a referendum similar in style and substance to the successful 1976 New Jersey initiative.

“There were many obvious differences between the two states, which might account for the disparity in the vote. Of these, two are particularly notable: Florida has a large Baptist population and is generally regarded as a politically conservative state; and Florida's economy, including its tourism, was strong. ... As late as August 1978, polls conducted for the casino opposition had concluded that, while the November gambling contest

⁶ Rich Exner, “Ohio Casino vote passes on strength near would-be casinos; a look at the vote,” *The Plain Dealer*, November 4, 2009; http://www.cleveland.com/datacentral/index.ssf/2009/11/ohio_casino_vote_passes_on_str.html.

⁷ Ibid.

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would be close, the momentum of the election appeared to be with the gambling proponents. In the few months between those polls and the November election, a spirited campaign against casinos led by influential south Florida commercial interests appeared and turned a once close contest into a one-sided race.”⁸

That unsuccessful campaign – which relied on the same campaign manager who conducted the successful 1976 campaign in New Jersey⁹ – did not end such efforts in Florida.

Spectrum professionals, in previous careers, have been close observers of various gaming efforts in Florida. Indeed, working as a journalist for *The Press of Atlantic City* in 1986, Spectrum Managing Director Michael Pollock witnessed the first in-person meeting between the political directors of two referenda on the ballot that year: an effort to legalize land-based casinos in hotels with at least 500 rooms (subject to local approval), and another to legalize a state lottery. At an impromptu meeting at Tampa International Airport, the head of Citizens for Jobs and Tourism, the pro-casino lobby, suggested to his counterpart heading the lottery effort that they coordinate their campaigns to mutual benefit. The offer was politely but firmly rejected and, as it turned out, for good reason: The lottery referendum was approved by a 2-1 margin, while the casino effort lost by the same ratio.¹⁰

That 1986 Florida referendum, however, proved to be a harbinger as to how gaming issues would evolve throughout the United States, both in terms of public perception and in how pro- and anti-casino campaigns would be funded and operated. This was captured well in a prescient column in the *Sun-Sentinel*, “Money Shouts in Gambling Referendum,” that appeared about eight months prior to the November 1986 Florida vote:

“A few rich individuals and corporations have the potential of influencing - some even say buying - the result of the November 1986 referendum on legalizing casinos in Florida.

“In this state, no limits exist on what one can contribute to a referendum campaign. As gamblers say, the sky’s the limit. ...

“... Millions of dollars will be spent this year to debate casino gambling. Those who want legalized casinos ‘will have a more sophisticated campaign than in 1978,’ casino foe (former Gov. Reubin) Askew said. ‘I think they’ll run a political campaign as opposed to a PR campaign. It’s going to be a tough fight.’ ...

⁸ John Dombrink and William N. Thompson, “The Last Resort: Success and Failure in Campaigns for Casinos,” 1990, *Nevada Studies in History and Political Science* No. 27, p. 42

http://books.google.com/books?id=F6Z1G1FqcskC&pg=PA41&lpg=PA41&dq=%22sanford+weiner%22+casino+florida+1978&source=bl&ots=AEigirADF_&sig=82P8HrWd_uUPFZ2JEUbCdTIBurU&hl=en&sa=X&ei=P3iGUfnHGu_94APcI4C4Dw&ved=0CEUQ6AEwAA#v=onepage&q=%22sanford%20weiner%22%20casino%20florida%201978&f=false.

⁹ Michael Pollock, *Hostage to Fortune: Atlantic City and Casino Gambling*, 1987, p. 16.

¹⁰ Mary Ellen Klas, “A Timeline of Gambling in Florida,” *Tampa Bay Tribune*, November 25, 2009 <http://www.tampabay.com/news/perspective/a-timeline-of-gambling-in-florida/1054345>.

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“Pro-casino forces are sensitive about the big-spender image. Therefore they will seek their donations from within the state. And the staff of Citizens for County Choice is all from Florida.

“ ‘It shouldn’t be a carpetbagger image. It should be a Florida-supported effort and Florida-controlled effort,’ said Andrew Rubin, who led Citizens for Jobs and Tourism.

“Those favoring legalized casinos like to promote this referendum as democracy at its best, giving people a right to choose. (The proposed constitutional amendment that will appear on the ballot says if casinos are legalized by statewide vote, there still must be a local referendum to decide whether to permit casinos in a particular county.)

“ ‘This campaign is a more of a personal rights referendum as against a gambling referendum,’ said pro-casino leader Kennedy. ‘You are asking people to allow those people who may want casinos to have a right to vote on them.’ ¹¹”

Like the 1978 referendum, the 1986 referendum failed, albeit by a smaller margin of only 2-1 (while voters approved the lottery by about the same margin).¹² In between those two failed casino referenda, however, gambling was still emerging and evolving in Florida in the form of “cruises to nowhere,” simulcasting of races and high-stakes bingo.¹³ While another proposed constitutional amendment failed in 1994 by a 62-38 percent margin, gaming proponents eventually seized a narrow victory in 2004 when a constitutional amendment was approved with less than 51 percent of the vote to allow racinos to open in Miami-Dade and Broward counties.¹⁴

As noted in the previous section, these trends do not evolve in isolation, and the factors that are driving expansion can feed off each other. For example, as states respond to actions taken in neighboring states, gaming is more likely to expand. This has the impact of making states more dependent on gaming revenue for growing portions of their budgets. At the same time, political forces that are pushing for expansion are learning from previous efforts in their own and in other states as to how campaigns could be shaped more effectively with messages that resonate.

Consequently, as more states authorize and expand gaming, bringing it closer to more population centers, participation and familiarity with gaming will inevitably increase. As an industry, gaming is uniquely dependent on – and uniquely intertwined with – the political process, and this relationship largely guides the industry’s growth. John Sowinski, president of

¹¹ Diane Firth, “Money Shouts in Gambling Referendum, *Sun-Sentinel*, March 23, 1986 http://articles.sun-sentinel.com/1986-03-23/news/8601180125_1_pro-casino-forces-casino-referendum-casino-question.

¹² Mary Ellen Klas, “A Timeline of Gambling in Florida,” *Tampa Bay Tribune*, November 25, 2009 <http://www.tampabay.com/news/perspective/a-timeline-of-gambling-in-florida/1054345>.

¹³ Klas, “A Timeline of Gambling in Florida.”

¹⁴ Ibid.

No Casinos in Florida, observed a phenomenon that governs how elected officials largely view gaming: “The solution to having too much of it is to have more of it.”¹⁵

Indeed, that wry observation can be supported through various examples throughout the country. From New England to the Mid-Atlantic region and to the Midwest and beyond, states respond to the expansion of gaming in other states by expanding gaming within their states. As explained in more detail later in the report, the catalysts for such expansion include:

- A state’s residents are spending dollars elsewhere, and those dollars are best kept at home.
- The pari-mutuel industry is hurting, and needs expanded gaming in order to survive and to compete against larger purses available at competing tracks in other states.
- Gaming is viewed as a fiscal solution when states feel the pinch of an economic recession.

Gaming has been expanding for decades, and continues to do so. Even when limits are enshrined in the state Constitution, it does not preclude serious expansion efforts. Constitutional limitations, as well as tribal compacts, can be viewed as temporary.

Florida offers another telling example of that, in the 2004 constitutional amendment that led to the approval of racinos in Miami-Dade and Broward counties. That amendment initially limited that privilege to operating pari-mutuels, which would have excluded Hialeah. That was changed through 2010 legislation, which survived subsequent legal challenges, but created some new consequences. Veteran gaming reporter Nick Sortal identified those consequences in a report for the *Sun-Sentinel*:

“Hialeah Park is reveling in its rebirth, but the racetrack with the pink flamingos has caused a mess across the state.

“When its quarter-horse season ends ..., the track that first opened in 1921 will be eligible to house slot machines, thanks to a provision in a 2010 state law. But slot-machine proponents contend that law also applies to other venues, creating a flood of county referendums -- which legislators say illustrate how gambling in Florida has run amok.

“Last month, Gadsden and Washington counties approved slot machines via referendum. Palm Beach, Hamilton and St. Johns counties also expect to vote on slots in November, citing the 2010 law.

“ ‘Opening the way to Hialeah opened the way to everything,’ said Ron Book, a lobbyist whose clients include Hialeah’s rival, Magic City Casino. ‘It created a slippery slope.’ ”¹⁶

¹⁵ Interview with John Sowinski, May 29, 2013.

a. States Endeavor to Realize Value from Gaming via License Fees

One important theme that resonates throughout this report is that no other private industry – and certainly none in the entertainment or hospitality fields – is as dependent as remaining in the good graces of public officials for its ability to earn a profit, or even for its very existence. The flip side of that is that no other private industry has the ability to secure such local or regional monopolies. Sometimes, these local monopolies are granted to private interests simply because those interests own a particular piece of land, such as a racetrack.

In Florida, the holder of a slot machine license must pay an annual license fee of \$2 million, which is due when the application is filed or with the renewal date. There is no fee to obtain an annual pari-mutuel operating license. But in conjunction with its monthly tax payment, each permitholder pays a daily license fee. For jai alai, it is \$40 per game. For greyhound permitholders, it is \$80 per race that may be offset with eligible tax credits under (550.0951(1), F.S.) For horse racing, the fee is \$100 per race. For cardroom operators, the state charges annually a fee of \$1,000 for each table when the application is submitted.¹⁷

In recent years, a number of states have endeavored to realize value from the issuance of such licenses by requiring license fees or some equivalent in exchange for the rights and privileges of operating a gaming facility. The core rationale in requiring such one-time fees is that licenses have value, and states should not give away something that could command significant dollars in the open market. Veteran investment banker Jeff Hooke, managing director of Focus Investment Bank, has been a longstanding advocate for the principle of states realizing the full value of such licenses. More than a decade ago, he noted the following regarding states that had authorized gaming in preceding years: “Illinois, Indiana and Michigan awarded the gaming licenses for free to politically connected groups, under the guise of aiding economically depressed areas or failing racetracks. Even after the impact of betting taxes were included, the awardees turned around and made vast profits.”¹⁸

Hooke collected the data for the following table:

¹⁶ Nick Sortal, “Hialeah Park: Flash Point for State’s Gambling Mess,” *Sun-Sentinel*, February 16, 2012. http://articles.sun-sentinel.com/2012-02-16/news/fl-hialeah-gambling-20120216_1_mutuels-pari-mutuels-slot.

¹⁷ Division of Pari-Mutuel Wagering, email to Spectrum Gaming, June 17, 2013

¹⁸ Jeff Hooke, “Jeff Hooke: If you go for slots, make casinos ante up,” *Pittsburgh Post-Gazette*, May 14, 2013 <http://old.post-gazette.com/forum/comm/20030514edhooke14p5.asp>.

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Figure 1: Gaming license transactions, values

Implied Value¹⁹ (Millions)	Date	Metro Location	Buyer/Seller	Transactions/ Offers
\$180	October 2011	New York City	Genting (Malaysia)/State of New York	Transaction ²⁰
\$435	December 2008	Chicago	Trilliant Gaming/State of Illinois	Offer/Transaction ²¹
\$407	August 2007	Indianapolis	LHT Capital/Oliver Racing (Indiana Downs)	Transaction ²²
\$250	April 2007	Indianapolis	Indiana Downs/State of Indiana, Hoosier Park/ State of Indiana	Two transactions at \$250 million each
\$160	December 2006	Pittsburgh	PITG Gaming/City of Pittsburgh	Transaction ²³
\$220	November 2006	Pittsburgh	Millennium/Magna	Transaction ²⁴
\$140	June 2006	Dania Beach	Dania Jai Alai/Boyd Gaming	Transaction ²⁵
\$340	April 2006	Pittsburgh	Isle of Capri City	Offer ²⁶
\$500	January 2005	Catskills	Seneca Ind./New York State	Offer
\$310	October 2004	Poconos	Mohegan/Penn National	Transaction ²⁷
\$442	July 2004	Philadelphia	Harrah's/Inv. Group	Transaction ²⁸
\$518	March 2004	Chicago	Isle of Capri/State of Illinois	Offer
\$750	January 2001	Cincinnati	Argosy/Inv. Group	Transaction ²⁹
\$663	November 2000	Detroit	Chippewa/Inv. Group	Transaction ³⁰

Source: Jeff Hooke

¹⁹ The value represents license value only. In several instances, the values of casino structure, horse racing track, jai alai track or relevant real estate were excluded from the transaction value in order to determine the license value. For Pennsylvania transactions/offers, the value includes the \$50 million license fee that is paid by the license holder. The Maryland 2009 license awards have been excluded since the sizable tax rate (67%) precluded high initial fees and the bidding process was not open, but rather skewed towards certain landowners.

²⁰ Aqueduct racetrack slots. The gross amount is \$380, minus \$200 for a state contribution to construction costs. The low price is partly due to New York's high gaming tax rate and high purse contributions. The slots operator may keep only 30% or 35% of the net revenue.

²¹ Trilliant Gaming offered \$435 million upfront for a Rosemont, IL location. The State, however, awarded the license to Midwest Gaming for a Des Plaines, IL location for \$125 million upfront and \$300 million to be paid at \$10 million per year for 30 years. The total NPV of the Midwest proposal is \$247 million at an 8% rate.

²² Oliver Racing paid \$53.5 million for a 34% interest, plus a \$250 million license fee.

²³ PITG agreed to pay a \$7.5 million annual fee to City of Pittsburgh to subsidize a new hockey arena. Hooke Associates estimated the "present value" of the annuity at \$110 million, plus the \$50 million license fee.

²⁴ \$30 million value of racetrack subtracted from \$200 million price (i.e., \$170 million, net) and \$50 million license fee added, in order to provide a \$200 million license value.

²⁵ \$13 million appraised value (tax records) of jai alai fronton excluded from \$153 million purchase price.

²⁶ Isle of Capri offered to build a \$290 million hockey arena and to pay \$50 million for the license.

²⁷ Mohegan Tribe paid \$290 million (after post purchase adjustment) for the license plus the track worth \$30 million. We add \$50 million license fee for a value of \$310 million (i.e., \$290 minus \$30 plus \$50).

²⁸ In exchange for 50% interest, Harrah's put up over \$400 million to construct casino and racetrack in Chester, PA.

²⁹ Excludes "brick and mortar" cost of the casino, as set forth in the SEC filings.

³⁰ Chippewa's buyout of a 40% interest, indicating a 100% interest at \$663 million.

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While Hooke is correct in that states can realize value in something that many states had given away, the more immediate incentive is that states can realize significant revenue quickly. That prospect has driven more states in recent years to seek license fees.

However, license fees do have a cost. From the standpoint of a potential developer, a license fee is part of the necessary investment in a potential project. It is the equivalent of the capital investment that would be made in various areas, ranging from site acquisition and improvement to architecture fees and construction costs. But, unlike the costs that are incurred to build a physical facility, the license fee does not add to the value of that facility. When calculating a return on investment (“ROI”), a license fee is part of the investment, which is the denominator in that ratio. But a license fee does nothing to increase the numerator, the profit. Consequently, the license fee is effectively a sunk cost that does not generate revenue, which would in turn fuel various public benefits from gaming taxes to employment.

An operator that does not have to carry that cost can invest more in the property to increase revenue and ROI. That is particularly important in a competitive bidding process. In 2008, Spectrum prepared a report for the Commonwealth of Massachusetts, in advance of gaming legislation that included a provision for a \$200 million initial licensing fee. That report noted the following:

“Initial license fees required of successful development bidders are generally viewed as part of their capital investments and therefore:

- Have a detractive effect on capital development spend, as the licensing expense competes internally for capital with construction spending.
- Pose a dampening effect on development interest among potential candidates, as the fees raise the cost of entry with no direct return on that expense, and thereby simultaneously reduce projected ROIC rates.

“This is not to say government entities should not impose substantial operator license fees, to both winnow out under-resourced bidders and help recoup the state’s own start-up and other infrastructure costs, but rather to make clear the underlying considerations.

“At a \$200 million minimum bid, the Massachusetts casino licensing fee, combined with the minimum development requirements, will ensure that only financially strong companies will apply. On the other hand, this is potentially \$200 million less in capital invested into each of the destination casinos. This fee could be viewed by both the state and license applicants as the price of operating in a closed, geographically protected environment.”³¹

³¹ Spectrum Gaming Group, “Comprehensive Analysis: Projecting and Preparing for Potential Impact of Expanded Gaming on Commonwealth of Massachusetts,” August 1, 2008. p. 119.

Three years later, the Expanded Gaming Act became law in Massachusetts, and included a minimum \$85 million licensing fee, significantly lower than what had been contemplated in the 2008 proposed legislation.³²

Between 2008 and 2011, a severe national recession struck, which certainly played a role in convincing lawmakers in Massachusetts to reduce the required minimum capital investment. At the same time, however, we suggest that lawmakers also recognized that a large license fee could also detract from capital investment and its subsequent economic benefits.

Based on the language within its statute³³ that governs the competitive bidding process, Massachusetts is a pioneer in the planning of gaming. The law requires bidders to put forth comprehensive proposals that address many areas that are often not addressed, or paid little heed, in other gaming statutes. Such areas range from impact on employment to impact on local arts, as well as on small businesses.

6. Racetrack Casinos Evolve, Table Games Arrive

In 1990, the concept of a racino was introduced to the US with the introduction of 165 video lottery terminals (“VLTs”)³⁴ at Mountaineer Park Racetrack in West Virginia. With the success of the West Virginia experiment, racinos soon spread to Rhode Island, Iowa and Delaware. Many states that introduce commercial casino gambling do so through the initial introduction of slots-only facilities. Examples of this include, among others, Pennsylvania, Delaware, West Virginia, Rhode Island, New York and Florida racinos – although poker at the Florida tracks is a notable exception. The logic behind such moves tends to include the following:

- Slots are viewed as more politically acceptable.
- Slots – because they lack live dealers, as well as necessary controls over dice and other gambling paraphernalia – are viewed as easier to regulate.

The latter point is particularly noteworthy for states in which the lottery is vested with the authority to oversee slots or VLTs such as Delaware, Maryland, New York, Rhode Island and West Virginia. However, even in lottery states, the natural evolution over the past decade has been to add live tables to slots-only facilities. We attribute that trend to two larger forces at play, which are dealt with in more detail elsewhere in this report:

³² Massachusetts Expanded Gaming Act <http://massgaming.com/about/expanded-gaming-act/> (accessed May 8, 2013).

³³ Massachusetts Expanded Gaming Act of 2011; see <http://massgaming.com/wp-content/uploads/Chapter-23K-2012.pdf>

³⁴ From the standpoint of a player, slots and VLTs are indistinguishable. The core difference is that slots can be standalone devices, while VLTs can be tied to a central system that monitors and/or controls all critical aspects of the games.

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- Fiscal pressures to generate additional revenue, as well as pressure to add jobs.
- The need to respond to actions in other, often neighboring states.

Within a span of about two years, West Virginia added live table games, followed by Delaware and then Pennsylvania – states that, to varying degrees, have overlapping markets. Maryland followed suit by adding tables to its slots facilities this year. The trend was captured in a quote by Mark Nichols, an economics professor with the Institute for the Study of Gambling and Commercial Gaming at the University of Nevada at Reno: “Maryland is getting what the other states already have, which is going to make it very difficult for casinos in West Virginia and Delaware. The only way they can keep those Maryland residents from staying in Maryland is offering incentives or differentiated products that somehow make it worthwhile to travel. But almost anything they try, Maryland can copy. I’m not sure there’s much they can do.”³⁵

If regulated properly, the addition of table games can be a smooth transition that can also encourage capital investment and expansion. The addition of house-banked table games such as blackjack to a slots-only casino can serve to increase slot revenue. This seems counter-intuitive (the natural assumption is that new table games would simply cannibalize existing slot play) but experience in markets that have added tables to casinos that previously offered only slot machines shows otherwise. This phenomenon can be attributed to two major factors:

- Some new table-game customers (who previously had no incentive to visit a slots-only casino) can be expected to apportion some of their own spending to slots.
- Some of these new customers would be accompanied by other guests – such as a spouse or a friend – who would play slots during these visits.

Spectrum’s research finds no compelling evidence that adding table games to a slots-only casino would reduce slot revenue. In fact, research shows that slots and table games in a casino are complementary assets.

The remainder of this section of report shows examples of states and/or casinos where table games were added to what were once slots-only casinos.

a. Mid-Atlantic – Pennsylvania and Delaware, Collective Example

By way of example, casinos in both Delaware and Pennsylvania had been limited to slots only prior to May 2010, but then table games were added to all 12 casinos in these states between May and July 2010.

Through the 12-month period ending April 2010 (pre-table games), the 12 casinos generated \$3.09 billion in slot revenue. Through the 12 months ending July 2011 (the first full

³⁵ J. Freedom Du Lac, “Maryland raising stakes in casino wars with Delaware and West Virginia,” *Washington Post*, March 31, 2013 http://articles.washingtonpost.com/2013-03-31/local/38170896_1_maryland-live-delaware-park-table-games.

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annualized period when all 12 casinos had table games for the full duration of period), the same 12 casinos generated \$3.26 billion in slot revenue (an increase of 5.6 percent over the period without having table games). Table games revenue at these 12 casinos amounted to \$508 million through 12-month period ending July 2011.

The overall increase in gross gaming revenue (“GGR”) for both tables and slots between the two periods was 22.1 percent, while table games revenue accounted for 74.5 percent of the GGR growth and slot revenue accounted for 25.5 percent of the GGR growth. Importantly, this growth occurred at a time when other casinos were opening in the region (SugarHouse in Philadelphia, PA, and Hollywood in Perryville, MD, in September 2010, along with Ocean Downs in Worcester, MD, in January 2011).

b. Delaware

Slots-only casino gambling commenced at Delaware’s three racinos in 1995, with table games operations commencing in 2010. Since table games effectively came online midway in 2010, we examined slot revenue variance data – comparing second half of year to first half of year – for 2008 through 2012 (two entire calendar years before and after table games). In the two years before table games, slot revenue was less in second half of year (July through December) than it was in first half of year (January through June), and for each casino.

To determine whether the implementation of table games had a material impact on slot revenue we examined the slot revenue variance in 2010 (when all Delaware casinos offered table games in second half of year). If the introduction of table games had a significant, negative impact on slot revenue we would expect to see the slot revenue variance to be inconsistent with 2008 and 2009 variance data (i.e., prior to table games). The following table illustrates this slot revenue variance data in Delaware from 2008 through 2012 – where 2010 (as highlighted) was the year when table games commenced operations midway through the year.

Figure 2: Delaware casinos, slot revenue variance – pre and post table games (2008-12)

Slot Revenue Variance	Delaware Park	Dover Downs	Harrington Raceway	DE TOTAL
2008 (2nd Half vs. 1st Half)	(12.6%)	(2.5%)	(14.2%)	(9.4%)
2009 (2nd Half vs. 1st Half)	(13.1%)	(5.5%)	(10.9%)	(9.9%)
2010 (2nd Half vs. 1st Half)	(12.1%)	(5.5%)	(9.0%)	(9.0%)
2011 (2nd Half vs. 1st Half)	(7.4%)	(3.9%)	(11.6%)	(6.9%)
2012 (2nd Half vs. 1st Half)	(14.1%)	(17.4%)	(18.7%)	(16.4%)

Source: Delaware Lottery, Spectrum Gaming Group

As illustrated, on a statewide basis (and consistent amongst casinos), the decline in slot revenue (second half of year compared to first half of year) was greater in the two years without Delaware having table games than it was in both the first and second years following the commencement of Delaware offering table games. Specifically, slot revenue only declined by 9 percent in 2010 from the first half of year to second half of year (when table games were fully

operational); this percentage decline was greater in 2008 and 2009, absent presence of table games (at 9.4 percent and 9.9 percent, respectively). We note that in 2011, the decline in slot revenue from the first half of the year to the second half of the year was even less pronounced than in prior years (at only 6.9 percent), which may suggest that table games were complimentary to slots and/or that table games enhanced overall appeal of Delaware's casinos.

We acknowledge that myriad other factors may impact these aforementioned growth rates, as illustrated in 2012, when growth rates plummeted from first half of year to second half of year (i.e., possibly due to opening of Maryland Live Casino located near Baltimore, MD, in June 2012 along with widespread impact of Superstorm Sandy hitting the region in October 2012).

c. West Virginia

There are four racinos in West Virginia, with all four racinos offering table games. Initially, all four racinos were limited to slots: The racinos offer VLTs that are operated by the West Virginia Lottery, while there is also a network of limited VLT operations at numerous, licensed locations statewide.

In mid-2007, voters (via referendum at the host county level) supported allowing table games at three of the four racinos (the referendum failed in Jefferson county, home to Charles Town – the state's largest racino). Consequently, two casinos (Mountaineer Park and Wheeling Island) began table game operation in late 2007 while Tri-State Park began table game operations in August 2008. A December 2009 referendum to add tables at Charles Town did pass and table game operations commenced in July 2010. (A fifth casino, the Greenbrier resort, began operations in West Virginia in October 2009. The Greenbrier, a resort hotel with no racetrack, offers both slots and table games.)

We examined slot revenue performance at Charles Town, since this racino generates more than half of the GGR in West Virginia, and is relatively isolated from any other racino in West Virginia or other states. Specifically, we examined slot revenue variance data – comparing second half of year to first half of year – for 2008 through 2012 (two years before and after table games – as table games became operational in July 2010 at Charles Town). In the two years before Charles Town having table games, slot revenue was lower in the second half of the year than it was in the first half of year.

To determine whether the implementation of table games had a material impact on slot revenue, we examined the slot revenue variance in 2010 (when Charles Town added table games in the second half of year). If the introduction of table games had a significant, negative impact on slot revenue, we would expect to see the slot revenue variance to be inconsistent with 2008 and 2009 variance data (prior to table games). The following table illustrates this slot revenue variance data at Charles Town from 2008 through 2012 – where 2010 (as highlighted) was the year when table games commenced operations midway through the year.

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Figure 3: Charles Town Races (WV), slot rev. variance – pre and post table games (2008-12)

Slot Revenue Variance	Charles Town Races
2008 (2nd Half vs. 1st Half)	(8.3%)
2009 (2nd Half vs. 1st Half)	(13.2%)
2010 (2nd Half vs. 1st Half)	(1.5%)
2011 (2nd Half vs. 1st Half)	3.2%
2012 (2nd Half vs. 1st Half)	(18.6%)

Source: West Virginia Lottery, Spectrum Gaming Group

As illustrated, the decline in slot revenue (second half of year compared to first half of year) was greater in the two years without Charles Town having table games than in the initial year of Charles Town offering table games. Specifically, slot revenue only declined by 1.5 percent in 2010 from first half of year to second half of year (when table games were fully operational) while this percentage decline was greater in 2008 and 2009, absent presence of table games (at 8.3 percent and 13.2 percent, respectively). We note that in 2011, there was an increase in slot revenue from first half of year to second half of year, which may suggest that table games were complimentary to slots and/or that table games enhanced overall appeal of Charles Town (i.e., translating into greater slot revenue levels than what would otherwise be, absent table games).

We acknowledge that myriad of other factors may impact these aforementioned growth rates, as illustrated in 2012, when growth rates plummeted from first half of year to second half of year (possibly due to the opening of Maryland Live Casino located near Baltimore, MD, in June 2012).

d. Pennsylvania

There are 11 casinos in Pennsylvania, all of which prior to mid-2010 were limited to slots. Table games operations commenced in July 2010.

In reviewing slot revenue results for the first full year that Pennsylvania's casinos offered table games (LTM June 2011) compared to the full year prior (LTM June 2010) we see inconclusive results on the collective impact of table games on slot revenue. Collectively, slot revenue grew by 10.7 percent when comparing the two periods; however, nearly all of this slot revenue growth occurred at two of the newer casinos (Sands Bethlehem and Rivers, opening in May 2009 and August 2009, respectively) and as a result of a new casino in Philadelphia (which opened in September 2010).

The seven Pennsylvania casinos that opened in 2007 and 2008 had a collective 0.1 percent increase in slot revenue when comparing LTM June 2011 to LTM June 2010 (i.e., post- vs. pre- table games). Four of the seven reported increased slot revenue, while three of the seven reported declines in slot revenue.

This was, of course, a period of significant change in Pennsylvania's gaming industry, with additional casinos opening in-state and in surrounding area. That makes it difficult to isolate any precise cause and effect on either table or slot revenue. Still, we note that any expected cannibalization of slot revenue by the addition of table games did not materialize in Pennsylvania.

7. Battle for Entertainment Dollars: Competition on a Broader Scale

Caesars Entertainment Chairman, President and CEO Gary Loveman recently offered criticism of how the casino industry tends to break down revenue into two categories: gaming and non-gaming. Loveman suggested there is a problem in the industry's mindset when other revenues are defined by what they are not, rather than what they are. He noted, for example, that we don't divide people into two genders: "women and non-women."³⁶ Rather, he characterized other revenues as "entertainment" dollars, forecasting an evolution at his company and other gaming providers in which they broadly compete for a share of all discretionary income.

That might be a welcome and necessary step in an industry that is increasingly facing saturation in its core business. But that evolution has implications for other businesses, industries and regions that already battle for that entertainment dollar, and that do not offer gaming – nor do they intend to offer gaming as an option.

From Florida's standpoint, this issue is most readily apparent in Orlando, a successful, world-class resort by any standard that has managed to achieve success in multiple categories, most notably for purposes of this discussion: families with children; and business travel, particularly in the MICE (meetings, incentives, conferences and exhibitions) segment.

Due to its abundance of theme parks, hotels and other assets and infrastructure, Orlando competes nationally and globally in various segments, and Las Vegas – a destination centered on gaming – is clearly a competitor. Interestingly, Las Vegas endeavored to leverage its brand into the family segment, but has more recently sharpened its focus on more adult segments, as noted here:

"By the late 1980's gaming revenue in Las Vegas was down as other areas in the country started to legalize gambling. In an attempt to stimulate visitor numbers the city was reinvented in the image of Disney. Themed hotels such as the Luxor and Excalibur emerged allowing Las Vegas to market itself as a place for adults to gamble while their children played at theme parks such as the one built by the MGM Grand. Circus Circus a kid's themed hotel that was built in 1976 was the only hotel that attended to the needs of children. With the development of these new hotels Circus Circus would now face competition for the younger demographic of customers and their families. Las Vegas in the 21st Century saw its second major change in visitor demographics. No longer the

³⁶ Gary Loveman, keynote speech at East Coast Gaming Congress, Atlantic City, NJ, May 22, 2013.

place for the family, Las Vegas has morphed into one of the top party cities in the world, ranking top ten in numerous different polls'. Attracting 21 – 34 years olds from all over the world, Las Vegas now ranks number one in categories such as, top destination for bachelor and bachelorette celebrations (www.AskMen.com 2009), top destination to celebrate a 21st birthday (www.ehow.com).

"The sudden influx of younger tourist[s] can be attributed to the erection of new nightclubs and pool parties in many of the Las Vegas Hotels. MTV's reality TV show "the real world" portrayal of Las Vegas as a party city has also been a catalyst for the younger crowd to Las Vegas."³⁷

Based on our experience, we concur with the observation that Las Vegas operators determined that Las Vegas would not succeed in rebranding itself as a family destination, and began targeting hedonistic adults (best evidenced by the "what happens in Vegas stays in Vegas" campaign) and business travelers.

While Orlando and Las Vegas do not share the same *raison d'être*, they do share one critical characteristic: Both destinations developed from scratch, in a relatively brief period, a massive infrastructure of hotel rooms, meeting and convention space, and entertainment attractions. Each destination has a critical mass of attractions, which helps fuel visitation. John McReynolds, Senior Vice President of External Affairs for Universal Parks & Resorts, noted, for example, that Universal does well when other attractions in Orlando prove to be popular, and the success of the Wizarding World of Harry Potter serves as a magnet that, in turn, increases overall attendance, which benefits other non-Universal attractions.³⁸

According to McReynolds, almost 85 percent of the Orlando market is represented by the leisure market, with the remaining 15 percent being made up by the MICE market.³⁹ Total business attendance in Orlando has more than doubled in the past 20 years through good economic times and bad.

In Orlando, the conventions and meetings business is anchored by the Orange County Convention Center, where convention business is on an upswing and is approaching its pre-recession peaks.

Notably, that center has been hailed by Business Review USA as the top major convention destination in the nation: "Central Florida's OCCC is a massive center, offering 2,100,000 square feet of exhibit space in its 7,000,000 square-foot complex. But it's not just size that brought OCCC to the top of our list. The OCCC provides Central Florida with a remarkable

³⁷ By Joseph Akinsete, "Las Vegas visitor demographics: Be careful what you wish for," University of Nevada, Las Vegas, April 1, 2010, p. 3-4.
<http://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1595&context=thesesdissertations>.

³⁸ Interview with John McReynolds, May 29, 2013.

³⁹ Ibid.

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amount of economic benefits at no cost to the county's citizens and it is estimated that activity in the center yields an annual tax savings of \$87.50 per Orange County household. This self-proclaimed "Center of Hospitality" offers amenities to please (including massage services, three full-service restaurants, eight food courts and remote airline check-in) and was the staging area for relief operations for Hurricanes Charley, Frances and Jeanne."⁴⁰

On a national level, many of the major convention destinations in Orlando's competitive set are also hosting casinos. The number of major convention cities with casinos already includes Las Vegas, Philadelphia, New Orleans, Detroit and New York, and will soon include Boston, and the possibility of additional gambling venues in Chicago. Atlanta, another major convention destination in the Southeast, has been contemplating gaming for several years.

In 2007, PKF Consulting released a report on the potential economic impact of a casino in Atlanta, and its executive managing director Mark Woodworth made this statement: "We're seeing more and more destinations that have gambling, which functions as an important amenity, especially in attracting group meetings and conventions."⁴¹

In our view, Orlando's ability to grow its conventions and meetings business in the face of this national trend underscores an important asset in this market: Orlando's strength in attracting business travelers is growing without gaming, and that absence is to some degree fueling that growth. Orlando has carved out a significant, profitable niche in that national market, and gaming would clearly be antithetical to that image and its ability to dominate that important segment.

Interviews with various hotel operators in the Orlando area, which are members of the Central Florida Hotel & Lodging Association, have lent support to that view. The members interviewed for this report note, for example, that many of the meeting planners who book Orlando for their groups cite the absence of gambling as a plus, since that attraction might otherwise be viewed as a distraction. Thea J. Sargent, General Manager of Disney's Contemporary Resort in Orlando, expressed a view that was endorsed by many of her colleagues when she said the absence of gaming and the focus on other attractions "differentiates us (as a) family-friendly destination."⁴² The Orlando hotel owners interviewed for this report note that convention attendees and other business travelers who visit Orlando often extend their stays and bring their families with them.

A 2011 survey of Orlando visitors shows the various activities they participate in during their stay. The percentages listed here reflect the percentage of visitors who reported participating in each activity.

⁴⁰ "Top Ten U.S. Convention Centers," *Business Review USA*.

http://www.businessreviewusa.com/business_leaders/top-ten-us-convention-centers (accessed May 30, 2013).

⁴¹ Rachel Tobin Ramos, "Downtown Casino Could be \$1.6B Jackpot," *Atlanta Business Chronicle*, February 12, 2007. <http://www.bizjournals.com/atlanta/stories/2007/02/12/story1.html?page=all>.

⁴² Interviews with members of the Central Florida Hotel & Lodging Association, May 29, 2013.

Figure 4: Activities participated in during visit to Orlando

	Domestic Leisure	Domestic Convention-Group Meeting
Theme/Amusement Park	50.3%	15.5%
Dining	31.6%	39.5%
Shopping	31.5%	18.3%
Entertainment (Gen)	29.7%	16.4%
Touring/Sightseeing	17.1%	4.4%
Beach/Waterfront	12.2%	5.8%
Concert, Play, Dance	11.6%	4.4%
Night Life	10.9%	7.8%
Parks: national, state +	6.2%	1.9%
Festival, Craft Fair +	3.2%	0.8%
Hike, Bike +	3.0%	0.8%
Visit Historic Site	2.9%	2.4%
Play Golf	2.5%	1.8%
Museum, Art Exhibit	2.2%	3.2%
Boat/Sail	1.9%	1.3%
Hunt, Fish	1.2%	0.1%
Watch Sports Event	1.1%	0.5%
Other Adventure Sports	0.7%	0.0%
Look at Real Estate	0.6%	0.1%
Gamble	0.5%	0.1%
Nature/Culture -- Eco-travel	0.5%	5.5%
Camping	0.4%	0.0%
Shows: boat, auto, antique +	0.2%	0.0%

Source: D.K. Shifflet, Visit Orlando

Notably, gambling is listed as an activity, and the Orlando hotel operators interviewed for this study note that the Seminole Hard Rock Tampa – about 60 miles from the Orlando area – is an available attraction, which the hotel operators view as far enough away to not detract from the Orlando brand, but close enough to satisfy visitors who want to visit a casino during their stay.⁴³

But while Orlando can differentiate itself from Las Vegas or other gaming destinations, such convention markets still compete, in general and in specific instances. A conference of Wendy’s franchisees recently selected the MGM Grand in Las Vegas over Orlando, based on a \$250,000 incentive that the MGM provided, which the Orlando competition could not match – although it did match other factors, such as the average daily room rate.⁴⁴

Orlando is able to compete on other levels as well, such as the absence of union-related rules in other states that often add to the cost of setting up conventions and other meetings, as Florida is a “right to work” state.⁴⁵

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

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We also note, however, that Orlando competes on an in-state as well as a national level, and would not be immune to the impacts of any change in gaming policy elsewhere in Florida.

Figure 5: Leisure, convention travel to Orlando by origin DMA, 2011

Origin DMA (Top 15)	Domestic Leisure	Domestic Convention/Group Meetings	
Orlando-Daytona Beach-Melbourne, FL	15%	Tampa-St. Petersburg (Sarasota), FL	12%
Tampa-St. Petersburg (Sarasota), FL	13%	Orlando-Daytona Beach-Melbourne, FL	11%
Miami-Ft. Lauderdale, FL	6%	Miami-Ft. Lauderdale, FL	10%
New York, NY	6%	Dallas-Fort Worth, TX	5%
Jacksonville, FL	6%	Oklahoma City, OK	5%
West Palm Beach-Ft. Pierce, FL	4%	Los Angeles, CA	4%
Chicago, IL	3%	Philadelphia, PA	3%
Atlanta, GA	3%	New York, NY	3%
Boston, MA (Manchester, NH)	2%	Houston, TX	3%
Washington, DC (Hagerstown, MD)	2%	Columbia-Jefferson City, MO	2%
Philadelphia, PA	2%	Chicago, IL	2%
Ft. Myers-Naples, FL	1%	Atlanta, GA	2%
St. Louis, MO	1%	Huntsville-Decatur (Florence), AL	2%
Houston, TX	1%	Baltimore, MD	2%
San Francisco-Oakland-San Jose, CA	1%	Phoenix, AZ	1%

Source: Visit Orlando, D.K. Shifflet & Associates

The table above shows that, in both domestic leisure and convention/group business, designated market areas – which are independent media markets – in other regions of Florida are critically important to Orlando. Daryl Cronk, Director of Research at Visit Orlando, described this phenomenon:

“Yes, proximity is a factor. Please keep in mind the data includes both overnight stays and day-visits. The proximity of Daytona to the east, and Tampa to the west, makes Orlando a popular destination for day-trips. It may be to attend a convention, to visit a theme park, a special event such as Halloween Horror Nights at Universal or Food & Wine at Epcot, or something as simple as a Magic game (just like I have friends to go to Tampa for Rays games). And of course lots of VFR travel (visiting friends and relatives).

“Origin markets take on a slightly different look if day-trips are excluded. Still a lot of in-state but not as much.”⁴⁶

Even when the origin markets are limited to overnight stays, local markets play less of a role, as Cronk noted, but are still important:

Figure 6: Market of origin share of overnight stays in Orlando

Origin DMA: Overnight Leisure	2010-2011
Tampa-St. Petersburg (Sarasota), FL	9.0%
New York, NY	7.7%
Orlando-Daytona Beach-Melbourne, FL	6.9%
Miami-Ft. Lauderdale, FL	6.1%
West Palm Beach-Ft. Pierce, FL	4.0%
Jacksonville, FL	3.9%

⁴⁶ Email from Daryl Cronk, May 24, 2013.

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Atlanta, GA	3.7%
Chicago, IL	3.1%
Boston, MA (Manchester, NH)	2.8%
Philadelphia, PA	2.4%
Washington, DC (Hagerstown, MD)	2.0%
Ft. Myers-Naples, FL	2.0%
St. Louis, MO	1.7%
Dallas-Fort Worth, TX	1.5%
Detroit, MI	1.4%

Source: Visit Orlando, D.K. Shifflet & Associates

Taken together, these factors – the evolution of gaming into broader entertainment, the availability of gaming in convention destinations, and Orlando’s dependence on both local and national markets – support many of the concerns expressed by the Orlando business community as to the expansion of gaming throughout Florida, particularly the possibility of new destination resorts.

Clearly, the addition of such destinations – which would add new supply to the competitive conventions and meetings business, while adding additional amenities to competing facilities in South Florida – raises the possibility of an adverse impact on business in the Orlando area.

John Sowinski of No Casinos said the impact would not necessarily be limited to the larger players in Florida markets, but could have serious ramifications for the smaller attractions, many of which depend on in-state and out-of-state visitors who are looking for secondary and tertiary activities during their leisure time. Sowinski suggests that such attractions – which might include Gatorland in the Orlando region or Jungle Island in the Miami area – might be more likely to lose out if more discretionary dollars are targeted toward gambling.⁴⁷

Las Vegas’s failed foray into re-branding itself as a “family” destination underscores the success of the Orlando region, which can rightfully claim ownership to that brand. Anecdotal evidence suggests that the brand equity of Orlando has benefits for the entire state of Florida. In fact, much of the image of the state of Florida is centered on theme parks and families.

The risk that gambling poses for Florida’s existing tourism brand was also noted by William Bunkley of the Florida Ethics and Religious Liberty Commission, who testified before the Senate Gaming Committee meeting earlier this year, and noted: “We have a brand here in Florida. It is tourism. It is fishing. It is outdoor sports. And though we have had some expansion of gambling, I got to tell you that Las Vegas tried the family gambling routine. It did not work,” Bunkley said. “We have a lot of people coming, supporting our state in the area of tourism, and I am very concerned about the future.”⁴⁸

⁴⁷ Interview with John Sowinski, May 29, 2013.

⁴⁸ Florida Senate Gaming Committee, February 18, 2013
http://www.flsenate.gov/media/videoplayer.cfm?EventID=2443575804_2013021203.

More generally, and with respect to Florida, expanded gambling may fundamentally change the state of Florida as a place to live and visit. Bill Lupfer, of the Florida Attractions Association, suggests that the expansion of gambling, particularly casino gambling, will be damaging to “the Florida brand.” Lupfer argues that many states with casinos legalized them in order to attract tourists. This was certainly true in the 1990s when casinos first began to expand outside Nevada and New Jersey. Florida, however, already offers more attractions than any other state; it doesn’t need casinos to attract tourism, he notes.⁴⁹ Rather than benefitting the state, expanded gambling (especially casinos) could make Florida a less-attractive tourist destination.

The tourism industry leadership in Orlando, as interviewed for this analysis, appears unified in its view that any expansion of gaming in Florida would have several tremendous economic and social impacts to the State.

If gambling were to be expanded in Florida, tourism leaders cite a variety of potential implications, including the following:

- Economic costs
 - Impact to Orlando’s global brand position.
 - Change in target market of the destination and thus potential economic losses.
 - Potential cost of moving to the unionization of hotels.
 - Economic impact to small businesses.
 - Lost business because some meeting planners will not book business in gaming destinations.
- Social costs
 - Change in the brand position and potential loss of global goodwill.
 - Change in staffing at properties that might impact the friendliness of the destination, which in turn might damage Orlando’s reputation as a friendly destination.
 - Change in the perceptions of safety, as the leisure market will not choose destinations where safety may be compromised.

8. Conclusion

Intentionally or not, the policies established by lawmakers – or the lack thereof – play a critical role in the evolution and expansion of gaming. Indeed, in the views of many, the “evolution” and “expansion” of gaming are largely synonymous. The industry rarely shrinks, and

⁴⁹ Bill Lupfer, Florida Attractions Association, phone interview, May 23, 2013.

quite often, expands as a result of expansion. As demonstrated in this section, the notion expressed by John Sowinski of No Casinos that the answer to saturation is often more gaming can be borne out by examples. Even industry segments that have seen their customer base decline – such as jai alai or dog racing, as well as other segments of the pari-mutuel industry – are still in business. Rules that may seem fixed and immutable – such as constitutional amendments – often prove to be less than immutable. Policymakers need to be aware that every change in policy creates consequences that, in turn, create a demand for more policy changes. As demonstrated in the past, such changes often lead to an expansion of gaming, which creates a demand for more changes.

Such changes could have significant impacts that extend beyond gaming, as evidenced by the concerns expressed by the business community in Orlando.

B. Types of Gambling and Their Performance, Participation

Legalized gambling is seemingly everywhere in the United States:

- 43 states have a lottery, with a 44th – Wyoming – having enacted lottery legislation in March 2013.
- 42 states have casinos of some kind, whether Las Vegas-style, floating, Indian, racetrack, or slots-only. Even Arkansas and Kentucky – considered non-casino states by the American Gaming Association – each have two racetrack gaming facilities that offer hundreds of Instant Racing machines⁵⁰ and/or skill-based reel games in a casino-like setting (and thus are included in our casino count), indicative of the efforts by operators and/or states to capitalize on the popularity of casinos. In total, there are 984 casinos in the US.⁵¹
- 33 states have pari-mutuel racing, whether horse racing, dog racing or jai alai.
- 7 states have what Spectrum terms “retail gaming,” which is the widespread placement of a small quantity of slot machines (generally 5 to 10) inside retail businesses throughout a state (typically liquor-licensed establishments).
- 5 states have standalone cardrooms, which offer poker and, in some cases, casino card games. At the end of 2012, there were standalone 407 cardrooms in the US.
- 2 states have sports betting.

For better or for worse, legalized gambling is growing – in dollars, in locations and in options. Many states are clamoring to either legalize a new form of gambling or expand what

⁵⁰ See description of Instant Racing machines at the Ellis Park website: <http://www.ellisparkracing.com/news-and-events/instant-racing/>.

⁵¹ Based on American Gaming Association and Spectrum counts.

they already have – and these debates are a regular occurrence in statehouses across the country. The proponents in such states argue either that they need the additional tax receipts and/or jobs, or that they need to stem the flight of residents' gambling dollars to neighboring states. The nascent rollout of Internet gambling has begun changing how gambling will be delivered, played, taxed and accepted – in statehouses, among gambling operators, and among patrons. Opponents argue legalized gambling has spread too far, leading to negative impacts that include addiction, personal bankruptcy, crime and industry cannibalization of consumers' discretionary dollars.

Florida is among the more gambling-rich states, as measured by number and types of options:

- 7 Indian casinos (6 Seminole, 1 Miccosukee)
- 1 state lottery, the nation's second-largest as measured by FY 2011 sales excluding VLTs
- 28 pari-mutuel facilities (plus inter-track at Ocala),⁵² including:
 - 24 with active cardrooms
 - 14 with live greyhound racing
 - 9 with live horse racing (quarter horse, thoroughbred and standardbred)
 - 6 with active jai alai
 - 6 with slot machines (a seventh, at Hialeah Park, opens in summer 2013)
- Charitable bingo throughout the state, regulated at a local level.

In addition, day-cruise vessels and cruise ships that dock at various Florida ports offer unregulated (but not illegal) casino gambling once they reach international waters three miles offshore on the Atlantic side, but 10 miles on the Gulf side.

1. The Prevalence of Gambling

a. Nationally

To our knowledge, the most comprehensive gambling studies, both for the US nationally and for Florida on a statewide basis, were conducted more than a decade ago. The first authoritative national gambling research was conducted by the Commission on the Review of the National Policy Toward Gambling in 1976. The most extensive and authoritative nationwide study was published in 1999 by the National Opinion Research Center at the University of

⁵² Data from Florida Division of Pari-Mutuel Wagering; July 24, 2012, facilities map and fiscal year-to-date data through April 2013. <http://www.myfloridalicense.com/dbpr/pmw/documents/FACILITIESMAP--Internet-hyperlinks.pdf> and <http://www.myfloridalicense.com/dbpr/pmw/documents/Stats/HandleandCardroom2012-2013--2013-05-13--April--YTD.pdf>.

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Chicago in a 768-page report. This groundbreaking research compiled survey results from approximately 3,000 gamblers and non-gamblers and was conducted as part of the National Gambling Impact Study Commission for the federal government. The study documented gambling prevalence among US residents at a lifetime rate of 68 percent and a past-12-months rate of 61 percent for all forms of gambling.⁵³

Gambling has expanded greatly since 1999, when some form of legalized gambling was being offered or had been approved in a total of 25 states,⁵⁴ to the present where 42 states currently offer some form of legal gambling other than the lottery. The most recent information on national gambling prevalence comes from the American Gaming Association's ("AGA") 2013 *State of the States* survey. While this is not a rigorous academic study it does represent the most up to date data released, released in the first week of May, 2013. This latest update to the annual study documents gambling prevalence as follows among the general US population:

- Past 12 months participation in the following gambling activities:
 - Lottery 53 percent
 - Casino gambling 32 percent
 - Casual betting with friends 26 percent
 - Playing poker 12 percent
 - Wagering on a race 6 percent
 - Internet gambling 3 percent

From the above information we can extrapolate that almost one-third of the adult population over 21 in the US has gambled in a casino within the past year. Among young adults, aged 21 to 35, the proportions playing the lottery, betting casually with friends, playing poker, and gambling over the Internet are significantly greater.

Of course, gambling incidence varies considerably with access to local or regional gaming facilities. Various studies commissioned by individual states since 1976 have shown lifetime prevalence rates ranging from 64 percent to 96 percent, with past-12-month prevalence rates ranging even more broadly from between 49 percent to 89 percent.⁵⁵ A meta-analysis of

⁵³ "Gambling Impact and Behavior Study, Report to National Gambling Impact Study Commission," National Opinion Research Center at the University of Chicago, April 1, 1999.

⁵⁴ American Gaming Association, 1999 *State of the States*; the yearly reports are available at <http://www.americangaming.org/industry-resources/research/state-states>.

⁵⁵ Howard J. Shaffer, Matthew N. Hall, Joni Vander Bilt, *Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-analysis*, Division on Addictions, Harvard Medical School, December 15, 1997.

available research across the US and Canada conducted in 1997 estimated a lifetime gambling prevalence rate of 81 percent in the general population across the country as a whole.⁵⁶

b. Florida

The most comprehensive study of gambling behavior across the state of Florida was conducted for the Florida Council on Compulsive Gambling Inc. (“FCCG”) by the University of Florida in 2001. This ground-breaking study documented gambling prevalence and participation rates as follows:⁵⁷

- Lifetime gambling prevalence of approximately 90 percent among Florida residents, ages 18 and older:
 - 10 percent of Floridians surveyed report they have never gambled
 - 20 percent have not gambled in the past 12 months
 - 45 percent have gambled in the past 12 months
 - 25 percent gamble weekly
- Lifetime participation in the following gambling activities:

○ Lottery	73 percent
○ Raffles	63 percent
○ Casino gambling	60 percent
○ Pari-mutuels and OTB	30 percent
○ Bingo	24 percent
○ Stock Market	23 percent
○ Cards (not at casino)	20 percent
○ Slot machines (not at casino)	18 percent
○ Pool	18 percent
○ Sports	16 percent
○ Jai Alai	14 percent
- Lifetime prevalence was highest for lottery, raffles or sweepstakes, casino gambling, and pari-mutuels or off-track betting (“OTB”) with nearly one-third to almost two-

⁵⁶ Ibid.

⁵⁷ Nathan A. Shapira, Mary Ann Ferguson, Kimberly Frost-Pineda, Mark S. Gold, *Gambling and Problem Gambling Prevalence Among Adults in Florida*, University of Florida, October 2002.

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thirds of respondents acknowledging participation in these activities on a lifetime basis.

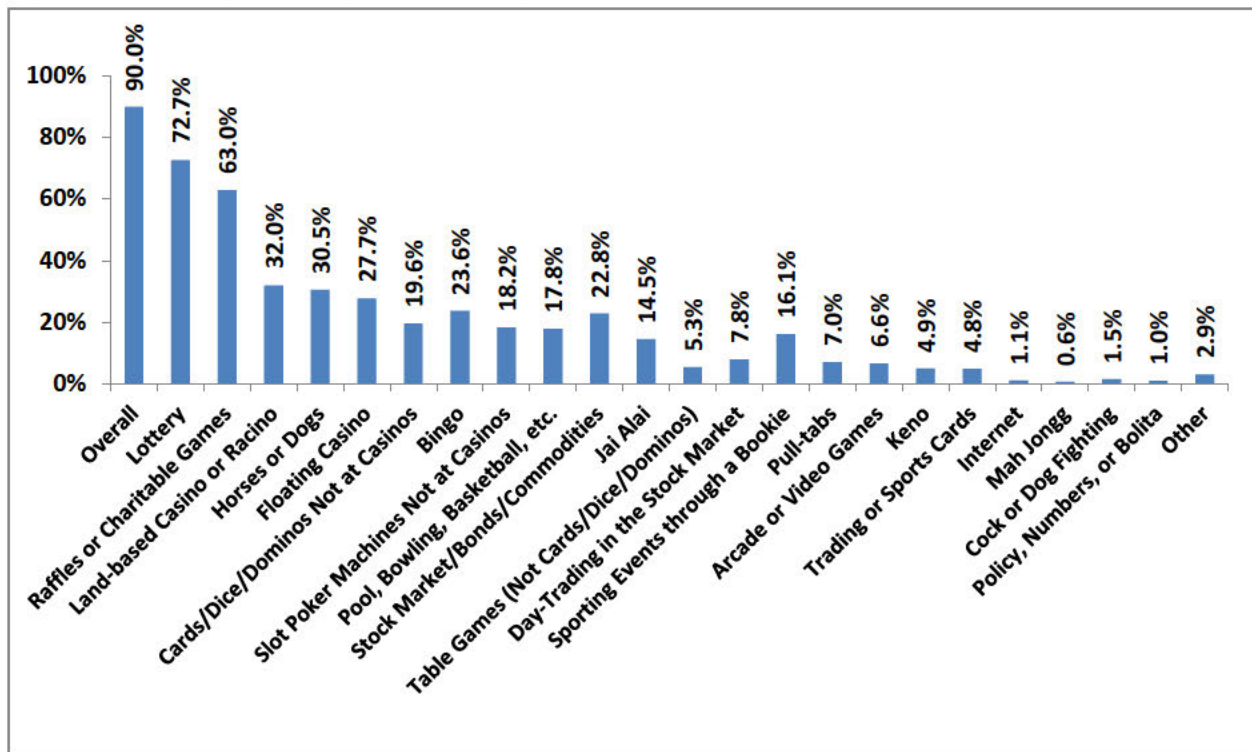
- Past-year participation rates were highest for lottery, raffle, casino and stock market gambling, followed distantly by bingo, cards outside a casino, day trading, horses, dogs or other animals and OTB, pool, sports and slot machines outside a casino.
- Respondents participating in one or more of these gambling activities did so by:
 - Gambling in a casino 32 percent
 - Gambled at a convenience store 16 percent
 - Gambling at the supermarket 13 percent
 - Gambled in their homes 8 percent
- Males are significantly more likely to be weekly gamblers than females (30.5 percent versus 20.2 percent)
- Florida residents in the 50 to 65 age range are most likely to be weekly gamblers
- Residents 18 through 29 are least likely to gamble weekly
- SOGS problem gambling⁵⁸ among adult Florida residents:
 - Past-year problem/pathological 2 percent
 - Lifetime problem/pathological 3.6 percent
- NORC DSM problem gambling⁵⁹ among adult Florida residents:
 - Past-year problem/pathological 0.8 percent
 - Lifetime problem/pathological 1.0 percent

Lifetime gambling participation among Floridians as documented in the 2001 study is illustrated in the following chart. Note that for land-based casino or racino gambling, in 2001 virtually all of this would have taken place outside of Florida, as the only casino open at the time was the original Seminole casino in Hollywood.

⁵⁸ Pathological and problem gambling based upon South Oaks Gambling Screen ("SOGS").

⁵⁹ Pathological and problem gambling based upon National Opinion Research Center's DSM Screen ("NORC DSM").

Figure 7: Lifetime gambling participation by Floridians, 2001



Source: Florida Council on Compulsive Gambling

The 2001 study was replicated 10 years later by the FCCG, with the University of West Florida collecting and analyzing the survey data. The 2011 replication survey published in January 2012, explored gambling behavior among a total of 2,500 Florida residents.⁶⁰ This update provides better granularity of data for gambling prevalence but in the process makes some direct comparisons more difficult. For instance, due to a stricter definition of gambling as “placing something of value at risk in hopes of gaining something of greater value”⁶¹ instead of simply “bet or spent money on” as gambling was defined in the 2001 study⁶² lifetime prevalence of gambling in the 2011 study benchmarks at only 60 percent as opposed to 90 percent in the earlier study.⁶³

Due to this difference in the broad definition of “gambling” it would not be appropriate to compare the two overall statistics, and the change from 90 percent to 60 percent lifetime gambling participation should in no way be construed as a decline in the overall prevalence of

⁶⁰ Robert J. Rotunda, Terry L. Schell, “Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication,” University of West Florida, January, 2012.

⁶¹ M.N. Potenza, T.R. Kosten, and B.J. Rounsaville, Pathological Gambling, *Journal of the American Medical Association*, 286, p.141-144, 2001.

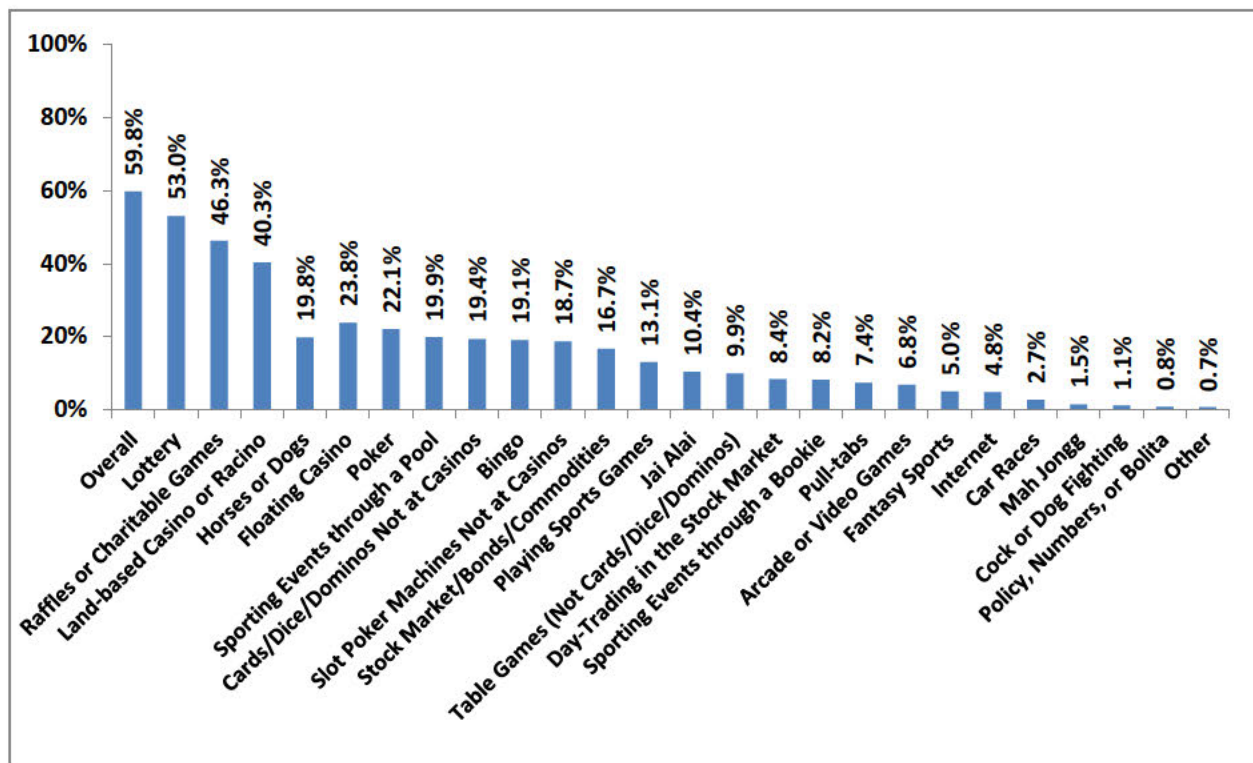
⁶² Nathan A. Shapira, Mary Ann Ferguson, Kimberly Frost-Pineda, Mark S. Gold, “Gambling and Problem Gambling Prevalence Among Adults in Florida,” University of Florida, October 2002.

⁶³ Ibid.

gambling in Florida but rather viewed as a refinement of the measurement criteria in the 2011 study and more consistent with the national rate of gambling participation.

Despite the difficulty in making overall gambling prevalence comparisons, the 2011 update agrees closely with the 2001 study in identifying lottery, raffles or charitable games, casinos, horse or dog racing, and bingo as the top five gambling activities among Florida residents. More than half of all survey respondents have played the lottery at least once in their lifetime, almost half have participated in a raffle, and 40 percent have gambled in a land-based casino.

Figure 8: Lifetime gambling participation by Floridians, 2011

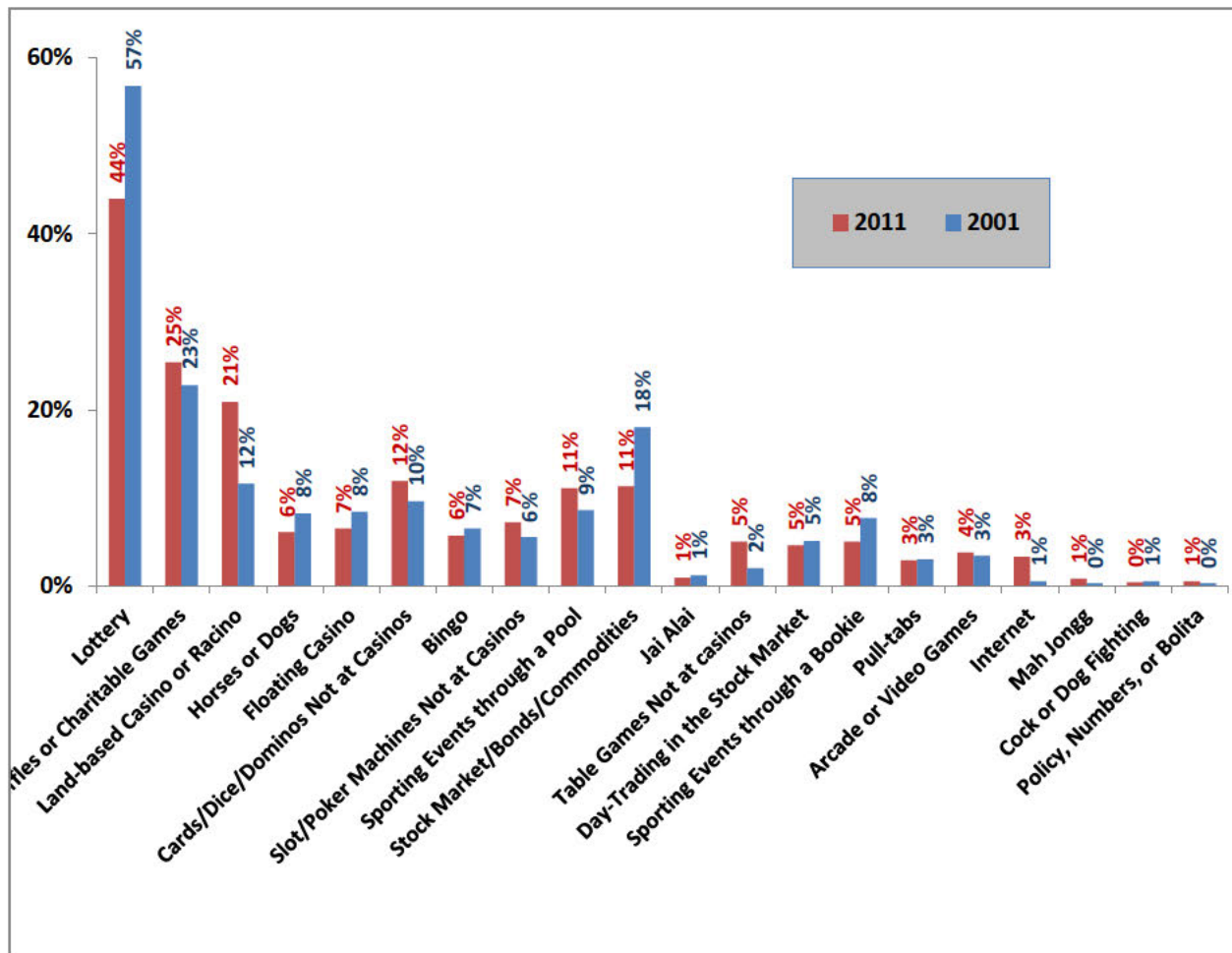


Source: Florida Council on Compulsive Gambling

Both gambling prevalence studies also break out past year gambling participation. Past-year gambling participation among Floridians is generally consistent with lifetime participation and similarly highest for the lottery, raffles or charitable games, and casinos (both floating and land-based), followed by cards/dice/dominos, horse or dog racing, and sporting events through a pool or between friends. What is most revealing about this behavioral comparison after a decade is that Florida residents report less past-year gambling participation for lottery, horse and dog racing, floating casino, the stock market, and sporting events through a bookie in 2011 than they did in 2001. Conversely, gambling participation has increased among Floridians since 2001 for

land-based casinos, cards, table games, and gaming machines found outside the casinos, sporting events through a pool, and gambling on the Internet.⁶⁴

Figure 9: Past-year gambling participation by Floridians, 2001 vs. 2011



Source: Florida Council on Compulsive Gambling

The statistics regarding prevalence have to be balanced and understood within the context of human stories, particularly among those with gambling problems. As Pat Fowler of the Florida Council on Compulsive Gambling noted in an op-ed article: “Every day we hear statistics about a variety of topics including dangerous activities, life style risk factors, and diseases of the world. Most of these statistics go in one ear and out the other. They are just numbers. But when a real story of hardship and devastation is tied to the numbers, it makes us think and consider the people behind the ratios and percentages.”⁶⁵

⁶⁴ Nathan A. Shapira, et al., and Robert J. Rotunda, Terry L. Schell, “Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication,” University of West Florida, January, 2012.

⁶⁵ Pat Fowler, “Gambling a Devastating Addictiion,” *Gainesville Sun*, March 3, 2011
<http://www.gainesville.com/article/20110303/NEWS/110309814>

9. Competitive Issues

Florida's land-based casino industry competes within itself on two levels: for customers and gaming revenue, and for attention from the Florida Legislature.

Seminole Gaming – particularly its flagship Seminole Hard Rock in Hollywood – is a well-functioning, well-capitalized and well-managed operation that has succeeded in leveraging numerous assets, from its brand to its design to its tax structure and beyond, to the point where it essentially competes to varying degrees with all of the operating racinos in Miami-Dade and Broward counties.

The racinos themselves compete with each other and with the Seminole operations on the bases of their location, access, design, customer service, loyalty programs as well as their brands and racing operations. Various other rules they must operate under, from their hours of operation to their mandated no-smoking policies, also play a role. The most visible and impactful rules that limit their competitive abilities are the tax structure they operate under, as well as their inability to match the same array of offerings as their tribal competitors. The racinos, for example, are barred from offering house-banked card games, which are popular at the Seminole casinos.

While the racino operations share those concerns, they do not necessarily share the same priorities. Some put the need for table games as a top priority, while others would place tax parity higher on the list, or at least a reduced tax rate that would help justify additional capital investment.

This absence of a uniform agenda has made it difficult for the racinos to advance their cause(s), a situation that is exacerbated by a lack of understanding among the racinos themselves as to their individual challenges. While jai alai has little in common with dog racing, and neither has much in common with horse racing, there is little visible camaraderie between operators of thoroughbred and standardbred facilities, even the thoroughbred tracks themselves can find themselves at odds.

For example, Gulfstream announced its racing schedule this year and is breaking a longstanding tradition of cooperation with other thoroughbred tracks by extending its meet year-round, thus competing directly with Calder. This is one of several related issues regarding skirmishes between the tracks, which are about 10 miles apart.

Still, the issue of conflicting agendas – what was referred to earlier by some observers as a “circular firing squad” – has created a legislative stalemate, but has also led to other curious results, as exemplified by the situation in jai alai. That sport – which originated in Spain and first appeared in the United States in Miami nearly a century ago – enjoyed its heyday of popularity between the mid-1950s and 1970s, when nine jai alai frontons opened in Florida alone.⁶⁶ Starting

⁶⁶ Jai-Alai.info <http://www.jai-alai.info/history-of-jai-alai.html> .

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in the early 1990s, the sport endured a dramatic retreat in popularity, with many frontons closing.⁶⁷ Still, the sport survives, in large measure because it is tied to – and subsidized by – casino gaming and, to a lesser extent, by revenue from cardroom poker, which is roughly 4 percent of gross poker receipts.

Jai alai cannot make the same claims as the horse-racing industry that it supports numerous ancillary industries – such as racing’s ties to agriculture, as well as its span across multiple states and nations – yet its subsidies endure, with no visible efforts to eliminate, reduce or replace them.

With a jai alai fronton comes the ability to open a cardroom, a simulcasting parlor and/or a casino in Broward and Miami-Dade counties in South Florida. Those possibilities have been enough to entice investors to seek new jai alai permits even though investors realize that the jai alai portion of their investment will lose money. They hope to cover their losses with revenue from other forms of gambling. When Hamilton Jai Alai and Poker opened in December 2005, it was the first new fronton built in Florida in 22 years.⁶⁸ Its owner, Glenn Richards, told Spectrum in an interview that without the cardroom and simulcast parlor, he never would have built the fronton and it would have been closed long ago without the cardroom revenue.

Miami Jai Alai opened its slot facility on January 23, 2012. Its operator was hopeful that slot machine revenue would improve its fiscal situation. But the company has struggled to pay its debt service, resulting in a foreclosure action by its lenders. During its first six months of casino operation in 2012, it lost nearly \$7 million.⁶⁹

In addition to the prospects of cardroom and casino revenue, a jai alai license can be transferred or leased to another operator. The courts are currently reviewing whether a jai alai permit can be converted into a greyhound or racing permit. The bottom line is that jai alai permits are being issued and sought due to reasons that have nothing to do with the profitability of jai alai. Indeed, the jai alai sector as a whole sustained an operating loss of \$14 million in FY 2012.⁷⁰

So why do the subsidies for jai alai endure? The elimination or reduction of jai alai subsidies would give casinos tied to frontons an unfair advantage over casinos tied to other forms of pari-mutuel wagering. The same arguments could be made for dog racing as well. If dog-racing and jai alai were allowed to “decouple” their pari-mutuel operations from their gaming

⁶⁷ Ibid.

⁶⁸ “Hamilton Jai-Alai and Poker Opens Saturday,” *Suwannee Democrat*, December 21, 2005
<http://suwanneedemocrat.com/jasper/x66389098/Hamilton-Jai-Alai-and-Poker-opens-Saturday>

⁶⁹ Brian Bandell, “Miami Jai Alai in \$84 million foreclosure,” *South Florida Business Journal*,
<http://www.bizjournals.com/southflorida/news/2012/09/14/miami-jai-alai-and-casino-in-84m.html?page=all>

⁷⁰ Spectrum review of annual audited financial statements submitted by jai alai operators to PMW

operations, this would effectively lower their overall obligations, the effective tax rate they now pay. By having a lower effective tax rate, this would eliminate parity with the pari-mutuels that are not decoupled, and any potential for eliminating parity can be expected to generate opposition. So, the subsidies endure because their presence helps ensure that all pari-mutuels pay a similar effective tax rate.

As a result, the current stalemate is perpetuated and policymakers are not encouraged by the industry to address issues that could arguably advance public policies, such as the possibility of shifting some revenue-sharing that now goes to various forms of pari-mutuel wagering to general revenues.

So, while racinos do not agree amongst themselves, nor do they agree with Indian gaming operators, on most critical issues, there is largely a consensus on another aspect of gaming in Florida: opposition to gaming expansion by allowing new entrants to develop destination resort casinos.

Last year, legislation to authorize three casino resorts with capital investments of at least \$2 billion each was “killed by an unlikely coalition of opponents: Central Florida tourism interests led by Walt Disney World and the Florida Chamber of Commerce; social conservatives opposed to more gambling; and the state's pari-mutuel industry and the Seminole Tribe of Florida, whose gambling interests would have faced new competition.”⁷¹

The value of this “unlikely coalition” was affirmed in a recent press release by Fitch Ratings, in which it noted: “Fitch believes there is a low likelihood that the integrated resort legislation passes in the near term, since it faces heavy opposition from STOF [Seminole Tribe of Florida], the pari-mutuels, the Orlando theme-park companies and other interest groups. If it eventually passes, Fitch expects the impact on STOF’s financial profile will be manageable. Per the compact agreement, STOF would be able to stop making the compact fee payments from its Broward County casinos (Hollywood Hard Rock, Seminole Hollywood Classic and Seminole Coconut Creek) which account for about half of the gaming division's revenues. Other facilities in Immokalee, Tampa and Brighton would not be directly impacted.”⁷²

10. Identifying, Capturing Markets

Depending on their location, access, neighborhoods, amount and quality of capital investment and distance from competitors, each existing Florida operation has developed its own marketing strategy and customer base.

⁷¹ Kathleen Haughney, “Destination casino bill is dead for this year,” *Sun-Sentinel*, February 3, 2013. http://articles.sun-sentinel.com/2012-02-03/news/fl-gambling-dies-or-lives-another-day-20120203_1_destination-casino-bill-gambling-regulation-debate-gambling.

⁷² “Fitch Rates Seminole's \$750MM Term Loan 'BBB-'; Affirms IDR at 'BB+'; Outlook to Positive,” April 1, 2013. <http://www.businesswire.com/news/home/20130401006002/en/Fitch-Rates-Seminole-750MM-Term-Loan-BBB->.

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For example, Isle Casino Racing Pompano Park competes against the Seminole Hard Rock for its higher-end play and against Seminole Coconut Creek casino for the day-tripper business. Yet, with 1,450 slots and 48 poker tables, Isle still managed to generate \$155 million in gross gaming revenue during the past 12 months.⁷³

Isle generally generates about 40 percent of its annual revenue during the January-April period, thanks to the lift created by the incoming snowbird population that fills the condominiums and other housing units near the beach. In that sense, Isle is typical of many of the racino operations in South Florida.

Isle is also typical in its marketing strategy, eschewing relatively expensive mass-media options in favor of more targeted approaches, such as direct-mail and billboards. According to General Manager Rob Wyre, customers respond to the nature of the offer, which casino is providing the best deal, but also to the perception as to the looseness of the slots. Isle reports that between 60 and 65 percent of its slot play is “rated,” a term referring to players who have signed up for the loyalty program and who identify themselves as players during their visit to earn rewards.

That percentage is about 10 points higher than what is reported at Miami Jai Alai, an older property in a more urban area.⁷⁴ Miami Jai Alai management views its location as an asset that can be exploited, with heavy population centers nearby, and easy access to South Beach in Miami Beach. The property enjoys a strong police presence and patrons feel safe, according to management, which also notes that while the median player in its database is likely to be a female between 50 and 55 years of age, age drops noticeably after 2 a.m. Its demographics are also skewed heavily to the Cuban/Latino population, and to a lesser degree the Haitian population. With that in mind, management views the televising of jai alai on Telemundo and Univision as part of its marketing strategy.

Calder Casino and Race Course is also typical of the racino market in drawing most of its customers from within a 10-mile radius, and also competes against both the Hard Rock and Coconut Creek casinos, with the former being only two exit stops away on the Florida Turnpike. Calder competes against Coconut Creek for the market in the Boca Raton area.⁷⁵

Calder management believes that its close proximity to Sun Life Stadium, its Turnpike access, its equidistance of 20 miles from both Miami and Fort Lauderdale airports and its 220-acre site are assets that could benefit from additional capital investment in more amenities, but that possibility is presently precluded by the tax structure, which would prevent such investments from generating a sufficiently attractive return on investment.

⁷³ Interview with Isle Casino Racing Pompano Park General Manager Rob Wyre, May 1, 2013.

⁷⁴ Interview with Miami Jai Alai management, May 2, 2013.

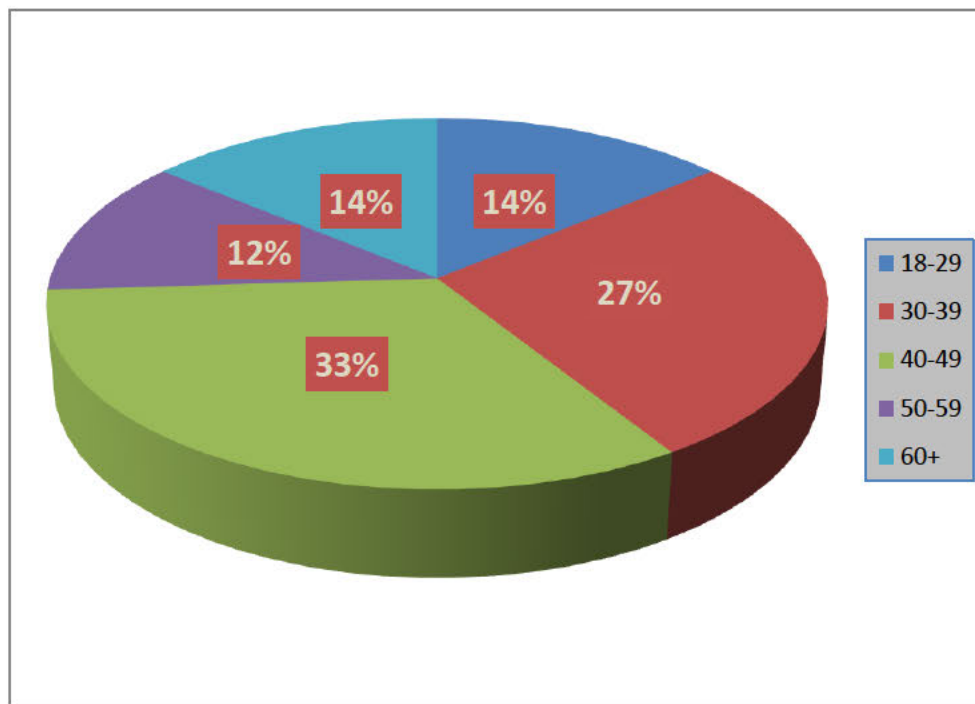
⁷⁵ Interview with Calder management, May 2, 2013.

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Calder competes with Gulfstream on multiple fronts, from geography to its thoroughbred racing meets, but the racinos clearly operate under different models. Gulfstream is being positioned as a racing destination and as a centerpiece for the Stronach Group, which is moving its racing operations to Florida, and which operates other tracks, including the signature Santa Anita in California. The core difference is that Gulfstream focuses more on racing, and views casino gaming primarily as a means of funding purses, which allows it to compete for top horses with tracks in northern states.⁷⁶

As noted earlier, Gulfstream is planning significant additional capital investment, undeterred by the tax rate. It has already managed to attract a younger demographic, in part because of its Village at Gulfstream investment, which opened in 2009. Gulfstream took a recent snapshot of its customer base to reveal the following about its customer base:

Figure 10: Gulfstream snapshot of customer demographics



Source: Gulfstream Park

A number of the racino operators report that competition is fierce, a competition heightened by the restrictions under which they operate. Not all restrictions are gaming-related. Magic City Casino reports, for example, that any plans it might consider to add a hotel are limited by restrictions on high-rise development near the airport.⁷⁷ Managers there are also concerned about capital investment that might be impacted by future destination resort casinos, a risk factor that discourages capital investment as well. Along that same line of reasoning, Mardi

⁷⁶ Interview with Gulfstream management, May 2, 2013.

⁷⁷ Interview with Casino Magic management, May 8, 2013.

Gras management said it would consider capital investments in hotel rooms, meeting space and restaurant improvements, if it had assurances that destination resort casinos were no longer a possibility.⁷⁸

Hialeah Park is pursuing significant capital investment in its facility, in an effort to recapture much of the appeal from its 1930s heyday as a racing icon. The \$470 million project will ultimately include, in addition to the casino, a 750-room hotel, convention and entertainment and retail centers.⁷⁹ The concept was summarized in a brochure produced by Hialeah management:

“(Hialeah Chairman) John Brunetti Sr.’s vision for Hialeah’s rebirth is a comprehensive development that supports the rich tradition and revitalization of the entire 200-acre Hialeah Park property and to energize the hospitality industry in Florida - a place that would entertain families, adults young and old and once again become a tourist destination.

“John’s plan restored Hialeah’s historic buildings and verdant gardens, brought horse racing back to the region and created a new entertainment experience for Miami – Dade County. Soon will come a small museum exhibiting the history of racing and the history of South Florida; the creation of an urban entertainment district for those who live, work, shop and play in the region; an outlet shopping village with restaurants; a new boutique hotel and a metro rail station and business complex for the City of Hialeah and Miami Dade County.”⁸⁰

The property plans to take advantage of some inherent assets, ranging from its location in the midst of a large Cuban-American population to its proximity to a train station in front of its property. Hialeah management plans to aggressively market itself throughout Latin America and Europe.⁸¹

11.Profitability

Casino gambling is generally a profitable business. As service businesses without costs of raw materials and inventory or the need to invest in research and development, casino companies are efficient operations, generating high operating margins. As shown in the following table, in 2012 the four largest publicly owned casino companies generated an average margin of cash flow (as measured by the commonly used metric of EBITDA, or earnings before interest, taxes,

⁷⁸ Interview with Mardi Gras management, May 9, 2013.

⁷⁹ Hialeah Park Master Development Plan, June 29, 2012, Revised May 14, 2013.

⁸⁰ “Hialeah Park Now and Forever,” undated development brochure, sent via email from Ewing Cole architects, May 29, 2013.

⁸¹ Interview with Hialeah management, May 9, 2013.

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depreciation and amortization) to revenues of 22.1 percent, driven in great part to their Asian operations.

The next five largest gaming companies, all US regional operators, generated an average margin of 22.7 percent in 2012. This compares favorably to a comparable average margin of 16.6 percent for the four largest US publicly owned hotel operating companies as well as to the three largest cruise companies, which have an average margin of 20.2 percent.

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Figure 11: Profitability of casino and leisure companies, as measured by 2012 EBITDA margin

Casino operators with Asia exposure	EBITDA/Net Revenue
Las Vegas Sands	31.4%
Wynn Resorts	27.2%
MGM Resorts	11.0%
Melco Crown	19.0%
<i>Average</i>	<i>22.1%</i>
Regional casino operators	EBITDA/Net Revenue
Penn National	23.7%
Ameristar	28.0%
Pinnacle	22.1%
Boyd	17.1%
<i>Average</i>	<i>22.7%</i>
Racino Operators	EBITDA/Net Revenue
<i>Dover Downs</i>	<i>7.4%</i>
<i>Churchill Downs Inc.</i>	<i>16.9%</i>
Indian Casino Operators	EBITDA/Net Revenue
<i>Mohegan Tribal Gaming Authority</i>	<i>23.1%</i>
<i>Seneca Gaming for 2009</i>	<i>30.0%</i>
US cruise companies	EBITDA/Net Revenue
Carnival Cruises	21.8%
Royal Caribbean	14.8%
Norwegian Cruise Line	24.0%
<i>Average</i>	<i>20.2%</i>
US lodging companies	EBITDA/Net Revenue
Marriott	9.7%
Starwood	18.4%
Wyndham	23.1%
Hyatt	15.4%
<i>Average</i>	<i>16.6%</i>

Sources: Annual Reports, YCharts.com, pro.edgar-online.com. Note: Seneca Gaming stopped publicly reporting results in 2010.

a. Reasons for Gaming Profitability

In terms of EBITDA return on total invested capital, a measure of profitability in relation to fixed plant, casino companies are very profitable. In 2012, the same four large gaming companies generated an average of 16.2 percent return on invested capital. The regional gaming companies generated a 13.6 percent return on the same measure. This compares to 18.8 percent for the hotel companies in this group and 2.1 percent for the three cruise companies.

Figure 12: EBITDA return on invested capital of casino and leisure companies, 2012

Gaming operators with Asia Exposure	ROIC
Las Vegas Sands	20.3%
Wynn Resorts	25.4%
MGM Resorts	5.6%
Melco Crown	13.4%
<i>Average</i>	<i>16.2%</i>
Regional gaming operators	ROIC
Penn National	14.0%
Ameristar	18.0%
Pinnacle Entertainment	14.0%
Boyd Gaming	8.3%
<i>Average</i>	<i>13.6%</i>
Racino-only Operators	ROIC
Dover Downs	1.2%
Churchill Downs Inc.	7.5%
Indian Casino Operators	ROIC
Mohegan Tribal Gaming Authority	17.4%
Seneca Gaming <i>for 2009</i>	23.6%
US cruise companies	ROIC
Carnival Cruises	4.5%
Royal Caribbean	0.3%
Norwegian Cruise Lines	1.4%
<i>Average</i>	<i>2.1%</i>
US lodging companies	ROIC
Marriott	32.1%
Starwood	17.5%
Wyndham	16.9%
Hyatt	8.6%
<i>Average</i>	<i>18.8%</i>

Sources: Ycharts.com, Annual Reports. Note: Seneca Gaming stopped publicly reporting results in 2010.

Casinos tend to be profitable in great part due to the many barriers to entry that limit competition. First among these is the requirement for licensing. Many persons and companies will not want to get licensed due to the invasiveness of the process and its ongoing nature. Similarly, the transparency of the operations due to public reporting requirements is a deterrent to those not wanting to operate in a “fish bowl.” Possibly more importantly, most jurisdictions limit the number of gaming licenses or restrict the locales in which casinos can operate, thereby restricting the number of casinos that can open. Additionally, the capital-intensive nature of gaming, whether for the need for large and specialized physical plants or the high working capital needed to run the operations, result in a high capital cost, limiting participants only to those who can amass the great amount of capital needed. Lastly, gaming is a highly specialized cash-intensive operation requiring complex management controls regarding security, marketing and cost controls, which limits the number of capable operators.

b. Factors Affecting Profitability

Within the gaming industry, some properties are more profitable than others for a multitude of reasons:

- **Gaming tax rate** – The assessment made by the hosting jurisdictions is among the most significant determinants in casino profitability. Tax rates can range from 7 percent to 65 percent of house gaming win⁸², sometimes with additional up-front and ongoing payments to host communities, local public benefit organizations and the state or national government that is granting the gaming license. Higher rates are generally imposed in jurisdictions that limit competition, vesting greater value in the license rights. But obviously, the higher the tax rate, the lesser the ability of the gaming operator to absorb fluctuations in other elements of the business's operating results, jeopardizing profitability and the ability to withstand competition.

The absence of a gaming tax is a key element to the profitability of many Indian casinos. Without having to pay such a tax, the tribal gaming operation has substantially more flexibility to spend more on customer marketing including complimentary services such as rooms, food and beverage, giving them a potential competitive advantage against tax-paying commercial casinos. Additionally, non-tax-paying Indian casinos can return more to their owners or use the funds to pay down debt sooner, assuring them greater financial stability. The benefits of such a tax advantage are compounded by the tribe's exemption from corporate federal and state income taxes.

- **Cost of capital** – Gaming is a capital-intensive business, and getting more so as casinos get larger and incorporate ever more non-gaming amenities. The gaming company's ability to attract lower cost capital can make a huge difference in its profitability as measured by return to shareholders and its ability to pay down debt. Capital costs tend to be lower for larger projects, more diversified gaming companies, and companies with a longer track record.
- **Competition** – The level of competition in a market is a major determinant in any casino's profitability. This is best illustrated in operating margin performance, as a more competitive environment will force casinos to offer more incentives to customers to get them to play at any particular casino and reduce this margin. Return on investment will similarly be affected by greater competition as the operating profit declines in relation to the original capital cost.
- **Scope and diversity of offerings** – The efficacy of investment on the variety of amenities that can accompany a casino can have a dramatic impact on overall

⁸² "Win" and gross gaming revenue ("GGR") are effectively interchangeable terms, and both reflect the amount retained by the house after all winning bets are paid.

profitability. A hotel that was costly to build but unable to generate a sufficiently high average daily room rate due to the need to give away rooms can bring down a project's overall profitability. Similarly, restaurants and clubs that are overbuilt relative to their standalone profit-making capability can reduce the casino project's margins. Conversely, high volume turnover at any of these offerings can lead to highly efficient businesses that may generate profits beyond what similar operations not associated with a casino could generate, thereby enhancing the overall profitability of the project.

- **Accessibility** – Gaming is often convenience-driven, so accessibility, ease of parking, and matters of ingress and egress can have a major impact on profitability. Gaming customers are often repeat visitors and are attracted to facilities that make their arrival and departure easy. A casino in a competitive market with accessibility advantages will likely be more profitable by virtue of having more customers.
- **Management quality** – Operating efficiency is critical in gaming operations due to the high fixed cost nature of the business. Maximizing revenues is a key to successful operations of such businesses, so management skill in cost control and efficient marketing can make dramatic differences in operating margins and profitability.

Profitability within the Casino

Casinos are complex operations, in that there are many types of gaming and non-gaming operations occurring within the envelope of the casino development. This mix can vary significantly depending on the type of operation – destination vs. local, slots vs. tables vs. full service, standalone casino or a project with many amenities.

Generally, slots are the biggest contributor to profitability due to their low operating cost. There is little labor involved other than maintenance since the advent of ticket-in/ticket-out technology. Additionally, individual slot machines take up little room on the floor. Before considering gaming taxes, slots-only casino operations tend to generate among the highest returns on capital as they tend to have fewer amenities. The margins on net slot revenue can vary widely depending on the tax rate and regulatory requirements.

Tables generate higher individual bets than slots and the house retains a greater percentage in the individual gaming transaction, but table game transactions are much slower than the pull of a slot machine so calibrating the mix of tables and slots relative to demand is critical. Given the amount of labor required between dealers, supervisors, security personnel and cleaners, tables are generally less profitable than slots. An exception to this might be in extraordinarily high volume markets like Macau, where table games are the largest profit makers. The margins on net table games revenue can vary widely depending on the tax rate and regulatory requirements.

Hotel rooms may generate high operating margins in markets of ultra-high occupancy, but generally, due to the high labor, maintenance and utilities cost, their contribution is not as substantial as is gaming, especially after considering the development and recurring capital cost of building, maintaining and refurbishing hotel rooms. Similarly, casino food and beverage operations tend to run with little to no departmental profit with exception for certain “celebrity chef” restaurants in destination resorts.

As between destination resort casinos and local casinos, the profitability comparison cannot simply be made as so many of the elements affecting casino profitability, mentioned above, come into play. Destination casino project profitability is dependent on the efficacy of its design and appropriateness of the mix of demand generators – hotel, spa, restaurants, and clubs – and, management’s capability to get the various elements working together efficiently. Such projects’ successes are also dependent on being able to attract visitors from farther away and get them in and out of the project.

Internet gambling is just now being tested legally in the US, with the first Internet poker games just opening in Nevada in May. In Europe and other parts of the world, Internet gaming has proven very popular with the pure customer based gaming element generating cash flow margins of between 20 percent and 30 percent.⁸³ Capital cost in Internet gaming is based on technology investment or technology licensing fees (if using a third party online provider) and marketing to potential online gaming players.

12. Florida’s Competitive Landscape

Florida has an active land-based casino gaming industry, with seven Native American casino operations and six South Florida slots-only casinos at racetracks and jai alai frontons (collectively “racinos”). Three of the Native American casinos are located in Broward County and one each in Miami, Tampa, Immokalee and Okeechobee. The Seminole Tribe of Florida operates all of the Native American casinos except the Miami casino, which is owned and operated by the Miccosukee Tribe of Indians of Florida. Each of the South Florida racinos also offers poker, as do the majority of the pari-mutuel facilities elsewhere in the state. There is also one small Native American-owned slots facility in Clewiston on the southwest corner of Lake Okeechobee (a 5,600-square foot facility with a few slot machines), although we consider this to be too small to be truly defined as a casino.

Florida had a total population of 19 million in 2012, of which more than 14.6 million (77 percent) were adults (age 21+). Approximately 81 percent of the adult population (11.8 million adults) in Florida resides within a two-hour drive of an existing casino in Florida, excluding cruise ships, while 54.7 percent of the adult population (8 million adults) resides within a one-hour drive of an existing casino. The two-hour drive time figure comprises nearly all of the Florida population south of Gainesville. It should be noted that the drive-time population

⁸³ Thomas Allen, Morgan Stanley Report: Boyd Gaming Corporation; “Early to the Party,” April 11, 2013, page 7.

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projections presented in this report refer solely to permanent residents of Florida and do not include seasonal residents, either snowbirds or sunbirds.

Statewide, there are also a handful of casino cruises departing daily from ports throughout the state, some of which provide overnight cruises to the Bahamas and others which solely provide day-cruise excursions into international waters for gaming. The casino cruise industry in Florida is in a constant state of flux, generally downward. Ten years ago there were far more casino cruises in operation, but the industry niche has not fared well competing against land-based operations.

The racinos report their slot revenues to the State each month, which publishes the figures; Native American casino data are not published. The racinos also face a significant tax differential relative to the Native American casinos. Initially, racino slot revenue was taxed at 50 percent of net gaming revenues, excluding distributions to local governments. Effective July 1, 2011, the racino tax rate was lowered to 35 percent of GGR net of promotional credits and unclaimed tickets.

The Seminole Tribe historically (pre-2010) paid no gaming taxes, but was permitted to operate only slots and Class II table games (non-house-banked games). In 2010, the Seminole Tribe signed a 20-year compact with the State of Florida under which the Seminole Tribe agreed to pay the State an aggregate total of \$1 billion over the first five years of the compact (effectively less than 10 percent of gross gaming revenue), and potentially as much as \$1.5 billion based on an additional revenue-sharing component for the right to offer house-banked table games at its casinos in Hollywood, Immokalee and Tampa, with an option to add table games at its Coconut Creek casino. The compact also stipulated that all seven of the tribe's casinos could continue to operate Las Vegas-style slot machines for the next 20 years with no additional slot competition allowed outside of Broward and Miami-Dade counties, and that no Class III table games would be permitted anywhere else in the state.

Through 2012, we estimate that total GGR from the 13 racinos and Native American casinos in Florida was at least \$2.7 billion:

- The six racinos publicly reported GGR of \$527.6 million in 2012 (from an average of 6,327 slot machines over the course of the annual period and more than 140 poker tables). At year-end there were 6,393 slot machines and 147 poker tables operating.
 - Gross slot revenue was \$489.2 million (92.7 percent of GGR), while average slot win per unit per day was \$211;
 - Total cardroom revenue was \$38.3 million (7.3 percent of GGR), while average win per table per day was \$713;
 - Average GGR per gaming position per day was approximately \$198.
- We estimate the seven Native American casinos last year generated GGR of \$2.2 billion.

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- This estimate is based on two percent annual growth from the 2011 reported figure of \$2.16 billion (from 13,069 slots and 457 table games, or 15,811 gaming positions having \$374 in GGR per position per day).⁸⁴
- It should be noted that some expansion at Native American casinos has occurred since 2011, such that in aggregate, we estimate there are at least 14,500 slot machines and 450 table games (or 17,200 gaming positions) at Native American casinos in Florida in 2012.

The following table provides our estimated snapshot of the Florida casino industry for calendar year ended 2012 (based upon estimated results for Native American casinos, as applicable).

Figure 13: Florida casino supply and performance, 2012

	Racinos	Native American casinos	Statewide total
Estimated GGR (\$M)	\$527.6	\$2,200.0	\$2,727.6
No. Casinos	6	7	13
Slot Machines	6,393	14,500	20,893
Table Games	147	450	597
Est. Gaming Positions	7,275	17,200	24,475
Est. GGR/position/day	\$198	\$349	\$304

Source: Florida Department of Business and Professional Regulation; Spectrum Gaming Group estimates

We believe that the vast majority of GGR generated by Florida's casinos is generated by adults residing in close proximity to a casino (i.e., within a one-hour or two-hour drive).

13. Casinos (Commercial, Racetrack, Indian)

There are nearly 1,000 casinos in the United States, and in 2012 they generated an estimated \$66 billion⁸⁵ in gross gaming revenue ("GGR"). Put another way, gamblers experienced net losses of \$66 billion in US casinos last year. Casinos are the highest-grossing form of legal gambling in the country, having surpassed lottery sales.

In this section we provide an overview of various aspects and components of an industry that, from an economic perspective, has been highly successful.

a. National Overview

The modern casino industry began in Nevada, which was the first state to legalize casino gaming, when legislation was passed and signed into law by then-Governor Fred Balzar in 1931. While casinos grew in the state it was not until 1941 when the first casino El Rancho Vegas

⁸⁴ Alan Meister, *Casino City's Indian Gaming Industry Report*, 2013 Edition.

⁸⁵ Per American Gaming Association 2012 report of commercial casino revenue and 2012 4.7 percent commercial casino growth rate applied to National Indian Gaming Commission FY 2011 Indian casino revenue. Actual NIGC FY 2012 data are expected to be released later this year.

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Hotel-Casino – was built on Highway 91. This came to be known as the Las Vegas Strip and is now home to 41 casinos generating \$6.2 billion in gross gaming revenue (“GGR”), or roughly 57 percent of the total GGR in the state of Nevada. It then took until 1976 for another gaming jurisdiction to be legalized when New Jersey voters passed a voter referendum for a constitutional amendment to utilize privately owned casinos to revitalize Atlantic City – the former “Queen of Resorts” – that was in severe decline. This dynamic – economic recovery, urban renewal or Tribal self-sufficiency – has been one of the primary driving forces in the expansion of gaming throughout the US.

The following table provides a state-by-state breakout of the types of casino gambling. Of note, this review and analysis does not include a discussion of lotteries even though the proliferation of slot machines at racetracks is frequently operated under the auspices of the respective state lottery commissions. In the sections that follow we will provide a discussion of the various forms of casinos.

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Figure 14: Types of casino operations by state

State	Commercial Casino Legalization Date	Land/Floating Commercial Casino	Racetrack Casino	Indian Casino	Cardroom	Retail Gaming
Alabama				✓		
Alaska				✓		
Arizona				✓		
Arkansas	2006		✓			
California				✓	✓	
Colorado	1990	✓		✓		
Connecticut				✓		
Delaware	1994		✓			
Florida	2006		✓	✓	✓	
Georgia						
Hawaii						
Idaho				✓		
Illinois	1990	✓				✓
Indiana	1993	✓	✓			
Iowa	1989	✓	✓	✓		
Kansas	2007	✓		✓		
Kentucky	2011		✓			
Louisiana	1991	✓	✓	✓		✓
Maine	2004	✓	✓			
Maryland	2008	✓	✓			
Massachusetts	2011	✓				
Michigan	1996	✓		✓		
Minnesota				✓	✓	
Mississippi	1990	✓		✓		
Missouri	1993	✓				
Montana				✓	✓	✓
Nebraska				✓		
Nevada		✓		✓		✓
New Hampshire						
New Jersey		✓				
New Mexico	1997		✓	✓		
New York	2001		✓	✓		
North Carolina				✓		
North Dakota				✓		
Ohio	2009	✓	✓			
Oklahoma	2004		✓	✓		
Oregon				✓		✓
Pennsylvania	2004	✓	✓			
Rhode Island	1992		✓			
South Carolina						
South Dakota	1989	✓				✓
Tennessee						
Texas				✓		
Utah						
Vermont						
Virginia						
Washington				✓	✓	
West Virginia	1994	✓	✓			✓
Wisconsin				✓		
Wyoming				✓		

Source: American Gaming Association, Spectrum Gaming Group. Notes: Massachusetts has legalized casinos but they have yet to open. Florida does have “floating” casinos in that day-cruise vessels and cruise ships dock at state ports, but the gambling is unregulated and takes place in international waters.

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Note the second column in the above table, which indicates the year that commercial casinos were legalized in each state and note that most of the legislation was passed around the time of economic recessions in the US.⁸⁶ Of note, the legalization of casinos in Atlantic City followed the 16-month November 1973 recession, and the eight-month July 1990 to March 1991 recession can be considered as the impetus for the legalization of casinos in Colorado, Illinois, Louisiana and Mississippi. As previously indicated, economic recovery has been one of the leading reasons states and municipalities enact gaming legislation and casino gaming has become an economic mainstay in many communities.

The gaming industry is known for substantial capital investment in facilities, with the size and scale of the investment dependent upon potential returns that are, in turn, dependent upon population and visitation, regulations and proposed tax rate, to name a few factors that are considered in such investment decisions.

This investment creates construction jobs during the development phase of the project, followed by long-term job creation to staff the properties and service the customers. As an example, Tunica County, MS, was the poorest county in the country – 53 percent living below the poverty line and 15 percent unemployment – and was referred to as “America’s Ethiopia” by Jesse Jackson in 1985.⁸⁷ The first casinos opened in Tunica in 1992 and by 1994 when *U.S. News and World Report* revisited Tunica, 95 percent of all adults were working. The county budget, which was under \$3 million before the casinos commenced operations, is just under \$50 million for fiscal year 2013.⁸⁸ Farther south in Biloxi, MS, the experience was much the same. At the opening of the new Isle of Capri casino in Biloxi, MS, CEO Bernie Goldstein is quoted in his autobiography as, “We held a jobs fair, at which we were deluged with enthusiastic applicants. One in every 10 Mississippi workers was unemployed at the time, and we were offering outstanding salaries, benefits and promotion opportunities.”⁸⁹

The commercial casino industry⁹⁰ is large and growing. While this statement might seem counterintuitive given the challenges the industry faced during the economic recession and with certain companies still facing an uncertain future due to highly levered balance sheets, the fact remains that the gaming industry in the US has expanded to new jurisdictions, invested in new facilities and realized an almost 9 percent increase in GGR since the end of the Great Recession in June 2009.⁹¹ The commercial industry generated \$37.3 billion in GGR in 2012, just a slight

⁸⁶ Based on data provided by the National Bureau of Economic Research Business Cycle Dating Committee.

⁸⁷ James Popkin, “A Mixed Blessing for ‘America’s Ethiopia’,” *U.S. News and World Report*, March 6, 1994, http://www.usnews.com/usnews/news/articles/940314/archive_012562.htm.

⁸⁸ Meg Coker, “Tunica County Sets \$47 Million Budget,” *The Tunica Times*, September 21, 2012.

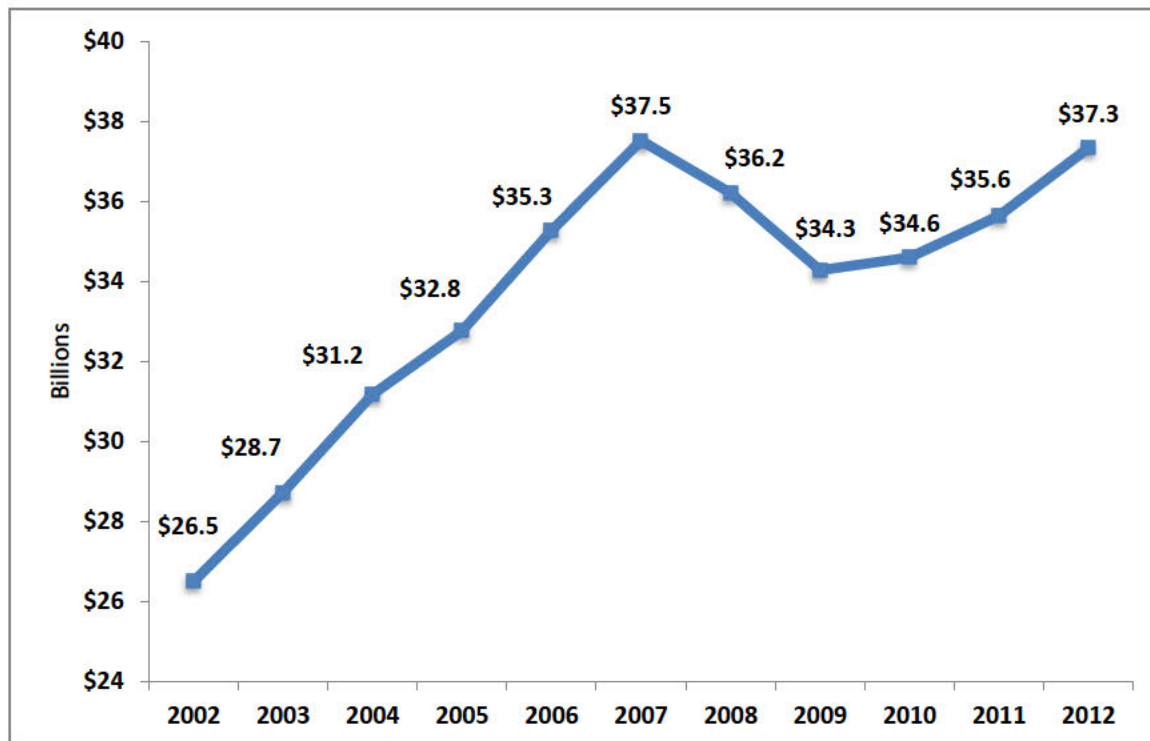
⁸⁹ Bernard Goldstein and William Petre, *Navigating the Century; A Personal Account of Alter Company’s First Hundred Years*, p. 154-155.

⁹⁰ We are defining commercial casinos as land-based, riverboat and racinos. This definition does not include Native American casinos or cardrooms.

⁹¹ National Bureau of Economic Research Business Cycle Dating Committee.

half percent below the 2007 peak revenue of \$37.5 billion. Much of this growth can be credited to the expansion of gaming to new jurisdictions – Pennsylvania, Ohio and Kansas are examples – or new properties opening in existing jurisdictions – Resorts World New York, Rivers Casino Des Plaines (Illinois) and SugarHouse (Philadelphia) – but some of it can also be ascribed to the improving economy and stabilizing housing sector providing consumers with the confidence to again visit and spend in casinos.

Figure 15: US commercial casino gross gaming revenue



Source: American Gaming Association; state regulatory agencies.

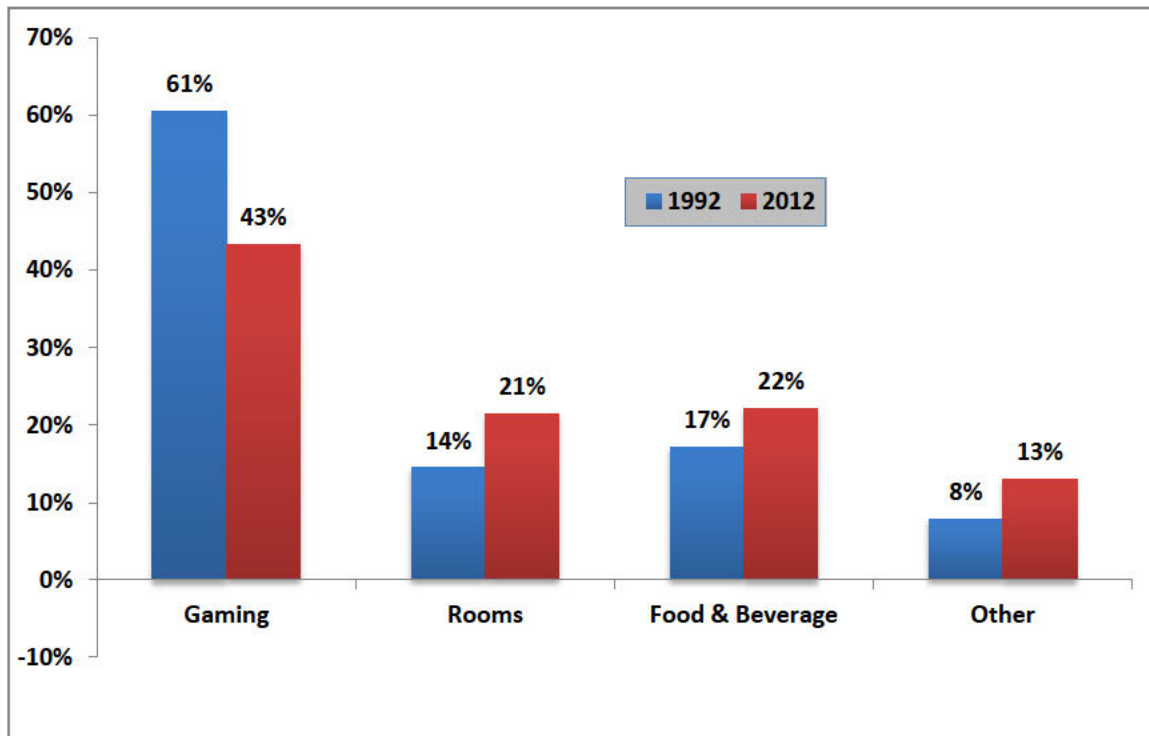
Today, 26 states have legalized commercial casinos of some type. As the casino industry expanded into other states and regions it has also evolved. To make casino gaming palatable to an electorate whose only exposure to the industry was from movies like *The Godfather* or *Bugsy*, states enacted legislation with certain requirements, such as limits on the number of gaming positions or the imposition of bet limits. In Colorado the casinos are only allowed in the former mining towns of Black Hawk, Central City and Cripple Creek and the casinos have architecture common to pre-World War I Colorado. Iowa riverboats must replicate 19th Century Mississippi steamships.

As the electorate became more comfortable with the industry and it contributed employment and raised revenue, many jurisdictions began to loosen regulations so that the in-state casino industry could continue to be competitive against the new casino jurisdictions being enacted throughout the country. The Iowa legislature voted in 1993 to remove bet and loss limits

and allow “as many gaming tables and slots as the boats could safely fit.”⁹² Missouri removed its loss limits in 2008. Colorado raised the maximum bet limit from \$5 to \$100 in 2009. Over the years, the requirement that riverboats cruise has been removed in all riverboat markets.

Because of the way regulations were written with riverboats enjoying monopoly-like status surrounded by other casinos throughout the state, most of the new jurisdictions became day-trip markets where customers drove from within a small radius, typically 50 to 75 miles, and stayed at each property for only a few hours. Properties located in Las Vegas, Atlantic City and Mississippi operated under different regulations that created a critical mass of properties and lower tax rates that incited the property owners to invest in larger facilities with hotels, more expansive food and beverage offerings, nightlife, entertainment and convention space. In the early part of the industry life cycle, the majority of the casino property’s revenue and earnings came from the gaming floor. Today, and especially for these larger properties, casino gambling now represents less than half of revenue.

Figure 16: Analysis of the shift in revenue contribution, Clark County, NV, casinos, 1992 vs. 2012



Note: Data from the Nevada Gaming Control Board all casino locations with Gaming revenue of \$1 million or larger. As such, the data reflect some casinos we would not consider “destination resorts.” For the destination resort casinos, the non-gaming portion of revenue in 2012 would be higher. Source: Nevada Gaming Control Board, Nevada Gaming Abstract 1992 and 2012.

⁹² Bernard Goldstein, *Navigating the Century; A Personal Account of Alter Company’s First Hundred Years*, p. 166.

b. Evolution of Destination Resort Casinos

As casinos expanded to other parts of the country they introduced the industry to new customers and drove increased visitation to Las Vegas and, to a lesser extent, Atlantic City. With the financial backing of the Wall Street high-yield bond markets, developers, particularly in Las Vegas, but also in Atlantic City and Mississippi, invested in larger and more luxurious properties. We classify these casino properties as destination resorts. The term “destination resort” is subject to interpretation, but Spectrum views it to be one with a critical mass of hotel rooms (typically 1,000 or more), restaurants, leisure activities and other resort features that has the ability to attract out-of-market patrons for a multiple-night stay. As an example, Bellagio in Las Vegas has 3,950 guest rooms, world-class architecture, a dancing-water show, a Dale Chihuly hand-blown glass lobby ceiling, and “O” Cirque du Soleil show to draw customers. Once the customer arrives Bellagio offers a spa, conservatory and botanical gardens, fine art gallery, nightclubs and several fine restaurants to keep the guest entertained outside of the casino.

Because there are more activities than gaming, the typical destination casino property employs a larger hotel with a higher ratio of rooms per gaming position⁹³ than regional or day-trip properties. Stated another way, at full occupancy there would be more people staying at a destination property than could be satisfied by the number of gaming positions. Thus, by design, there need to be more activities to keep the guests satisfied. The following table provides a snapshot of the ratio of rooms per gaming position for the destination, regional destination or day-trip property. The average number of rooms/gaming position for a destination casino is 1.75 rooms/gaming position, which is more than three times the ratio for a regional destination casino and a little over 10 times the ratio for the day-trip casino. This higher room count leads to more people in a property with a longer length of stay and higher spend/visit. Just adding hotel rooms will not ensure occupancy. It is the addition of other high-end amenities that draws the customers to the property with the demand justifying the larger hotel offering.

Figure 17: Analysis of select casino hotels ratio of hotel room count to gaming position

Property	Slot Machines	Table Games	Gaming Positions	Hotel rooms	Rooms/Gaming Position
<i>National Destination Resorts</i>					
Bellagio	2,111	146	2,987	3,933	1.32
Mandalay Bay	1,782	82	2,274	4,752	2.09
CityCenter	1,942	129	2,716	5,744	2.11
Caesars Las Vegas	1,370	180	2,450	4,270	1.74
Wynn/Encore	2,195	240	3,635	4,750	1.31
Venetian	1,200	110	1,860	4,028	2.17
Palazzo	1,200	130	1,980	3,064	1.55
<i>Average, Destination Resorts</i>					<i>1.75</i>
<i>Regional Destination Resorts</i>					

⁹³ A gaming position is defined as one slot machine or one seat at a gaming table. Spectrum assumes six seats per gaming table.

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Borgata	3,305	183	4,403	2,767	0.63
Harrah's Atlantic City	2,630	180	3,710	2,590	0.70
Caesars Atlantic City	2,190	180	3,270	1,140	0.35
Tropicana	2,677	116	3,373	2,079	0.62
Beau Rivage	2,046	82	2,538	1,740	0.69
L'Auberge du Lac	1,616	75	2,066	995	0.48
<i>Average, Regional Destination Resorts</i>					0.58
<i>Day-Trip Casinos</i>					
Mark Twain	649	13	727	0	0.00
Lakeside Iowa	1,027	13	1,105	150	0.14
Casino Aztar	907	30	1,087	347	0.32
Par-A-Dice	1,176	20	1,296	202	0.16
Blue Chip	1,954	42	2,206	486	0.22
Rising Star	1,300	37	1,522	190	0.12
River City	2,018	62	2,390	200	0.08
Harrah's Council Bluffs	830	20	950	250	0.26
Harrah's New Orleans	1,830	150	2,730	450	0.16
Horseshoe Tunica	1,460	90	2,000	510	0.26
<i>Average, Day-Trip Casinos</i>					0.17

Source: Company documents.

In addition to the luxury hotels and spas, destination resort casinos now boast high-end restaurants, along with the all-you-can-eat buffets for which Las Vegas was previously known. The *Forbes Travel Guide* (formerly *Mobil Travel Guide*) evaluates properties on over 500 service criteria and delivers comprehensive ratings and reviews, including the prestigious Five Star ratings. Today, there are more four- and five-star rated restaurants in Las Vegas than in any other US city, including New York, Los Angeles and Miami.

Figure 18: Four- and five-star restaurants for select cities

City	Number of 4- and 5-Star Restaurants	Example restaurants
Las Vegas	29	Twist by Pierre Gagnaire, Joel Robuchon, Restaurant Gus Savoy
New York City	21	Jean Georges, Masa, Daniel, Per Se
Los Angeles	12	Scarpetta, Melisse, Circa 55
San Francisco	12	Parallel 37, Gary Danko, Madera
Miami	10	Azul, NAOE, Palme d' Or
Orlando	5	Victoria and Albert's
New Orleans	3	The Grill Room

Source: Forbes Travel Guide and Startle.com

The amenities we cited within the control of the property developer. Despite a beachfront setting, Atlantic City and Biloxi have been unable to compete with Las Vegas for international visitors, because of factors outside the control of the developer. Of particular importance is accessibility to each respective market. Simply put, Atlantic City International Airport and the Gulfport-Biloxi International Airport do not – and cannot with their current infrastructure – provide the same airlift as McCarran International Airport in Las Vegas. In 2012, there were 41.7

million air passengers in Las Vegas,⁹⁴ while data from the Atlantic City Convention and Visitors Authority indicate that Atlantic City International Airport has more than 1 million annual passengers⁹⁵ and Gulfport-Biloxi air passengers were less than 1 million in 2012.⁹⁶ As such, we consider Las Vegas to be a national destination market, while both Atlantic City and Biloxi are regional destinations. Because of the critical mass of casino properties, combined with hotels and other amenities these two markets can draw from further away and for a longer stay duration than the primarily day-trip riverboats, but do not draw customers from as far or as long as Las Vegas.

c. Evolution to Hub and Spoke Business Model

The evolution of commercial casino gaming in the United States has evolved over a period of decades from a policy in which some states allowed casino licensees to cluster in a central location (Mississippi, Nevada, New Jersey) to one in which most states issue fewer licenses, giving some regional exclusivity, but balancing that with a relatively high tax rate. As the following table shows, the trend for higher tax rates has been rather strong, with few exceptions:

Figure 19: Changing tax rates over time

	Casino-revenue tax rate at adoption⁹⁷	Year gaming was established
Nevada	6.8%	1931
New Jersey	8.0%	1978
Iowa	24.0%	1991
Colorado	20.0%	1991
Illinois	50.0%	1991
Iowa	23.2%	1991
Mississippi	12.0%	1992
Rhode Island	72.7%	1992
Louisiana	21.5%	1993
Missouri	21.0%	1994
West Virginia	56.7%	1994
Indiana	40.0%	1995
Delaware	56.9%	1995
Michigan	24.0%	1999

⁹⁴ Las Vegas Convention and Visitors Authority visitor statistics, <http://www.lvcva.com/includes/content/images/media/docs/ES-YTD20128.pdf>.

⁹⁵ Atlantic City Convention and Visitors Authority, air travel information, http://www.atlanticcitynj.com/atlantic_city_international_airport.aspx.

⁹⁶ Gulfport-Biloxi International Airport, <http://www.flygpt.com/STatistics/Stats.htm>.

⁹⁷ Some states have different rates for table games or other exceptions. This lists only the highest rates in such states. Some rates have been subsequently adjusted, but this highlights the political trends regarding the adoption of rates.

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	Casino-revenue tax rate at adoption ⁹⁷	Year gaming was established
New Mexico	46.0%	1999
New York	65.0%	2004
Oklahoma	41.8%	2005
Maine	49.1%	2005
Florida	50.0%	2006
Pennsylvania	55.0%	2007
Maryland	67.0%	2008
Kansas	25.0%	2009
Ohio	33.0%	2010
Massachusetts casinos	25.0%	2011
Massachusetts slots only	40.0%	2011

Source: State gaming commissions

In our experience and as detailed earlier, tax rates are often set on the basis of political considerations, rather than through an economic analysis. This is best illustrated through the anecdotal example of New Jersey, which today is viewed as a low-tax state, but did not start out that way.

In 2010, Spectrum authored a peer-reviewed white paper on tax policy⁹⁸ that included the following:

“New Jersey was the first state outside Nevada to legalize casinos, with voters approving a November 1976 referendum to authorize casinos in Atlantic City. The enabling legislation, the Casino Control Act, was approved eight months later, and the first casino opened in May 1978. The tax rate in New Jersey was set at 8 percent, which today is the second lowest in the nation (behind Nevada).⁹⁹

“In researching this paper, we asked Steven P. Perskie – who was a member of the state Assembly in 1976 and 1977, and is widely hailed as the architect of the Casino Control Act – to provide the thought processes that guided the decision to set the rate at 8 percent. He responded with the following written comment:

“ ‘In researching the drafting of the bill introduced in 1976, after the referendum passed, we found that the highest (combined) tax on gross revenues was 7.5 percent (in Nevada). For principally political reasons, we therefore set the initial rate for New Jersey at 8 percent. We assumed that this would inoculate us from any argument in either direction (that the tax was too high or too low), and indeed we never had to defend that decision. We didn't, at that time, make any effort to calculate the revenue estimates for the state, as

⁹⁸ Spectrum Gaming Group, *Casino Tax Policy: Identifying the Issues that Will Determine the Optimal Rate*, <http://www.spectrumgaming.com/dl/SpectrumNationalTaxAssociation.pdf>.

⁹⁹ New Jersey also imposes a 1.25 percent reinvestment obligation, which offers casinos a below-market return. We normally calculate the effective overall rate in New Jersey at 8.4 percent. That reinvestment obligation, however, was not imposed at the time of the statute's initial adoption.

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we had no idea (and, as experience would show, we had *no* idea) what we would be dealing with.”¹⁰⁰

That “inoculation” rationale could have been applied in many states, and demonstrates that gaming did not evolve based on market demand or player preferences. Still, the market did respond to these political arguments. In large measure, that evolution prompted the gaming industry to develop what has been termed the “hub and spoke” business model.

Under this model, one company would operate multiple properties. The higher-tax properties that are isolated in various regions would attract local business and develop databases of players within their respective regions. As these databases grow, players who earn loyalty points at these properties would be encouraged to redeem those points at “hub” properties where the tax rate is lower, and thus the profit margin is higher.

Caesars Entertainment embodies this model, and arguably pioneered the concept and developed it. Under this model, Caesars leverages its multiple locations, with spoke properties in feeder markets, and hub properties in markets such as Las Vegas and Atlantic City, as well as leveraging its loyalty program, known as Total Rewards.

In a recent column in *Global Gaming Business* magazine, Caesars Chairman, President and CEO Gary Loveman described the core of the program:

“Many commentators have identified Total Rewards as the leading loyalty program in the gaming industry. We agree that Total Rewards provides Caesars with some unique advantages. No other program allows patrons to earn reward credits or points at one property in Las Vegas, for example, and redeem them inside the casino in New Orleans or at a Harrah’s New Orleans strategic business partner’s restaurant in the French Quarter. No other gaming company comes close to matching Caesars’ distribution of 52 properties in the US and on four continents around the world, all of which create marketing opportunities for our home communities.

“Currently, there are more than 45 million customers in the Total Rewards database that have taken advantage of the program, 8 million of whom have been active in the past 12 months. The program provides for four tier cards or levels based on activity of the guest, with each card having a unique cadre of benefits. Patrons earn Reward Credits (points) while playing slots and table games, by making non-gaming purchases at our properties, or by using our Total Rewards-branded credit card to make purchases anywhere. These points accrue and can be redeemed across all Caesars Entertainment properties.”¹⁰¹

Others are moving in the same direction. The Mohegan Tribal Gaming Authority, which began with a hub property at its Connecticut casino, has since branched out to a spoke in

¹⁰⁰ Email from Steven Perskie, August 6, 2010.

¹⁰¹ Gary Loveman, “Heart of the City,” *Global Gaming Business*, April 30, 2013 <http://ggbmagazine.com/issue/vol-12-no-5-may-2013/article/heart-of-the-city1>.

Pennsylvania, is applying for a resort destination license in Massachusetts, is managing a casino in Atlantic City, and seeking to manage casinos elsewhere. A Florida example is the Seminole Hard Rock, which is developing plans to leverage its national brand in gaming markets such as Massachusetts and New Jersey, as well as in hotel markets. Hard Rock Chairman Jim Allen identified between eight and 15 markets that could potentially support a Hard Rock hotel casino, and as many as 50 markets that could support a Hard Rock hotel.¹⁰²

A recent article on HotelNewsNow.com noted:

“Hard Rock, which now has 18 properties in its portfolio, could triple that number over the next three to five years, Chairman Jim Allen told HotelNewsNow.com. ...

“Globally, Hard Rock has secured relationships with development partners in 58 countries, Allen said.¹⁰³”

Other operators, including those with properties in Florida, acknowledge the benefits of the model. Virginia McDowell, President & CEO of Isle of Capri Casinos Inc. said:

“If you look at the Caesars [Entertainment] business model, they benefited tremendously from stringing their regional operations together across the United States in their hub-and-spoke model, using that as drivers to their destination resorts. They built loyalty in the regional markets because people wanted to go to the destination markets. There’s enough independent operators in Las Vegas that, to the extent you want to partner with somebody, there are lots of opportunities for us to send our customers and the regional markets have changed enough that you don’t *have* to have a destination driver, although it’s nice to have.¹⁰⁴”

Notably, while the hub-and-spoke business is still evolving and has yet to reach its full potential, new models are emerging. Indeed, Caesars is pioneering a model that Loveman recently detailed:

“Policymakers and social scientists increasingly understand that casino development projects offer the most economic and social benefits when they are specifically tailored to the needs of their host communities. The long-held view that casinos exist across a spectrum anchored at one end by neighborhood slot parlors and other forms of convenience gaming and at the other end by integrated destination resort casinos has become incomplete.

“Over the past decade, a third dimension of casino gaming has emerged in North America that provides another option for urban policymakers to consider.

¹⁰² Shawn A. Turner, “Hard Rock Plans Global Hotel Push,” HotelNewsNow.com, February 1, 2013 <http://www.hotelnewsnow.com/articles.aspx/9822/Hard-Rock-plans-global-hotel-push>.

¹⁰³ Ibid.

¹⁰⁴ David McKee, “Meet Virginia McDowell,” Stiffs and Georges blog, January 18, 2012 <http://dmckee.lvablog.com/?p=8303>.

“I call this model the city-integrated or urban resort. Its defining feature is integration with its location’s pre-existing business community and attractions. In this model, the casino itself is both a physical and a metaphorical hub. Its spokes radiate not only to amenities in the casino complex itself, but also to established restaurants, shops, hotels and recreation offerings in the larger metropolitan area.¹⁰⁵”

This analysis should note that, while the hub-and-spoke model is still developing, a new business model may be forming in its wake. Whether the future includes new urban resorts or traditional destination resorts, the goals for policymakers remain unchanged: Capital investment remains the key target. Consider that a destination property – a “hub” in this model – will likely employ at least 3,000 full-time equivalents, and as many as 5,000. A typical “spoke” property, which focuses on its nearby adult population, will employ about 800, and possibly as many as 1,000.

All else being equal, a destination resort is more likely to:

- Promote tourism, as it has the ability to pull adults from more distant locations.
- Withstand competition, since it typically offers more amenities.
- Generate more revenue, since it will likely penetrate a greater percentage of the adult population.

One corollary to this trend is that properties that begin life as convenience-oriented facilities, which would include so-called “spokes,” are not necessarily destined to remain in that category in perpetuity.

For example, Dover Downs – a racino in southern Delaware – responded to the threat of competition from nearby Maryland, as well as from Pennsylvania and New Jersey, by adding a 232-room hotel and conference center, along with a combination ballroom/concert hall, a new fine-dining restaurant, pool and spa. The property also added a 425-seat buffet, among other investments. That investment helped the property weather competition, by becoming something closer to a destination. The expansion has continued, and the facility now has 500 rooms, and significantly more amenities.¹⁰⁶

In Florida, Gulfstream has significantly expanded over the year, starting with the addition of the 1-million-square-foot Village at Gulfstream, which includes 750,000 square feet of retail space. That property continues to expand, with plans now for a \$700 million expansion¹⁰⁷ that would include hotel rooms. As described by the *Sun-Sentinel*, “The development plan being formulated by The Stronach Group includes two hotels facing the track, greatly enlarged

¹⁰⁵ Loveman.

¹⁰⁶ Reuters, Dover Downs Entertainment company profile, <http://www.reuters.com/finance/stocks/companyProfile?symbol=DDE> (accessed May 14, 2013).

¹⁰⁷ Interview with Gulfstream executives, May 2, 2013.

grandstand seating, as well as a standalone casino and adjacent concert hall. A giant statue of Pegasus will adorn a 4D theater nearby in a park area. But here's the most surprising aspect of a project that will cost hundreds of millions of dollars to complete: Public money is not part of the equation.¹⁰⁸

In one sense, properties such as Dover Downs and Gulfstream are defying the basic economics of hubs vs. spokes in that such properties are burdened by relatively high tax rates, which tend to discourage such investments by reducing the potential returns on investment. Yet, in another sense, such properties recognize that such investments can protect – or even enhance – market share.

We do not suggest, however, that destination gaming resorts are panaceas, nor do we ignore the downside or the challenges they present to local communities. By definition, they increase traffic and create other demands on public services. The more successful they are in generating revenue, the more such demands increase.

In 2009, Spectrum studied in great detail the economic and social impacts of two destination resorts in Connecticut on their local communities. The two tribal properties – Foxwoods and Mohegan Sun – were responsible for \$1.2 billion worth of personal income in Connecticut, both directly and indirectly. Between 1992 and 2008, they accounted for about 12 percent of the net new job growth in Connecticut.¹⁰⁹

At the same time, however, DUI arrests were up significantly. One town reported that such arrests doubled since the first casino opened in 1992, and three local communities reported that 20 percent of those arrested for DUI – including one motorist arrested for manslaughter for causing a fatal accident by driving the wrong way on a highway – acknowledged that they had their last drink at one of the casinos.¹¹⁰

Spectrum also noted that “with many casino workers unable to afford housing in southeastern Connecticut, some landlords have converted single-family homes into boarding facilities. The practice is not only illegal, it is unsafe as well.”¹¹¹

Such examples demonstrate that destination resorts present both challenges and opportunities.

¹⁰⁸ Craig Davis, “Gulfstream plans major expansion in pursuit of Breeders’ Cup, year-round racing,” *Sun-Sentinel*, November 27, 2012 http://articles.sun-sentinel.com/2012-11-27/sports/fl-gulfstream-park-expansion-1128-20121127_1_breeders-cup-gulfstream-park-race-track.

¹⁰⁹ By Spectrum Gaming Group, “Gambling in Connecticut: Analyzing the Economic and Social Impacts,” June 22, 2009, p. 8. http://spectrumgaming.com/dl/june_24_2009_spectrum_final_final_report_to_the_state_of_connecticut.pdf.

¹¹⁰ *Ibid.*, p. 13.

¹¹¹ *Ibid.* p. 14.

d. Florida's Racinos

Of the existing 28 pari-mutuel facilities, six currently offer slot machines (the “racinos”). Furthermore, of Florida’s pari-mutuel locations, slot machines are only authorized at existing pari-mutuel facilities in Broward and Miami-Dade Counties.¹¹² Operations at Florida’s racinos are comprised of both slot machines and cardroom operations.

The following table shows how long each racino has been operational, along with number of slot machines and poker tables (all information as of the end of 2012).

Figure 20: Florida racino overview

Racino	Casino Miami	Magic City	Calder	Gulfstream Park	Mardi Gras	Pompano Park	FL TOTAL
Month Opened	Jan-12	Oct-09	Jan-10	Nov-06	Dec-06	Apr-07	n/a
# Full Months Open	11	38	35	73	72	68	n/a
Location (County)	Miami-Dade	Miami-Dade	Miami-Dade	Broward	Broward	Broward	n/a
Slot Machines	1,058	801	1,204	853	1,057	1,420	6,393
Poker Tables	12	18	29	20	30	38	147

Source: Florida Department of Business and Professional Regulation

A seventh racino is scheduled to begin operating later this year at Hialeah Park.

e. Native American Casinos

Nationally

Congress passed the Indian Gaming Regulatory Act of 1988 (“IGRA”) because many Native American nations and tribes had established gaming activities but federal laws at the time did not establish a clear regulatory framework for the conduct of such games. IGRA was passed to fulfill certain goals, including promoting tribal economic development, self-sufficiency and strong tribal governments; maintaining the integrity of the Native American gaming industry; and ensuring that tribes are the primary beneficiaries of their gaming activities.¹¹³ Under IGRA, games are classified into three categories: Class I, Class II and Class III.

- Class I gaming includes social games solely for prizes of minimal value or traditional forms of Indian gaming engaged in by individuals as part of tribal ceremonies or celebrations.
- Class II gaming includes bingo, pull-tabs, lotto, punch boards, tip jars, certain non-banked card games (if such games are played legally elsewhere in the state), instant

¹¹² Florida Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering <http://www.myfloridalicense.com/dbpr/pmw/fag-slots.html> (accessed April 29, 2013).

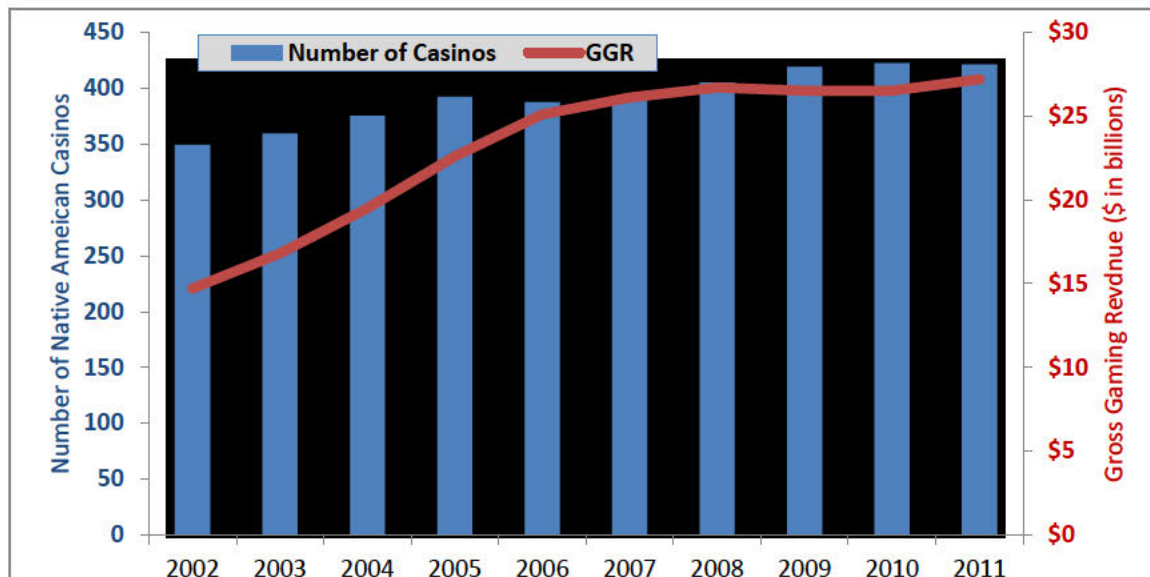
¹¹³ Indian Gaming Regulatory Act, National Indian Gaming Commission http://www.nigc.gov/Laws_Regulations/Indian_Gaming_Regulatory_Act.aspx.

bingo and other games similar to bingo, if those games are played at the same location where bingo is played.

- Class III gaming, meanwhile, includes all other forms of gaming, such as slot machines, video casino games (video blackjack and video poker), table games and other commercial gaming, such as sports betting and pari-mutuel wagering. To offer Class III games, federally recognized Indian tribes are required to negotiate a compact with the state in which they operate and attain approval of the compact by the US Department of the Interior.¹¹⁴

As in the commercial casino industry, the type of Native American casino is also varied, with the Seminole Hard Rock casinos, Foxwoods and Mohegan Sun being examples of national destination resorts. According to the National Indian Gaming Commission there were over 420 Native American casinos generating over \$27.2 billion in GGR in 2011.

Figure 21: Size of the Native American casino industry



Source: National Indian Gaming Commission.

Florida

Florida's seven Native American casinos are spread throughout five counties (Broward, Collier, Hillsborough, Glades, and Miami-Dade), while Broward is home to three of the seven Native American casinos.

Native American casinos in Florida, for the most part, provide a full-service gaming experience, although non-card games such as craps or roulette are not allowed. The Indian casinos, however, are not subject to state regulation and thus have substantial competitive

¹¹⁴ Adam Steinberg, "Know Your Odds: Gaming Industry Investment Primer," Morgan Joseph & Co. investment research report, p. 76, January 9, 2006.

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advantages over racinos including allowing patrons to smoke, offering live table games (except at Miccosukee, which is a Class II property) and paying no direct gaming tax.¹¹⁵

While there are two federally recognized tribes in Florida, the Seminole Tribe is dominant, and indeed Seminole Gaming is largely viewed as more than a Florida operation. As noted earlier, by virtue of its ownership of Hard Rock International, the Tribe is branching out with Hard Rock-branded casinos in other states. Notably, the Seminole Tribe has secured investment-grade rating for its debt, as noted by Fitch, a major rating agency:

“Fitch believes that STOF’s [Seminole Tribe of Florida] operating profile and credit metrics are consistent with 'BBB-' IDR (issuer default rating), and a further track record of fiscal prudence by the tribe may result in an upgrade of the IDR to 'BBB-' within the next 12-24 months. Specifically, an investment grade IDR can be supported by STOF’s ... solid competitive position ... (and) strong credit metrics.”¹¹⁶

At least two other Indian tribes are working through various legal channels to commence Florida gaming operations:

- The Poarch Band of Creek Indians, which is based in Atmore, AL, has land in Escambia County, which is held in trust by the US government, and also owns, or has options to own, or agreements to control 10 pari-mutuel permits along the Interstate 10 corridor between Pensacola and Jacksonville. The Poarch Band is seeking to negotiate an agreement, which could include revenue-sharing, with the State to operate Class II gaming (i.e., bingo-based slots and non-house-banked games) at the pari-mutuel facilities. “We believe that such an intergovernmental agreement between the Poarch Band and the State of Florida can be crafted in a legally viable manner that is allowable under State law, avoids the need for federal approvals and avoids violation [of] the Seminole Compact,” according to attorney Steven Paul McSloy.¹¹⁷ A market study showed that Poarch Band gaming at Pensacola Greyhound Track, Creek Entertainment Gretna, and Jacksonville Racing could generate \$1 billion in net revenue.¹¹⁸ The tribe currently operates three casinos (with electronic gaming machines only) in Alabama.
- For the past decade the Muscogee Nation of Florida has been pursuing federal recognition by act of Congress in order to initiate gaming operations as a means of economic development. Tribal landholdings are well positioned to offer casino gaming

¹¹⁵ As noted earlier, the Seminole Tribe of Florida compact with the State of Florida provides for payments of approximately \$1 billion over five years.

¹¹⁶ “Fitch Rates Seminole’s \$750MM Term Loan 'BBB-'; Affirms IDR at 'BB+'; Outlook to Positive,” April 1, 2013. <http://www.businesswire.com/news/home/20130401006002/en/Fitch-Rates-Seminole-750MM-Term-Loan-BBB->.

¹¹⁷ May 21, 2013, letter from Steven Paul McSloy of Dentons US LLP to Jay Corris, CEO of PCI Gaming.

¹¹⁸ May 2013 Market Analysis prepared by Pro Forma Advisors LLC.

in an underserved tourism market close to Gulf beaches in the Florida panhandle, where the nearest competition are greyhound tracks in Pensacola and Ebro. In 2003 US Representative Jeff Miller, Republican from Florida, introduced House Resolution 323, The Muscogee Nation of Florida Federal Recognition Act (“H.R.323”).¹¹⁹ This bill, which has never been voted on, was assigned to the House Natural Resources, Indian and Alaskan Native Affairs Committee on January 13, 2013.¹²⁰ It has received repeated extensions over the past 10 years. The last extension was granted in December 2012, and expires in early June. It is our understanding that current prospects for recognition through Congress are not promising.

14.Pari-mutuel

a. National Trends

In pari-mutuel wagering, bettors bet against each other. The house has no stake in the outcome. The house takes out a portion of the amount wagered, which in racing is known as handle. Racetracks typically retain about 20 percent of handle.

National trends mirror that of Florida. Live handle in calendar year 2010 (the most recent year for which data are available) accounted for just 12 percent of total handle for horse racing, 29 percent for greyhound racing and 42 percent for jai-alai handle.¹²¹ For the 10-year period ending in 2010, pari-mutuel wagering fell from \$18.3 billion in 2000 to \$11.5 billion in 2010, a decline of 37 percent. States’ share of the revenue fell from \$470 million to \$191 million, a decline of 59 percent.¹²² The Association of Racing Commissioners International (“ACRI”) no longer reports attendance figures because it says the figures are no longer meaningful. Most jurisdictions no longer report them, and of those that do, they are “increasingly inaccurate,” according to ACRI. That comment made in the ACRI 2010 report offers a telling statement about the falling popularity of live pari-mutuel wagering.

Florida only reports paid attendance. Operators who choose to charge for admission must collect an admission tax for the state. There is no requirement that a facility charge for admission. And in Florida, admission is free at the state’s harness track at Pompano, at jai alai frontons and at most of the state’s 16 greyhound tracks.¹²³

¹¹⁹ Congress, Bill, HR 323, [www.govtrack.com http://www.govtrack.us/congress/bills/113/hr323](http://www.govtrack.us/congress/bills/113/hr323).

¹²⁰ Ibid.

¹²¹ Spectrum review of Association of Racing Commissioners International, *Pari-Mutuel Racing Annual Reports*. State revenue includes any revenue that state governments realize through pari-mutuel activity.

¹²² Ibid.

¹²³ Florida Division of Pari-Mutuel Wagering, review of *Annual Reports*.

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The following table puts pari-mutuel attendance nationally in perspective. Note that attendance for horse racing – the largest component by far of pari-mutuel wagering – attracts fewer than 3 percent of adults, although that percentage actually rose by two-tenths of 1 percent over the past four years.¹²⁴ As a participatory activity, it is on a par with chess, and significantly less popular than birdwatching.

Figure 22: Participation by adults in selected activities

Activity	Participated in the last 12 months (in thousands)		Frequency of Participation							
			Two or more times a week		Once a week		Two to three times a month		Once a month	
	No.	%	No.	%	No.	%	No.	%	No.	%
Adult education courses	16,640	7.3	3,116	1.4	1,973	0.9	762	0.3	1,312	0.6
Attend auto shows	19,346	8.5	313	0.1	337	0.2	557	0.2	721	0.3
Attend horse races	6,654	2.9	159	0.1	177	0.1	155	0.1	379	0.2
Attend rock music performances	25,176	11.0	187	0.1	173	0.1	730	0.3	1,136	0.5
Backgammon	4,234	1.9	435	0.2	366	0.2	416	0.2	486	0.2
Billiards/pool	19,468	8.5	975	0.4	1,432	0.6	2,125	0.9	2,063	0.9
Bird watching	13,793	6.1	6,101	2.7	1,338	0.6	1,169	0.5	876	0.4
Book clubs	5,747	2.5	285	0.1	234	0.1	419	0.2	2,732	1.2
Chess	6,896	3.0	549	0.2	533	0.2	823	0.4	576	0.3
Concerts on radio	6,441	2.8	1,308	0.6	747	0.3	548	0.2	572	0.3
Cooking for fun	50,243	22.0	19,162	8.4	7,495	3.3	6,795	3.0	4,415	1.9
Crossword puzzles	29,996	13.2	12,866	5.6	3,136	1.4	2,811	1.2	2,674	1.2
Dance/go dancing	20,995	9.2	1,636	0.7	2,162	1.0	2,728	1.2	2,964	1.3
Dining out	112,477	49.3	20,158	8.8	25,173	11.0	26,644	11.7	15,686	6.9
Fantasy sports league	8,969	3.9	2,855	1.3	1,559	0.7	372	0.2	330	0.1
Furniture refinishing	6,292	2.8	201	0.1	79		359	0.2	406	0.2
Go to bars/night clubs	43,513	19.1	3,133	1.4	4,846	2.1	7,428	3.3	6,430	2.8
Play bingo	10,271	4.5	754	0.3	1,095	0.5	811	0.4	1,342	0.6
Play cards	46,190	20.3	5,679	2.5	4,969	2.2	6,400	2.8	7,567	3.3
Reading comic books	5,557	2.4	1,161	0.5	636	0.3	886	0.4	527	0.2
Sudoku puzzles	26,540	11.6	10,265	4.5	2,505	1.1	3,159	1.4	2,495	1.1
Trivia games	11,872	5.2	1,891	0.8	1,327	0.6	1,397	0.6	1,490	0.7
Woodworking	10,202	4.5	1,714	0.8	965	0.4	1,631	0.7	1,443	0.6
Word games	22,147	9.7	7,768	3.4	2,709	1.2	2,817	1.2	1,899	0.8
Zoo attendance	28,148	12.3	189	0.1	239	0.1	632	0.3	2,112	0.9

Source: Statistical Abstract of the United States

Certainly, the creation of new wagering opportunities over the last several decades has given more adults more options. The history is summarized well in this excerpt from a report by Cummings Associates:¹²⁵

¹²⁴ Statistical Abstract of the United States <http://www.census.gov/compendia/statab/2012/tables/12s1240.pdf>

¹²⁵ Cummings Associates, "Analysis of the Data and Fundamental Economics Behind Recent Trends in the Thoroughbred Racing Industry," July 17, 2004, p. 7-8.
http://www.nationalhbpa.com/resources/cummings_report7-17-04.pdf.

“When they were first authorized in some states in the 1930s, and for a long golden age thereafter, race tracks essentially had a monopoly on legal gambling on a commercial scale. They were legalized because states needed money. During the economic collapse of the Great Depression, a number of states turned to legal gambling as a source of revenue. Nevada legalized casinos (in 1931), but every other state chose pari-mutuel betting on horse racing, and in a few states, on greyhound racing as well. This occurred, moreover, in the context of relatively simple leisure economies which, aside from movies and major league baseball, offered few alternative forms of commercial entertainment. In these circumstances, race tracks were by and large highly profitable. As businesses, horse tracks had little trouble developing large numbers of customers and were able to pay high rates of gambling ‘privilege’ taxes. They lived in a sheltered world.

“Over the past thirty years, however, the economic environment has changed dramatically. Competing forms of legal gambling have proliferated, starting with state lotteries in the late 1960s. Ironically, the same force that legalized racing led to lotteries: states needed money. Thirty-nine states now have them, and all the provinces of Canada. ...

“Then came an explosion of full-scale casino resort hotels in Las Vegas, New Jersey, Mississippi, Canada and Connecticut. These now attract tens of billions of dollars in consumer spending each year, with large amounts also spent on ‘limited’ casino gaming on riverboats in the Midwest, small casinos in Colorado and South Dakota, VLTs (‘video lottery terminals’) or slot machines at race tracks in seven states, and on a widespread basis in several Western states and much of Canada, on cruise ships operating out of many states, and at casinos on Indian lands across wide stretches of North America. ...

“In the 1980s, racing’s legal gambling competition more than doubled in size; in the 1990s, it more than doubled again. Over the same period, the U.S. leisure economy grew enormously and became vastly more diversified. Many leisure and entertainment activities are available today that did not exist in the 1930s, or even in the 1960s. Cable television, VCRs, DVDs, inexpensive air travel and the related (but not-so-inexpensive) theme park resort industries, major-league football and basketball and a host of other diversions now compete much more intensely with horse racing for the leisure dollars available.”

b. Florida

Florida first authorized pari-mutuel wagering in 1932.¹²⁶ In 2010, it accounted for 59 percent of the nation’s pari-mutuel wagering.¹²⁷ The Department of Business and Professional

¹²⁶ Florida PMW, *Annual Report, FY 2012*, p. 2.

¹²⁷ Association of Racing Commissioners International, *Pari-Mutuel Racing 2010*, p. 1.

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Regulation (“DBPR”), through its Division of Pari-Mutuel Wagering (“PMW”), oversees gaming in Florida.

Pari-mutuel activities in Florida include thoroughbred horse racing, harness horse racing, quarter horse racing, greyhound racing and jai-alai games. In addition, pari-mutuel facilities can operate cardrooms, which can only be operated by the holder of a pari-mutuel license (though card games do not involve pari-mutuel wagering). Cardrooms cannot open in a facility unless live racing or jai first takes place.¹²⁸ Events at racing and jai-alai facilities are simulcast to other pari-mutuel facilities in Florida and to out-of-state venues.

Florida is the only state with live jai alai games. It is one of seven states with greyhound racing. Florida accounted for 64 percent of the nation’s live greyhound races in 2010.¹²⁹ Since 1993, 10 states have outlawed greyhound racing.¹³⁰

Florida allows slot machine casinos, also known as racinos, at pari-mutuel facilities in Miami-Dade and Broward counties. Numerous pari-mutuel operators in other areas of the state told us that they too need slot machine casinos to “even the playing field,” as they are unable to compete with racinos in and outside of Florida that use slot revenue to enhance purses, which, in turn, allow racinos to attract higher quality racing animals and make significant capital expenditures to improve their facilities.

As of April 3, 2013, there were 28 pari-mutuel facilities in Florida (plus inter-track at Ocala) that accepted bets on live races or jai alai games. They included 14 greyhound tracks, six jai-alai frontons, three thoroughbred tracks, one harness track and five quarter horse tracks. Twenty-four of them had cardrooms. Six had casinos. Ocala Breeders’ Sales in Ocala and Bestbet in Jacksonville operate simulcast parlors without live pari-mutuel racing. The overall financial trend for Florida pari-mutuels has been on a steady downward spiral. Many operations have sustained steep operating income losses, and those losses would have been much greater if it were not for racino and cardroom revenue. The worst-performing sectors have been jai alai and greyhound.

In FY 2012, Florida’s pari-mutuel facilities had a combined overall operating profit of just \$1.9 million. Thirteen had losses, with the largest of \$21.6 million at the combined Fort Pierce/Miami Jai Alai operation. The biggest operating profit was \$16.4 million at Flagler Greyhound Track, which also operates slot machines.¹³¹

¹²⁸ Florida Statute, 849.086 (5a).

¹²⁹ Association of Racing Commissioners International, *Pari-Mutuel Racing 2010*, p. 39.

¹³⁰ Danny Valentine, “Proposal could hasten decline of greyhound racing,” *Tampa Bay Times*, April 28, 2011 <http://www.tampabay.com/news/business/proposal-could-hasten-decline-of-greyhound-racing-in-florida-nation/1166550>.

¹³¹ Florida PMW, Independent Auditor’s Report for Pari-Mutuel Permitholders, FY 2012.

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Pari-mutuel operations involve wagering on pari-mutuel events. The wagers occur at the track on live events or at track simulcast rooms. Those operations by themselves sustained an operating loss of \$50 million. Only eight facilities were able to show an operating profit from their pari-mutuel operations.¹³² The largest loss of \$11.6 million was at Fort Pierce/Miami; the highest profit of \$6.3 million was at Gulfstream, a thoroughbred track with slot machines.

State tax revenue is fraction of what it once was. From FY 1985 to FY 2012, it fell from:

- \$29.7 million to \$378,000 for jai alai, a reduction of 99 percent¹³³
- \$77.2 million to \$3.7 million for greyhound racing, a reduction of 99 percent¹³⁴
- \$12.5 million to \$7.6 million for horse racing, a reduction of 39 percent¹³⁵

The overall reduction in state revenue went from \$119.4 million to \$11.8 million, decline of 91 percent.¹³⁶

Slot machine casinos accounted for 77 percent of state gaming revenue in FY 2012. All of that slot machine money, \$144 million, was given to the state Department of Education. Unclaimed jai alai and greyhound winning tickets totaling \$1 million was also given to that same state agency. State tax revenue from cardrooms was split between the Pari-Mutuel Wagering Trust Fund and the General Revenue Fund. In accordance with Section 849.086(13)(h), Florida Statutes, one quarter of the moneys deposited into the Pari-Mutuel Wagering Trust Fund must be distributed to counties and municipalities that approved the cardroom. In October 2012, the division distributed approximately \$1,643,208 to the counties/municipalities from cardroom gross receipts.¹³⁷

Issues with PMW Annual Reports

In the course of our research, we discovered that purse numbers for the Isle of Capri at Pompano harness track were grossly overstated in PMW annual reports for fiscal years 2009 through 2012. PMW stated to us by email that it will be revising annual reports for Pompano to reflect the accurate figures. The mistakes were discovered when we asked standardbred horsemen to review purse information. The horsemen claimed that the numbers were wrong, and PMW asked the Pompano's comptroller to review them. The Pompano comptroller then acknowledged that errors had been made, and PMW said that the annual reports will be

¹³² Ibid.

¹³³ Florida PMW, custom report, May 10, 2013.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Ibid.

¹³⁷ Florida PMW, *Annual Report*, FY 2012, p. 18

amended. The agency makes no effort to independently verify the information. The errors for the Isle of Capri at Pompano data raise issues as to whether other mistakes could have occurred at other pari-mutuel facilities.

In an email to Spectrum on May 21, 2013, PMW officials acknowledged that annual PMW reports fail to include out-of-state generated simulcast revenue. Gulfstream, for example, might send its signal to Yonkers, and revenue from wagers bet on Gulfstream races at Yonkers would not appear in PMW annual reports. The result is a significant understatement of simulcast revenues. To illustrate the point, PMW's 2012 report lists simulcast and intertrack handle for Gulfstream at \$102 million. But missing was out-of-state generated simulcast handle of \$605,319,440, an amount that is nearly six times the reported simulcast handle in the PMW FY report of 2012.¹³⁸ Other racing jurisdictions, such as New Jersey, include out-of-state export handle in their annual reports. The failure of PMW to indicate in its annual report that handle figures fail to include this category results in an incomplete picture of racing wagering in Florida. In a May 23 email to Spectrum, PMW explained it does not do so because the wagers made outside of Florida are beyond its regulatory authority and ability to impose taxes. PMW officials also noted they are unable to verify the data. Also unreported in out-of-state generated simulcast revenue is the amount through the Oregon hubs, which are companies that allow gamblers to place bets on races through the Internet or a cell phone.

PMW includes a category in its annual report identifying the amount of purses accounted for through "pari-mutuel" operations. Our research indicates that the number also includes financial contributions made by the operator. For example, the Melbourne Greyhound track contributed \$185,463 from pari-mutuel operations toward purses, according to the FY 2012 report.¹³⁹ Yet the annual report shows that the entire handle was only \$162,138, and only half of that goes into purses.¹⁴⁰ If the operator is making a contribution toward purses, reports should indicate that the figure includes such contributions.

It is critical for policymakers to have information relating to regulatory costs for each pari-mutuel sector. PMW told us in emails it cannot break down costs by sector. We note that Rep. Dana Young, R-57, asked the state agency for regulatory financial data relating to greyhound racing. In a letter dated August 19, 2011, Ken Lawson, Secretary of the Department of Business and Professional Regulation, said the state could identify only costs "directly attributable to all live greyhound racing," which he said totaled \$1.88 million for FY 2011, which was slightly less than the revenues of \$1.85 million that live greyhound racing generated. But the expense figure did not include any allocation for salaries and benefits paid to 66 PMW employees or expenses they incurred. Those two categories alone totaled \$4.7 million. The

¹³⁸ Interview with Kent Stirling, Executive Director, Florida Horsemen's Benevolent and Protective Association, May 22, 2013.

¹³⁹ Florida PMW, *Annual Report*, FY 2012, p. 26

¹⁴⁰ *Ibid*, p. 13.

Legislature needs to have detailed information concerning regulatory costs by sector in order for it to make informed decisions concerning the pari-mutuel industry.

Cutting Costs

Some operators say they have been adversely affected by a requirement that forces them to run a minimum number of racing performances (eight races make up a performance). Two greyhound tracks are conducting more than 350 performances a year, close to what they ran nearly 20 years ago because of the 90 percent rule. This rule requires pari-mutuel operators with cardrooms to conduct at least 90 percent of the live performances that were held the year before their cardrooms opened.¹⁴¹ For many operators, that was 1996. Florida had 3,857 live greyhound performances in 2010; West Virginia, the next-highest state, had 552.¹⁴² The required minimum number of performances varies from sector to sector, and then within a specific sector depending on when a facility opened. This issue will be addressed in more detail later in the report.

Some operators have responded to the cost of doing business by reducing race cards and, in the case of jai alai, the number of players on a roster. Others have used quarter horse racing permits to run barrel racing, which prompted an administrative law judge to call the offering “a new species of racing.” The judge ruled that PMW had no authority to issue a permit for barrel racing. Other operators have proposed staging greyhound races with two dogs in each race¹⁴³ and jai alai games that involve two players playing over and over.¹⁴⁴

Barrel racing is being run at Gretna in Gadsden County. It involves rodeo-type racing in which horses are timed as they run around separate obstacle courses. The winner is the one with the fastest time.¹⁴⁵ It is much less expensive to build a barrel-racing track, and the costs of operating it are also much less expensive. At issue is whether it falls within the definition of a horse race. Critics call it a phony horse race. We discuss this issue in more detail later in the report.

c. Decline of Purses, Handle

Purses are awarded to dog and horse racing owners who win races. They have declined slightly in recent years but the decline would have been much greater if it were not for revenue

¹⁴¹ Florida Statute 849.086 (5 b).

¹⁴² Association of Racing Commissioners International, *Pari-Mutuel Racing 2010*, p.39.

¹⁴³ National Greyhound Association, “Two-dog race plan condemned,” February 13, 2013
<http://ngagreyhounds.com/issue/january-february-2013/article/two-dog-race-plan-condemned>

¹⁴⁴ Carlos Medina, “Area Fronton Accused of Doing the Minimum,” Gainesville Sun, February 14, 2012
<http://www.gainesville.com/article/20120214/articles/120219759>.

¹⁴⁵ State of Florida Administrative Hearings, Case No. 11-5796RU.

from slot machine and cardroom operations. The recent return of traditional quarter-horse racing in November 2009 at Hialeah Park also boosted overall purse numbers.¹⁴⁶

Total Florida pari-mutuel handle fell from \$1.8 billion in FY 1990 to \$876 million in FY 2012, a decline of 51 percent; live handle (the amount wagered by patrons at a host track where live racing was held) fell from \$1.8 billion to \$190 million, a decline of 95 percent; performances fell from 6,931 to 4,904, a decline of 41 percent and paid attendance fell from 15.3 million to 381,000, a decline of 83 percent.¹⁴⁷

Simulcasting first came to Florida on August 17, 1990, when Daytona Beach Kennel Club transmitted races to the Sports Palace in Melbourne. Prior to then, Florida handle came exclusively from live handle.¹⁴⁸

Simulcast wagering in Florida involves patrons visiting a pari-mutuel facility and wagering on live races conducted at other racetracks in Florida or at out-of-state tracks. In other words, the racetrack signal is being sent or imported to a Florida track to let its patrons bet on races/games at other facilities.

PMW categorizes intertrack handle as handle generated as a result of a Florida track/fronton exporting its signal to other Florida tracks or frontons, which enables patrons at those other Florida facilities receiving the signal to bet on those Florida races or games. Gulfstream, for example, would send its signal to the Palm Beach Kennel Club and patrons at the Palm Beach Kennel Club could then bet on those Gulfstream races. Intertrack involves only Florida-to-Florida facilities.¹⁴⁹

There is another simulcast category that PMW calls “Intertrack Simulcast.” It involves the rebroadcasting of simulcast signals received by a Florida track/fronton, which then sends that signal to other Florida tracks/frontons. Gulfstream, for example, would receive a signal from Yonkers Raceway in New York, and then rebroadcast that signal to other Florida pari-mutuel facilities. Again, it involves only Florida-to-Florida facilities.¹⁵⁰

The largest single category of simulcasting involves the export of signals from Florida pari-mutuels to out-of-state facilities. Gulfstream, for example, would send its signal to Yonkers. No information is available from PMW for this category, which is often called out-of-state generated simulcast revenue. The reason is because PMW does not track it. We note that other racing jurisdictions, such as New Jersey, do so. Without these data, it is not possible to offer a complete picture of simulcasting in Florida.

¹⁴⁶ Florida PMW, review of Annual Reports.

¹⁴⁷ Ibid.

¹⁴⁸ Florida PMW, *Annual Report*, FY 1991, p. 3.

¹⁴⁹ PMW Annual Report, FY 2012, p. 2

¹⁵⁰ Ibid

With the advent of simulcasting, live handle in Florida has accounted for less and less of total handle. By FY 2000, it accounted for 37.4 percent of total handle. Three years later, the figure fell to 29.7 percent, and for FY 2012 it was down to 24.3 percent.¹⁵¹

d. Impact of Advance Deposit Wagering ('ADW')

Advance Deposit Wagering allows patrons to wager on racing (greyhound and horses) electronically. Patrons establish an account with an ADW company, and deposit money into the account prior to making any wagers. They can then place wagers from a computer, a home telephone or even a mobile phone.

ADW companies have flourished in recent years primarily due to convenience. A gambler never has to leave his or her house to make a bet, and can do so from just about anywhere. In addition, the low overhead associated with ADWs enables these companies to offer rebates to customers based on their betting volume. Since the ADWs command so much betting volume, they are able to negotiate take-out rates with host tracks that are quite favorable. The amount wagered through an ADW is funneled into the wagering pool of a host track, but Kent Stirling, executive director of the Florida Horsemen's Benevolent and Protective Association, said the track and horsemen are often forced to split between 6 cents and 9 cents of every dollar wagered through an ADW as opposed to 20 cents if the bet were made at a Florida racetrack on a live race.¹⁵²

Those ADW rebates can be as much as 12 percent of what a gambler wagers. Rob Wyre, general manager of the Isle of Capri at Pompano Park, told Spectrum racetracks cannot compete with the ADW rebates. "What's really frustrating is we see people come to the track and place their bets through ADW," he added.

The problem is exacerbated at the thoroughbred tracks in South Florida, as both Calder and Gulfstream are owned by companies that operate ADWs. According to Stirling, the television sets at Calder urge patrons to place their bets through an ADW.

Most of the ADW firms have established themselves in Oregon through a hub network. At a time when handle across the country and especially in Florida has been decimated, the ADWs have flourished. Greyhound racing lobbyist Jack Cory said that the greyhounds are hurt much more by the Oregon hubs than horse racing. He noted that at least with horse racing, some of that Oregon-hub money is split with the horsemen. The dog owners get nothing, he said. And, like the thoroughbreds, some greyhound racetracks operate their own ADWs. These greyhound facilities encourage their patrons to place bets on live races through their ADWs, depriving the dog owners of revenues if the bet had been made at the track.

¹⁵¹ Ibid.

¹⁵² Interview with Kent Stirling, executive director of the Florida Horsemen's Benevolent and Protective Association, May 17, 2013

Cory argues the handle is better than that painted by PMW annual reports as those reports fail to capture the Oregon-hub betting and the out-of-state generated handle, which is sizable.

The Oregon hub opened for business in 2000. Its total handle that year was just under \$2 million. In 2012, it had mushroomed to \$2.24 billion. From 2007 to 2012, handle increased 47 percent. During the same time period, total pari-mutuel handle in Florida fell 41 percent and simulcasting handle (where patrons came to a Florida track and wagered on races held at other Florida tracks) fell by 59 percent.¹⁵³ Other Florida handle sectors sustained significant declines as well. Live handle at Florida pari-mutuels fell 46 percent from 2007 to 2012.

Kentucky, another major racing state, is looking to tax the ADW companies on bets made in that state. A bill that passed a House subcommittee in February places a tax of 0.5 percent on Internet and telephone wagers made by Kentucky residents. The state will get 15 percent of the revenue, and racetracks and purse accounts would get the remaining 85 percent. Kentucky expects the tax to generate as much as \$400,000 a year.¹⁵⁴

Florida pari-mutuels have also been adversely impacted by wagering through offshore outlets or tribal hubs that are not captured by regulatory agencies at all. With the Oregon hubs, there is some revenue going back to the host thoroughbred and harness track and also to the state. But with the offshore hubs, the pari-mutuels and the state receive nothing. ACRI says there is good evidence that such handle amounted to more than \$1 billion in recent seasons.¹⁵⁵

e. Impact of Slot Machine Casinos, Cardrooms on Purses

Florida voters approved a statewide slots referendum in November 2004 that made it possible for slot machine casinos to come to Broward and Miami-Dade counties. Voters in Broward County then approved a slots referendum in 2005 and Miami-Dade voters approved one in 2008.

As with handle, the source of Florida purse revenue has dramatically changed over the years. Before cardrooms and casinos, purses were funded exclusively through handle, and before simulcasting, all purses were funded through live handle.

Purses have received a significant boost with the introduction of cardrooms and slot machine casinos. At jai alai and greyhound facilities, 4 percent of cardroom gross receipts must be used to fund purses; the figure is 50 percent at horse race facilities. Unlike other racino states, Florida statutes do not mandate that a certain percentage of gross gaming revenue or a dollar

¹⁵³ Oregon Racing Commission, http://www.oregon.gov/Racing/docs/Hub_Data/2013_quarterly_hub_handle_report.pdf (accessed May 17, 2013) and review of Florida PMW Annual Reports

¹⁵⁴ Tom Lamarra, "Kentucky ADW Bill Clears House Committee," Bloodhorse.com, February 14, 2013, <http://www.bloodhorse.com/horse-racing/articles/76198/kentucky-adw-tax-clears-house-committee>

¹⁵⁵ Association of Racing Commissioners International, *Pari-Mutuel Racing 2010*, p.1.

amount from slot machines be used to fund purses and for breeding purposes. About the closest Florida comes is a requirement that a thoroughbred or quarter horse operator have a contract with horsemen before a casino can open. The horsemen at Pompano and greyhound owners say they need a similar-type law. Without one, they say the boost that casino revenue was supposed to generate for purses for greyhounds and harness will never be realized.¹⁵⁶

Spectrum's analysis shows that the percentage of GGR going into purses is much higher at thoroughbred than it is at harness and greyhound tracks. The two racino thoroughbred racetracks, Gulfstream and Calder, paid 14 percent and 12 percent, respectively, in FY 2012. The thoroughbred horsemen benefitted when the state's tax on GGR was lowered in FY 2010 from 50 percent to 35 percent, as the contract with the horsemen called for an increase if the tax rate was lowered. The GGR contribution nearly doubled. There was no such increase in GGR contribution at greyhound and harness racinos.¹⁵⁷ The two greyhound tracks and the one harness track put roughly 2 percent of GGR into purses in FY 2012.¹⁵⁸

Florida slot revenue accounts for much less on a percentage basis of total purse revenue than it does in other racino states. In Pennsylvania, for example, casino GGR accounted for anywhere from 75 percent to 91 percent of purses.¹⁵⁹ In Florida, our review of the FY 2012 PMW annual report showed that the figure ranged from 22 percent to 48 percent. In Iowa, the percentage figure of GGR for greyhound racing at Bluffs Run in Council Bluffs was 4.9 percent (\$10 million) in FY 2012 and 6.2 percent (\$3.7 million) at Dubuque Park.¹⁶⁰

FY 2006 was the last year in which Mardi Gras and Isle Pompano operated without a casino. Comparing FY 2012 with FY 2006, purses increased by 33 percent at Mardi Gras and decreased by one-half of 1 percent at Isle Pompano. The Flagler dog track significantly increased its purses after its casino opened. The year before, Flagler paid purses of \$1.7 million; in FY 2012, it paid \$3.6 million in purses, an increase of 119 percent.¹⁶¹

The percentage increases at racetracks in Pennsylvania ranged from 126 percent to more than 200 percent when we compared the increase from the year before a casino opened to the FY 2012 numbers.¹⁶²

¹⁵⁶ Interview May 5, 2013, with Joseph Pennachio, president of the Standardbred Breeders and Owners Association, and Jack Cory, lobbyist for greyhound owners.

¹⁵⁷ Florida PMW, *Annual Report, FY 2012*.

¹⁵⁸ Ibid.

¹⁵⁹ Pennsylvania Gaming Control Board, custom report, May 8, 2013.

¹⁶⁰ Interview May 13, 2013 Joseph Quilty, Iowa Greyhound Association, Spectrum review of Pennsylvania Racing Commission Racing Reports.

¹⁶¹ Florida PMW, review of *Annual Reports*.

¹⁶² Florida PMW, *Annual Report FY 2012 and Pennsylvania Gaming Control Board custom report*.

Nonetheless, purse enhancements from Florida slot machines in FY 2012 totaled more than \$20 million. Overall purses increased slightly, from \$126.7 million in FY 2006 to \$129.5 million in FY 2012, an increase of 2.2 percent. The return of quarter horse racing generated \$4.1 million in purses during FY 2012.¹⁶³

f. Pari-Mutuels by Sector

Next, we discuss the pari-mutuel industry by sector. Two sets of reports were used for this analysis. One involved 2012 audited financial statements for each pari-mutuel license holder. They included detailed breakdowns of expenses and revenues. They are not normally available to the public. PMW agreed to make them available to us. Pari-mutuel operators are required to supply those audited financial reports on a yearly basis. We also reviewed annual reports from 1990 to 2012 that appear on the PMW website. These reports provide details as to purses paid, paid attendance, total handle and other items as well. The two reports cover different fiscal periods, and, as a result, the numbers sometimes do not match up.

Please note that Chapter III(A)(1) provides yearly performance and other key performance indicators for each sector.

Thoroughbred Racing

Thoroughbred racing is the dominant pari-mutuel sector in Florida, with the three tracks accounting for 61 percent of total Florida handle in FY 2012. Calder had the highest FY 2012 handle at \$207 million. Overall handle fell from \$789.2 million in FY 1990 to \$530.7 million in FY 2012, a decline of 33 percent while live handle fell even more, from \$170.5 million to \$78.6 million, a decline of 54 percent.¹⁶⁴

On a national level, handle losses were also significant. From CY 2001 to CY 2010, (CY 2010 was the most recent year data were available), total handle fell from \$10 billion to \$5.4 billion, a decline of 46 percent and live handle fell from \$1.8 billion to \$1 billion, a decline of 44 percent.¹⁶⁵

A Florida thoroughbred operator must run a minimum of 40 performances a year.¹⁶⁶ From FY 1990 to FY 2012, Florida thoroughbred performances fell from 348 to 327, a decline of 6 percent; paid attendance fell from 653,206 to 97,738, a decline of 85 percent. Purses increased from \$78.1 million to \$81.1 million, a rise of 16 percent.¹⁶⁷

¹⁶³ Florida PMW, *Annual Report FY 2012*.

¹⁶⁴ Florida PMW, review of *Annual Reports*.

¹⁶⁵ Spectrum analysis of Association of Racing Commissioners International, *Pari-Mutuel Racing report 2010*.

¹⁶⁶ Chapter 550.002, Section 11.

¹⁶⁷ Florida PMW, review of *Annual Reports*.

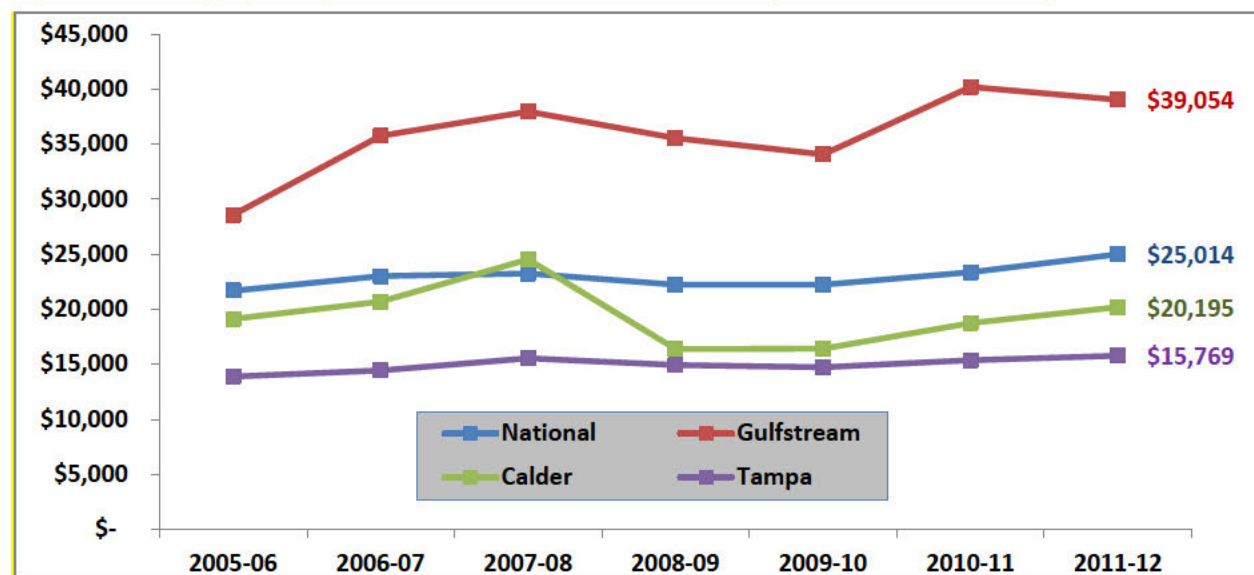
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The three thoroughbred tracks performed financially as a group much better than other sectors. They generated a combined operating profit of \$13 million for FY 2012. Much of the profit, \$10.6 million, came from pari-mutuel operations. Slot machines at Calder and at Gulfstream generated an operating profit of \$2.7 million. Cardrooms at the thoroughbred tracks had a gross operating profit of \$2.3 million.¹⁶⁸

Even Tampa Bay Downs, the one thoroughbred track in the state without a casino, generated operating income of nearly \$3 million. It currently ranks 12th out of 68 thoroughbred tracks in average daily handle although the figure has been declining in recent years. While its handle has held up well, its purses have not. It ranks 34th of 68 in average daily purses paid.¹⁶⁹ The Tampa Bay track is the only thoroughbred track in the country that competes with same-state racinos.

Average purses per race at Tampa Bay Downs in 2011-12 were \$15,769 – 42 percent below the combined Calder-Gulfstream average and 37 below the national average.¹⁷⁰ While Tampa Bay continues to be a top-tier thoroughbred track, officials are concerned how much longer that may be with purses declining.¹⁷¹ As General Manager Peter Berube put it, “Florida sunshine can go just so far.”

Figure 23: Average purse per race, Florida and national thoroughbred tracks, 2011-12



Source: Tampa Bay Downs

What has hurt Tampa Bay Downs is that it is unable to supplement its purses with casino revenue as other thoroughbred tracks in Florida and throughout the country have done. The

¹⁶⁸ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders*, FY 2012.

¹⁶⁹ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders*, FY 2012.

¹⁷⁰ Data from, and interviews with, with Peter Berube, Tampa Bay Downs general manager, June 2013.

¹⁷¹ Ibid

competition is fierce for quality horses as the nationwide breeding program has collapsed, resulting in 23 percent fewer race-ready horses being available to compete. Tampa Bay Downs has seen its field size shrink by 12 percent in the past three years. Horse owners are taking their horses to tracks that offer higher purses, and that invariably means tracks that supplement their purses with casino revenue. “We are under siege,” Berube said.¹⁷²

Horsemen at thoroughbred racinos have much more leverage with regard to labor contracts than do other pari-mutuel sectors due to the law that says a contract must be negotiated with horsemen before a casino can open. Mike Couch, director of gaming at Gulfstream, said in an interview with Spectrum on May 16 that the law is unfair and results in Gulfstream paying out much more in GGR toward purses than the other sectors pay.

More than \$6.2 million, or 88 percent of Gulfstream’s operating profit, came from pari-mutuel operations.¹⁷³ No other pari-mutuel facility in the state comes close to that figure. In fact, most pari-mutuel facilities lose money on their pari-mutuel operations, and need cardroom and/or casino revenue to subsidize those losses. Couch said the reason Gulfstream is successful with its pari-mutuel operation is because it considers itself first to be a racetrack and then a casino, as noted earlier in this report.

The thoroughbred horsemen say that Gulfstream is a pari-mutuel success story that other pari-mutuel entities would do well to emulate. Gulfstream Park completed the 2013 winter race meet with a 20 percent increase in on-track wagering over the 2011-2012 race meet. Purses paid during the 2013 Gulfstream Park meet averaged more than \$411,000 daily. And \$658,000,000 was wagered on the Gulfstream Park signal outside of the state of Florida, or an average of over \$733,000 per race. California’s Santa Anita, at \$622,000, was the next-highest in the country followed by New York’s Aqueduct at \$508,000.¹⁷⁴

Harness Racing

Florida’s sole harness track, Isle Casino and Racing at Pompano, accounted for 5 percent of total Florida handle in FY 2012. The Pompano track must run at least 140 performances a year but it can seek a one-time, 10 percent reduction from the 140-performance minimum. The harness track stopped charging an admission fee in 2002. In 2001, the last year it levied an admission fee, paid attendance was 9,908. In 1990, it was 565,216.¹⁷⁵

Harness handle fell from \$112.1 million in FY 1990 to \$48.1 million in FY 2012, a decline of 57 percent while live handle fell from \$14.1 million to \$4.4 million, a decline of 69 percent. On a national level, total harness handle from CY 2001 to CY 2010 fell from \$866

¹⁷² Ibid

¹⁷³ Ibid.

¹⁷⁴ Florida Horsemen’s Benevolent and Protective Association, custom report, May 22, 2013.

¹⁷⁵ Florida PMW, review of *Annual Reports*.

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million to \$453 million, a decline of 48 percent and live handle fell from \$452 million to \$162 million, a decline of 64 percent. (CY 2010 was the most recent year available.)¹⁷⁶

The harness track is not required to have a contract with horsemen as thoroughbred tracks are required to do before a casino can open. The percentage of GGR to purses is much less than it is at thoroughbred tracks. In FY 2012, \$2.6 million of \$121 million in GGR went toward purses at Pompano. Gulfstream with a GGR of \$54.5 million put \$7.5 million of GGR into purses.¹⁷⁷

Joe Pennachio, president of the Florida Standardbred Breeders & Owners Association, told us in an interview on May 20, 2013, that track owners promised that 8 percent of GGR would go into purses when his group and others worked to support the 2004 statewide referendum that resulted in Pompano getting its casino. “It obviously never happened,” he said. “We feel we were hoodwinked. And even worse, the track operator has done everything possible to discourage people from coming to the track. What’s important to remember here is that if it were not for the pari-mutuel facilities, casinos would not be here.”

Purses have actually declined slightly, one-half of 1 percent, from FY 2006 (the last full fiscal year that Pompano did not have a casino) to FY 2012.

We toured the Pompano facility on May 20, 2013. Only the ground floor of the racetrack was open. The facility is in a state of disrepair. According to Pennachio, management will close the grandstand area later this summer, which will force patrons to watch live races from a row of seats set up outside the casino. That places spectators by the turn as horses approach the finish line, making it difficult from that angle for them to see who wins.

Michael Tanner, executive director of the United States Trotting Association, said closing the grandstand will adversely affect live handle and give little incentive to patrons to go to the track to watch live racing. “Pompano could become the only track in the world where you watch the race 1/16 of a mile from the finish line,” Tanner said.

Pompano General Manager Rob Wyre said all options are being considered. He noted that the track was built in 1963, and it is too expensive to rehabilitate. In addition, there are safety issues relating to some of the windows on the upper floors, he noted.

The purse figures for Pompano that appear on the PMW website are inaccurate. Pennachio disputed the purse numbers that appear in the PMW annual reports. We relayed his concerns to PMW. We received an email from Leon M. Biegalski, Director of PMW, on May 16, 2013, in which the director acknowledged that the PMW purse amounts were overstated by several million dollars. PMW will be amending its annual report as it relates to Pompano for FY 2009-2012. Biegalski said in his email that PMW relies on figures provided to it by pari-mutuel

¹⁷⁶ Association of Racing Commissioners International, *Pari-Mutuel Racing 2010 and 2000*.

¹⁷⁷ Florida PMW, review of *Annual Reports*.

operators. We have made the adjustments to the data, and our analysis reflects the adjusted numbers.

Quarter Horse Racing

Quarter horse racing involves American Quarter Horses that run a quarter-mile at speeds as high as 55 miles per hour. Quarter horse racing returned to Florida in November 2009 at Hialeah Park after an 18-year absence. Quarter horse racing accounted for less than 1 percent of total Florida handle in FY 2012. Quarter horse racing had 76 performances in FY 2012. It generated a live handle of \$1.7 million, total handle of \$2.1 million and purses of \$3.8 million. Almost all of the traditional quarter horse activity was at Hialeah, where the operator subsidized purses as part of its contract with horsemen.

Hialeah has already begun negotiations with the state to offer live thoroughbred racing, in addition to the quarter horse racing.¹⁷⁸ Obtaining the quarter horse permit made it possible for Hialeah to open a casino (scheduled for summer 2013) but Hialeah representatives say they want to do far more than just build a casino. Hialeah owner John Brunetti acknowledged that he is not “a fan of slot machine casinos” but noted that it afforded him an opportunity to bring back racing to Hialeah.¹⁷⁹

Eventually, Hialeah Park expects to convert the 200-acre property into a destination resort that will feature a \$112.5 million casino hotel, a \$75 million casino hotel, a \$119 million entertainment and convention complex, a \$210 million town center and retail district and a \$61.3 million parking garage. The total cost of the project is estimated to be \$842.9 million. Brunetti noted that racing will be integrated into the complex so that it will never become an afterthought, which he believes is the case at too many Florida pari-mutuel facilities.¹⁸⁰

Steve Fisch, president of the Florida Quarter Horse Owners Association, said that Hialeah purses will total \$140,000 a day or \$5.6 million in FY 2013, 47 percent higher than it was in FY 2012, when Hialeah operated without a casino. Hialeah owner Brunetti explained in an interview with Spectrum on June 5, 2013, that live handle was so low the first three years that he had to pay almost the entire amount of purses himself from FY 2009 thru FY 2012. In FY 2012, Hialeah paid out purses of \$3.8 million. During the three-year period ending June 30, 2012, Brunetti said he lost nearly \$30 million as he had no cardroom or slot machine revenue to help him offset the loss.

Florida state law allows quarter horse racing to be imported only into Florida simulcast parlors while there is live racing at Hialeah. That is not an issue for the thoroughbreds since they race year-round. But it is a problem for the new quarter horse industry as the live meet is only 40

¹⁷⁸ Interview with Hialeah owner John Brunetti and other Hialeah representatives, June 4, 2013

¹⁷⁹ Ibid

¹⁸⁰ Ibid

days. The lack of year-round simulcasting of quarter horses in Florida makes it difficult to attract new customers.¹⁸¹

Barrel Racing

Another major issue for the quarter horse industry is PMW's racing permit granted to Gretna in Gadsden County for barrel racing. Fisch said the permit jeopardizes the future of legitimate quarter horse racing in Florida.

Barrel racing is conducted on an obstacle-type course that is often performed at rodeo and horse shows. Each horse is timed as it races around three barrels in separate, cloverleaf-type courses. The winner is the horse with the fastest time. No other racing jurisdiction has ever sanctioned such a pari-mutuel event. Gretna held its first race on December 1, 2011. Fisch's organization sued, arguing that the PMW decision made a mockery out of the state's pari-mutuel laws. An administrative law judge ruled on May 6, 2013, that PMW had no authority to issue a permit for barrel racing and that it had improperly created "a new species of horseracing."¹⁸²

With the permit, Gretna was able to establish a cardroom. And Gadsden County voters have approved a referendum that would allow it to have a casino. The state Constitution will have to be amended for that to happen, according to the Attorney General, as currently state law only permits racinos in Broward and Miami-Dade counties.

The Daily Racing Form reported that barrel racing represents an effort by permit holders to exploit the gambling opportunities in Florida presented by "a convoluted set of laws and regulations" in Florida.¹⁸³ Wesley Cox, a spokesman for the North Florida Horsemen's Association that represents the barrel riders, told us in an interview on May 14, 2013, that the administrative law judge decision will be appealed. He said the law is vague in its definition of a race. He acknowledged that the Gretna operator could not financially afford to build a traditional quarter horse race track so he turned to barrel racing.

Marc Dunbar, an attorney for Gretna, said his client would have had to have spent \$10 million to build a traditional 5/8 mile quarter horse track because of wetlands problems. It was prepared to build a \$3.5 million facility but the Florida Quarter Horse Racing Association refused to endorse the project so it then embraced barrel racing. "We believe that we will ultimately prevail," Dunbar said.

Fisch notes that barrel racing requires substantially fewer horses and personnel than traditional quarter horse racing as conducted at Hialeah Park. The cost of erecting a barrel race course is minimal when compared with the several million dollars that would have to be invested

¹⁸¹ Interview Steve Fisch, President, Florida Quarter Horse Owners Association.

¹⁸² State of Florida Administrative Hearings, Case No. 11-5796RU, Administrative Law Judge John Laningham, p. 55.

¹⁸³ Matt Hegarty, "Ocala Breeders' Sales Company plans Quarter Horse race Dec. 11," *The Daily Racing Form*, October 25, 2012; <http://www.drf.com/news/ocala-breeders-sales-company-plans-quarter-horse-race-dec-11>.

to build a quarter horse track, he noted. Gretna offered purses of \$202,000 in FY 2012; Hialeah offered purses of \$3.8 million. Gretna had a live handle of \$31,000; Hialeah, \$1.6 million.¹⁸⁴ Another track, Hamilton Downs, has also received a license to operate barrel racing.

Greyhound Racing

Greyhound racing accounted for 30 percent of total handle in FY 2012. Total handle for the 13 facilities that ran greyhound racing fell from \$933.8 million in FY 1990 to \$265.4 million in FY 2012, a decline of 67 percent. Palm Beach Kennel Club had the highest handle at \$36.3 million; Melbourne Greyhound Park, the lowest at \$162,000. Live handle (live handle and total handle were the same in 1990) fell even more, from \$933.8 million to \$93 million, a decline of 90 percent. Purses fell from \$34.5 million to \$26.3 million, a decrease of 18 percent.¹⁸⁵

On a national level, from FY 2001 to FY 2010 (the most recent year for which data were available), total handle fell from \$2 billion to \$706 million, a decline of 65 percent and live handle fell from \$829 million to \$203 million, a decline of 76 percent. Performances fell from 4,242 to 3,336, a decline of 21 percent; paid attendance fell from 653,206 to 97,738, a decline of 85 percent.¹⁸⁶

Florida greyhound performances (a racing card of at least eight races) fell from 3,853 to 3,636, a decline of 6 percent. One of the reasons for the relatively small decline is because of the 90 percent rule. Pari-mutuel operators with cardrooms are required to conduct at least 90 percent of the live performances that were held the year before their cardrooms opened, which for many of them was 1996.¹⁸⁷

The Naples-Fort Myers greyhound track had to run 393 performances in FY 2012 to keep its cardroom license. Often, performances are run twice a day during the 190-day meet to comply with state law.¹⁸⁸ Track spokesman Isadore Havenick told us in an interview that his company does not want to eliminate racing but needs some relief from what he calls the “onerous” 90 percent rule. He noted that the situation was quite different in 1996 when greyhound racing was much more popular than it is today. Running so many races and performances results in the track sustaining a loss of more than \$2 million a year on its dog operations, he said, and forces it to offer lower purses, which adversely affects the amount of money wagered on simulcasting and the quality of dogs that race. Havenick said there is still a demand for greyhound racing in the Fort Myers-Naples region but not as “much as we are running.”

¹⁸⁴ Florida Quarter Horse Association, custom report, May 24, 2013.

¹⁸⁵ Florida PMW, Review of *Annual Reports*, FY 1990-2012.

¹⁸⁶ Association of Racing Commissioners International, Statistical Summaries, 2001-2010 .

¹⁸⁷ Florida Statute 849.086 (5 b).

¹⁸⁸ Florida PMW, *Annual Report FY 2012*.

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Repealing the 90 percent rule, or “decoupling,” could result in the closure of five to six greyhound tracks, according to operators we interviewed. Those facilities would still like to operate cardrooms, as they are profitable, but they cannot as current law states that a cardroom can only be operated at a licensed pari-mutuel facility that offers live racing. Top-tier tracks such as Naples-Fort Myers and the Palm Beach Kennel Club will benefit through higher simulcast revenue if other tracks were to close.

It is clear that pari-mutuel operations at greyhound tracks are loss leaders as the tracks sustained a combined operating loss from wagering on greyhounds of \$35 million. Only three tracks made a profit. Greyhound track cardrooms offset the loss with an operating profit of \$39 million.¹⁸⁹

“It is a dying sport,” said Michael Glenn, general manager of the Palm Beach Kennel Club, one of the country’s premiere greyhound tracks. “Decoupling (removing the requirement for minimum performances) will help us in the short run as we would run fewer races which, in turn, will lower our operating costs. Our simulcast revenue will also increase, but there just are not enough folks out there to come to the track and wager on these races. There is not any interest.” PBKC would shut down the dog track if it could, Glenn said.

Jamie Shelton, CFO of Jacksonville Greyhound Racing, agrees with Glenn. He said that no matter what efforts are made to prop up the sport, interest is not there. “We can see it by our live handle. The older folks are not being replaced,” he said. “There are just too many other things to do out there today. Watching a greyhound race is not at the top of most people’s agenda.”

Jacksonville has consolidated its operations. It has three greyhound permits, and runs all of them out of Orange Park. It shuttered its Jacksonville facility in March 2012, and, as the result of a declaratory statement from PMW, it was able to move its cardroom to a Jacksonville shopping center.¹⁹⁰ The track operator requested a ruling from PMW before it built its new facility in Jacksonville. In effect, PMW sanctioned a form of decoupling, allowing a pari-mutuel facility to open without having to operate a track oval and offer live racing. PMW based its decision on the fact that Section 550.475, Florida Statutes, “makes no reference to the existence of an actual track at the permitted location.” The Jacksonville permit was leased to Orange Park.

With the three permits, Orange Park operates year-round: 340 days and 417 performances in FY 2012. Shelton said the facility just about breaks even but he noted that it is just a matter of time before the losses on racing will become so large that Orange Park will have to close. Even slot machines would not help, as they would not compel people to bet on the dog races, he noted. Slot machines would prop up the business for a while but eventually the sport will die, he said.

¹⁸⁹ Florida PMW, *Independent Auditor’s Report for Pari-Mutuel Permitholders*, FY 2012.

¹⁹⁰ Petition for Declaratory Statement, Jacksonville Kennel Club, DS-2008-38, November 21, 2008.

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Jack Cory, a lobbyist for greyhound owners, said the sport wouldn't be dying if track operators would reinvest in their properties. He noted that some of them have let them deteriorate to the point where going to those tracks is unpleasant. He noted that the intent of the 90 percent rule was to preserve live racing by making sure that live racing had to be offered in exchange for the right to operate a cardroom or casino. "Let's go back to the voters and see if they want to cut back on live racing," Cory said in an interview with Spectrum on May 29, 2013. "We might even agree to reduce the numbers but there is no way we would agree to no live racing at all."

As we have noted throughout this report, operators are looking for ways to reduce the costs of operating pari-mutuel events. Melbourne Greyhound track proposed running two-dog races with a two-kennel roster under the same ownership for its 2013 meet. The American Greyhound Association called the proposal "an affront to the greyhound owners and kennel operators in America who've raised, trained and invested in the development of greyhounds with the intent of competing in full fields (most preferably, eight entries per race), and to those fans who enjoy watching and wagering on such races."¹⁹¹ In light of the opposition, Melbourne withdrew its petition for two-dog races.

Grey2K USA, an organization calling for the end of dog racing on humane grounds, frames the issue this way: Should the state "force a business to conduct one activity so that it may offer another?"¹⁹² According to Grey2K, nearly two-thirds of the 1,199 licensed greyhound owners live out of state. As for humane issues, the organization claims that 8,000 greyhounds are kept in kennel compounds in rows of small stacked cages. Dogs are kept in cages 20 to 23 hours a day. Nine cases of severe neglect have been documented at Florida dog tracks and kennels since 2004.¹⁹³ As of May 21, 2013, Florida greyhound tracks must report to the state the death of any racing greyhound that occurred at a track or kennel.¹⁹⁴

Jai Alai

The object of Jai-Alai is to hurl the ball (pelota) against the front wall with the goal being that an opponent will be unable to return it. The game can involve doubles or singles. Games are

¹⁹¹ National Greyhound Association, "Two-dog race plan condemned," February 13, 2013. <http://ngagreyhounds.com/issue/january-february-2013/article/two-dog-race-plan-condemned>.

¹⁹² Grey2KUSA, "Decouple Live Greyhound Racing," <http://www.grey2kusa.org/pdf/DecoupleLiveGreyhoundRacingFL.pdf> (accessed May 23, 2013).

¹⁹³ Grey2K Florida Senate testimony, February 4, 2013 http://www.flsenate.gov/PublishedContent/Committees/2012-2014/GM/MeetingRecords/MeetingPacket_1997.pdf.

¹⁹⁴ Florida state statute 61D-2.

7 to 9 points. It used to be that as many as eight different teams would play. A losing team would go to the end of the bench.¹⁹⁵ Florida is the only state that continues to offer jai alai, which accounted for 3 percent of the state's total pari-mutuel handle in FY 2012.

Of all the pari-mutuel sectors, jai alai has sustained the steepest cuts in attendance and popularity. Since 1990, total handle has fallen 91 percent, live handle 96 percent, player awards 63 percent and performances, 63 percent. In 1990, 3.9 million people paid to watch the sport. In 2012, total paid attendance was 9,068.¹⁹⁶

The six jai alai operators suffered an operating loss for FY 2012 of \$25.6 million; \$21.6 million came from Ft. Pierce-Miami Jai Alai, whose auditor expressed concern whether the frontons could continue to stay in business. The slots at Miami Jai Alai may improve its fiscal situation.¹⁹⁷ From pari-mutuel operations, the jai alai sector sustained an operating loss of \$14 million. Cardrooms were able to generate an operating profit of \$1 million. Miami Jai Alai had the highest handle at \$6.6 million in FY 2012; Hamilton Jai Alai, the lowest at \$2.00.¹⁹⁸

The Miami fronton opened in 1926. Through the 1980s, business was brisk. The fronton was renovated and seating expanded from 7,000 to well over 13,000. But things changed as new forms of gambling became legal in 1960s and 1970s.¹⁹⁹

Like other pari-mutuel sectors, jai alai is required to offer a minimum number of performances to keep its cardroom open. And the number depends on when the cardroom opened. As noted in other pari-mutuel sectors, the 90 percent rule requires that live performances be equal to at least 90 percent of what was conducted the year before the cardroom opened. Performances in FY 2012 ranged from a high of 214 at Dania to 24 at Hamilton. A performance consists of eight games.

Last year, Ocala stretched the letter of the law when it hired two locals who played each other over and over to comply with the minimum-performance law. The operation drew protests from jai alai players in South Florida who picketed the fronton. They argued that having the same two players play was a gimmick to comply with the law. General Manager Brian Matthews told us in an interview on May 21 that he had no choice but to run jai alai the way he did because it loses so much money, adding, "We can't get anyone to watch it." According to the financial audited report submitted to the state for FY 2012, Ocala lost \$453,000 on jai alai. Part of that included a \$22,000 tax because Matthews elected to run only 41 performances instead of the 100

¹⁹⁵ Hamilton Jai Alai and Poker website, <http://www.hamiltondownsjaijai.com/> (accessed May 17, 2013).

¹⁹⁶ Florida PMW, *Annual Reports*, FY 1990-FY 2012.

¹⁹⁷ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders*, FY 2012.

¹⁹⁸ Florida PMW, *Annual Reports FY 2012*.

¹⁹⁹ Michael Mooney, "Echoes of a Dying Game," SB Nation, February 28, 2013
<http://www.sbnation.com/longform/2013/2/28/4036934/jai-alai-sport-in-america-miami>.

required by the state. “It was cheaper for me to pay the tax than it was to stay open,” he noted. “If this was just jai alai, we would have been closed long ago.

Glenn Richards operates Hamilton Jai Alai and Poker. He operates pretty much the same way as Ocala, and acknowledged to us in an interview on May 8, 2013, that he is not happy about it. “People call it a joke, and I cannot disagree,” he said. “It is either do this or shut the door. We cannot get anyone to watch this anymore.” Hardly anyone is betting on it any more either. The total handle in FY 2012: \$2.²⁰⁰

Richards relies on a four-person Jai Alai roster. One is a father and his son, who both at one time played professionally at South Florida frontons. Richards must hold 100 performances over a FY year to retain his cardroom license, which opened in 2004. He is hopeful he can stay open until next year when the law will allow him to reduce his performances to 40.

For now, his four players play several times a day over a one-week period from March to June to meet the 100-performance requirement.

g. Critical Issues to Address

The thoroughbred sector is clearly the healthiest of the sectors but it too has sustained steep declines in live handle. What’s keeping many of the other pari-mutuel facilities open is cardroom and slot revenue but eventually, if the downward trend continues, it is likely that even those revenues will not be enough to keep some greyhound tracks and frontons open. Many operators acknowledged to us that the prospect of possibly operating slot machines was enough for them to continue to stay in business and sustain significant losses. In FY 2012, the pari-mutuel operations at the greyhound tracks sustained operating losses of \$35 million, Jai Alai, \$14 million and harness, \$2.4 million. Only the thoroughbred tracks were able to realize an operating profit, \$10.6 million, from their pari-mutuel operations.

One area that Spectrum’s research indicates is in need of review is the law requiring a minimum number of performances. When the law was adopted in 1996, the intent was to assist pari-mutuels by providing a funding stream for purses. But operators say times have changed, and the current law prevents them from reacting to today’s business climate. Many track operators across the country have reduced racing dates, which, in turn, lets them increase average purses and lower operating costs. In Florida, a number of operators are forced to run well over 300 performances a year.

At the same time, horsemen and dog owners stress that some operators have done all they can to destroy their pari-mutuel operations in an effort to convince the Legislature to adopt “decoupling,” which would remove the requirement that a minimum number of performances be held.

²⁰⁰ Florida PMW, Annual Report, FY 2012,

Pennsylvania relies on a racing advocate to ensure that its racino operators do not ignore racing interests. Each year, the Pennsylvania Gaming Control Board compiles an annual benchmark report to measure the impact that slot machine revenues have had on the horse racing industry. Florida has no such review mechanism. Purses at the harness track, even with a casino, have actually declined, and horsemen say that casino operations overshadow the track. The track is considering shutting down the grandstand, which would make it the only track in the country where patrons watch the finish of a race one-sixteenth of a mile away from the finish line.

With respect to casinos, as we noted in this report, the thoroughbred and quarter horse sectors are treated differently when it comes to pari-mutuel requirements. This is true even within the horse racing sector itself. Thoroughbred and quarter horse operators, for example, must have a contract in place with horsemen before they can open a casino. There is no such requirement for harness of the other pari-mutuel sectors. Almost all racino states require that a certain amount of gross gaming revenue be set aside to enhance purses. There is no such requirement in Florida.

Another contentious issue that may come before the Legislature is how to define a race or a game. Jai alai and dog track operators have argued that the current law is vague enough that it allows them to run just two dogs in a race or have just two jai alai players play over and over. There is the barrel-racing issue that has drawn national attention. An administrative law judge recently ruled that PMW had no right to issue a barrel-racing permit for quarter horse racing.²⁰¹

15. Cardrooms

a. Nationally

Five states including Florida allow cardrooms that are not inside a casino. Typically, cardroom games are restricted to poker and poker variants, although Washington began allowing cardrooms in 1997 to offer blackjack.

It is difficult to compare cardroom performance in Florida with cardrooms in other states because Florida is the only state that restricts its cardrooms to pari-mutuel facilities that, for the most part, are racing-only operations. Other states such as Washington and California allow their cardrooms in standalone facilities. Montana does not provide any data. Minnesota has only one cardroom.²⁰² Because of the differences from state-to-state in cardroom operations, the American Gaming Association stopped collecting revenue numbers for cardrooms effective with its 2009 annual *State of the States* report.

²⁰¹ State of Florida Administrative Hearings, Case No. 11-5796RU, Administrative Law Judge John Laningham.

²⁰² 2008 *State of the States* p. 35.

We tracked performance data for California, as its cardroom business model is the closest to Florida's. California had 119 cardrooms in FY 2002. In FY 2007, the number fell to 92.²⁰³ Despite the drop-off, its gross receipts increased from \$563 million to \$794 million, an increase of 46 percent. During the same time period, Florida's gross receipts increased from \$2.8 to \$54.2 million, a nearly 17-fold increase.

b. Florida

The first Florida cardrooms, which are restricted to poker and dominoes, opened on January 1, 1997. While dominoes is a permitted game, most facilities do not offer it. Palm Beach Kennel Club said it stopped offering it after months went by and no one played the game. By the end of the first fiscal year, nine cardrooms were operating.²⁰⁴ Gross receipts, or the amount received by the cardroom from players, totaled \$2.2 million that first year. At that time, the winnings of any player in a single round, hand or game could not exceed \$10. Players at a five-handed seven-card stud table would simply put in \$2 each and all betting and raising would cease. The dealer simply dealt the rest of the hand face up. A cardroom could only operate two hours prior to post time and up to two hours after the last pari-mutuel event. The state established a 10 percent tax on gross receipts, a rate that continues to this day. Additionally, each operator must pay cardroom table fees annually in the amount of \$1,000 for each table to be operated.²⁰⁵

Poker in Florida began to increase in popularity in 2003, when the Legislature amended the law to enable the poker pot to exceed \$10, but players could still not bet more than \$2 with any given action. Up until then, poker gross receipts had not increased much at all but they soared from \$2.8 million in 2003 to \$18.5 million in FY 2004. With more venues added, the figure continued to rise by double-digit percentages through 2009 when it totaled \$102 million. In FY 2012, it reached \$131.5 million. The change that made Florida a major poker playing state was the removal of all betting limits as of July 1, 2010. Today, there are 24 cardrooms. In 2003, there were only 10. Other cardroom rule changes that increased the profitability of cardrooms included a provision that also took effect July 1, 2010, that increased their hours of operation to 18 hours during the week and 24 hours on weekends.²⁰⁶

The cardroom law was created to boost operations at pari-mutuel facilities. They had to be at a track or jai alai fronton. At jai alai and greyhound facilities, 4 percent of cardroom gross receipts are used to fund purses and player awards; the figure is 50 percent at horse race facilities.

²⁰³ *State of the States, 2004-2008.*

²⁰⁴ Florida PMW, *Annual Report, FY 1998*, p. 3.

²⁰⁵ Florida PMW, *Annual Report, FY 2012*.

²⁰⁶ *Ibid.*

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But with opening of Bestbet in Jacksonville in February 2012, Florida had its first off-track betting parlor. PMW made it possible for that to happen when it issued a declaratory statement to allow pari-mutuel businesses to operate a separate cardroom and simulcast parlor if the license holder closed an existing facility and opened a poker room in the same county and within 30 miles of the old one.²⁰⁷ Jacksonville Greyhound Racing Inc. closed its Jacksonville track in 2009 but retained its license and transferred its racing dates to nearby Orange Park, which it also owns. Jacksonville was then able to transfer its cardroom license to the off-site location in Jacksonville, and establish the biggest cardroom in the state of Florida, without having to build a track oval. Geographical constraints make it difficult for other such license transfers to occur.²⁰⁸ But we note that Palm Beach Kennel Club acquired an inactive jai alai permit and then converted it into a greyhound permit. At issue is whether it can now operate a cardroom from a remote location as Jacksonville Racing has done.²⁰⁹ The matter is currently before the courts.

Palm Beach Kennel Club had the highest cardroom receipts in FY 2012 at \$11.4 million; Hamilton Jai Alai and Poker the lowest at \$596,000.²¹⁰ Palm Beach Kennel Club Manager Noah Carbone, in a May 16, 2013, interview said the rule changes have made Florida one of the top poker venues in the country. He said before the rule changes, professional players from Florida would travel to Atlantic City and Nevada to play poker. Now, they stay here, he said. Further, many tourists are also playing now that the table limits have been removed.

Carbone said he would like to see the state remove the requirement that cash cannot be placed on a poker table. The law currently requires that players use only chips. He believes that relaxing the cash rule will increase profits for the cardrooms. The cardrooms have become so profitable that they have enticed new pari-mutuel operations to open and have resulted in still others continuing to remain open even though their pari-mutuel activity generate substantial losses, as we have noted throughout this report.

For example, the greyhound sector cardrooms generated an operating profit in FY 2012 of \$38.8 million while their pari-mutuel activities had an operating loss of \$35 million. Daytona Beach Kennel Club had the highest cardroom operating profit of \$6.4 million. All but one of the greyhound tracks had cardroom operating profits.²¹¹ The racing sector cardrooms also generated an operating profit of \$2.6 million.²¹²

²⁰⁷ Roger Bull, "Jacksonville Kennel Club to open poker room near Regency Square mall," *The Florida Times-Union*, June 28, 2011 <http://jacksonville.com/news/metro/2011-06-28/story/jacksonville-kennel-club-open-poker-room-near-regency-square-mall>.

²⁰⁸ Interview May 21 with Gene McGee, lobbyist for Jacksonville Racing Inc.

²⁰⁹ Interview May 18 with PBKC officials.

²¹⁰ Ibid.

²¹¹ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders, FY 2012*.

²¹² Ibid.

Some operators, such as Jamie Shelton, the CFO of Jacksonville Greyhound Racing, noted though that cardroom revenues have begun to level off across the state. In an interview with Spectrum on May 30, 2013, Shelton said that it is unrealistic to expect cardroom revenue to continue to subsidize pari-mutuel operations. At some point, he noted that there will come a point where the cardroom profits cannot cover the pari-mutuel losses. “It is just a matter of time,” he said.

FY 2013 data show that cardroom revenue has begun to decline at many facilities. We compared the 10-month period ending April 30 with the previous year: Calder was off by 17 percent, Tampa Bay Downs, 14 percent and Pensacola Greyhound track, 10 percent. Thirteen of the 24 cardrooms associated with live racing sustained declines.²¹³ Should these downward trends continue, the ramifications for the pari-mutuel operations could be ominous.

16. Charitable Bingo

Florida’s bingo statute authorizes the conduct, handling of proceeds and limitations of bingo games by charitable organizations. All charitable organizations must meet the state’s statutory requirements as well as be qualified as an exempt 501(c.) organization under the federal Internal Revenue Code.

Florida’s bingo laws require that all proceeds from the conduct of the bingo games be donated to charitable organizations, less actual business expenses for the operation, conduct and playing of bingo. The statute strictly prohibits the net proceeds from bingo games from being used for any other purpose. For more detail on the regulatory aspects of bingo, see Chapter II (D)(1)(c).

Bingo is not regulated by the State of Florida. However, municipalities and/or counties that permit bingo have their own ordinances that govern its operation. Most municipalities require a business tax license, or occupational license, to conduct bingo. The licenses are issued annually and require copies of IRS financial statements.

Spectrum interviewed charitable bingo owners/operators, a bingo industry publisher as well as bingo equipment distributor executives in an effort to assess the size and state of charitable bingo in Florida.

In Florida, charitable bingo is conducted by charitable organizations on the premises of the qualified organization (such as a VFW hall, Elks Club, church, etc.) or at “bingo halls” that lease their premises to a charitable organization. The state statute also provides for a condominium association, a cooperative association, a homeowners’ association or a mobile home owners’ association to conduct bingo provided that any net proceeds after paying prizes and deducting operating expenses are donated to a qualified charitable organization.

²¹³ Review of PMW pari-mutuel wagering reports.

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Bingo halls and charitable organizations that utilize “hall-for-hire” arrangements must meet all state statutory requirements, including a minimum one-year lease agreement at a reasonable rental cost. Lease arrangements vary and often include “rent per session” or percentage of sales agreements.

Some bingo halls have lease arrangements with one “lead” charitable organization while others lease the premises to multiple qualified organizations. For example, Bingo Magic of Lake Worth, in Greenacres, has a “lead” charity lease arrangement with the Department of Florida Jewish War Veterans of the United States of America, and Bingo at Four Corners, in Pompano Beach, has lease agreements with 20 qualified charities with each charitable organization arranging to conduct a bingo session at the bingo hall on a scheduled day or night.

All charitable bingo conducted in Florida is run by volunteers who are members of the charitable organizations. In the bingo halls we observed, the facility’s owner/operator and any other compensated employees are paid by revenues derived from the facility’s food concessions.

Since bingo is not regulated by the State, the statewide total net proceeds from bingo games that is donated to charity is not quantifiable. Several bingo publications and/or websites list the available bingo games throughout the state; however, most of the published lists we researched were not inclusive or current. Spectrum estimates that there are currently between 300 to 400 bingo active operations in Florida.

Based on our interviews with bingo owner/operators as well as others associated with charitable bingo in Florida, it is apparent that statewide participation in charitable bingo is trending significantly downward. The number of available bingo locations is dwindling and participation is rapidly decreasing. For example, daily attendance at Bingo at Four Corners is down from a highpoint of over 400 bingo players per day in the 1990s to an average of approximately 100 players per day currently. Historically, the amount of revenues received by charities from this bingo hall has gone from \$30,000 to \$50,000 per month in 1995 to approximately \$10,000 a month currently. In Palm Beach County, the number of bingo halls in has decreased from six to two since over the past decade. Moreover, the general increase in rent and fixed operating expenses paid by bingo hall operators for their premises continues to rise and has had a negative effect on net proceeds.

Based on our research, the downward trend in bingo in Florida is attributable to several factors including:

- Overall downturn in the national economy
- Competition from other forms of gaming including casinos, racinos and lottery
- Competition from high-stakes bingo conducted at tribal gaming locations
- Statutory-limited jackpot prizes of \$250 maximum
- Aging demographic of bingo players

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- Statutory limitations preventing more progressive games
- Weather-related (hurricanes) events
- Proliferation of adult arcades and Internet cafes

Charitable bingo in Florida, as currently sanctioned, is increasingly less competitive. As each new form of gambling has been introduced – legal and otherwise – bingo revenues continue to decline. Those associated with bingo in Florida said the downward trend in bingo participation is multifaceted but pointed to the fact that bingo is unable to compete with the costly marketing efforts and giveaways of Indian casinos, pari-mutuel operators and high-stakes tribal bingo facilities. Most bingo players live fairly close to the bingo location, and in the regions with other forms of gaming located nearby, the revenue impact is most pronounced.

Bingo distributors we interviewed agreed with the observation that an overall downward trend due to competition from various other forms of gaming and the outdated \$250 statutory limit on jackpot prizes. They pointed to Miami-Dade and Broward counties as prime examples of where competition from the opening of racinos has substantially adversely affected bingo participation. For example, the number of bingo locations in Broward County has shrunk from eight to one since racinos have opened.

Florida's bingo operators indicated that the state's players tend to be older and are dying at a significant rate. Many are senior citizen who no longer drive or feel comfortable going out in the evening. These one-time regular bingo players now have expanded gaming options nearby and choose to frequent these facilities, which may offer bus transportation to casinos and/or racinos. However, the introduction in the 1990s of hand-held "card-minders" that automatically mark dozens of cards instantly has allowed older and/or handicapped bingo players to keep up and has leveled the playing field for many seniors and disabled patrons.

In Florida, the downward trend in net bingo proceeds directly impacts the charitable organizations intended to benefit from this activity. However, those associated with bingo interviewed by Spectrum all emphasized that bingo and expanded gaming can coexist if bingo is allowed to offer the right jackpot prizes and game content. Most agree that bingo, unlike other gaming options, is an "a social thing" that people play with friends and relatives. Bingo is considered "social or soft gaming" that distinguishes it from harder forms of gaming such as casinos or pari-mutuel gaming.

Indeed, numerous published reports, including a recent *Wall Street Journal* article,²¹⁴ point to a renewal of bingo in the United States. Progressive approaches that include new technological advances, coupling bingo with other entertainment amenities, linked jackpots and higher prize offerings have resulted in more bingo participation by younger players and college

²¹⁴ Julie Jargon, "How Do You Spell Hipster? It Could Be B-I-N-G-O," *The Wall Street Journal*, Page A1, April 10, 2013 <http://online.wsj.com/article/SB10001424127887324883604578398973682460716.html>.

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students. Some of these innovative practices range from bingo being offered in bowling alleys and in venues that offer alcoholic beverages to specialized offering such as “hip-hop” and “cosmic” bingo. These newer, “hip” versions of bingo have given rise to younger patrons, particularly among the Hispanic population in South Texas, Arizona and California. Also noteworthy is a new approach in Illinois, where legislation has been introduced to allow bingo on hand-held devices in bars and restaurants.

The bingo equipment distributors we interviewed indicated that bingo participation across North America has been trending downward but provided several particular examples of upward trends in states where recent progressive statutory reforms have been implemented. For example, in Virginia and Minnesota, electronic pull-tab bingo and other newer game offerings have resulted in an increase in participation rates. Other progressive reforms, such as in Ontario, Canada, where new regulations provide for splitting proceeds between the bingo owner/operators and charities has resulted in significant upward trends in overall proceeds.

In several other states, the proliferation of Internet/sweepstakes cafes has adversely affected traditional bingo participation. Tim Stewart, President and CEO of Bingo King, a worldwide bingo equipment distributor, estimates that gross sales in states such as Ohio and California where Internet cafes have spread have declined more than 20 percent.

In Florida, the recent enactment of legislation that bans Internet cafes and adult arcade has adversely affected some bingo operators in the state who also had adult arcade games on their premises. The bingo halls we visited that previously had operational adult arcade games took the games out of play in order to comply with the new law.

The bingo operators with arcade games had previously offered prizes that were essentially free credits for regular bingo play. Many traditional bingo players would arrive well before the scheduled start of regular bingo and play the arcade games hoping to win free credits (such as “bingo bucks”) toward the cost of bingo cards for that day. It was also pointed out the extra time spent in the bingo hall usually resulted in the patron purchasing food or beverages at the hall’s concession. Now, bingo players have little incentive to arrive early because there are no “gaming activities” until the traditional bingo game starts. The loss of the adult arcade games in bingo halls have driven many bingo players to casinos and racinos where gaming is basically around the clock.

The legal challenges to the new Florida Internet cafes and adult arcades prohibition are currently ongoing and the final remedy is unclear at this time. Local law enforcement authorities now have enhanced tools to enforce the new law and recent published reports have documented considerable law enforcement efforts throughout every part of the state.

Gale Fontaine, President of the Florida Arcade and Bingo Association, said her trade group currently has about 215 members and has been losing bingo members steadily over the past decade. With all the recent developments regarding arcade games, she said the organization has over 50 new arcade members that joined this year. The connection between bingo and adult

arcades is quite prominent with many bingo hall owners/operators also in the arcade business or having arcade games within the bingo hall itself.

Michael Wolf, the Bingo Association's legal counsel, said the group has filed a lawsuit seeking to halt enforcement of the new law in regard to adult arcades. He said the same types of games are in bowling alleys and children's arcades and the law is being enforced discriminatorily against the adult arcades.

In regard to the new law's effect on traditional bingo, Dennis Conroy of *Bingo Bugle*, a monthly publication distributed in metro markets throughout the United States (including several Florida editions), pointed out that the new law may be a positive development for bingo in Florida. He said he it is likely that there will be an increase in applications for traditional bingo game operations due to the new law and the end result would be an increase in overall bingo revenues.

Florida also has one of the nation's most prominent high-stakes Indian bingo markets. In fact, most point to Florida's Seminole Classic Casino in Hollywood to be the birthplace of high-stakes Indian bingo. The Seminole Classic Casino is located across the street from the Seminole Hard Rock Casino. The one-story building started as a high stakes bingo hall about 30 years ago; however, the facility has slowly been transformed mostly into a slots-heavy casino with only about 15 percent of the gaming floor still devoted to bingo. On a recent tour of the Seminole Classic Casino, Spectrum observed that the bingo parlor that once had over 1,500 seats is now down to about 400 seats. Seminole Gaming advised Spectrum that its bingo revenue for 2012 was \$4.1 million, continuing a steady decline from \$24.6 million in 2001.

The Miccosukee Tribe of Indians of Florida, located in Miami, operates a 1,000-plus seat High Stakes Bingo Hall within its Resort & Gaming complex. The facility operates daily bingo games from 9 a.m. to 11 p.m. and has extensive bus service to the facility from throughout the greater Miami-Dade area. The bingo hall advertises over \$35,000 in daily bingo jackpots and has a large email promotion system that caters to regular bingo players.

Most observers agree that Florida's state-sanctioned model of charitable bingo is good for Florida, in that it provides needed funding for the state's many charitable organizations. Many of the bingo hall owner/operators have a genuine connection to the charitable organizations they help support. As Chris Thomas, owner/operator of Bingo Magic in Lake Worth, said for the system to work you have to be "in your community" through the charitable organizations that bingo helps to support.

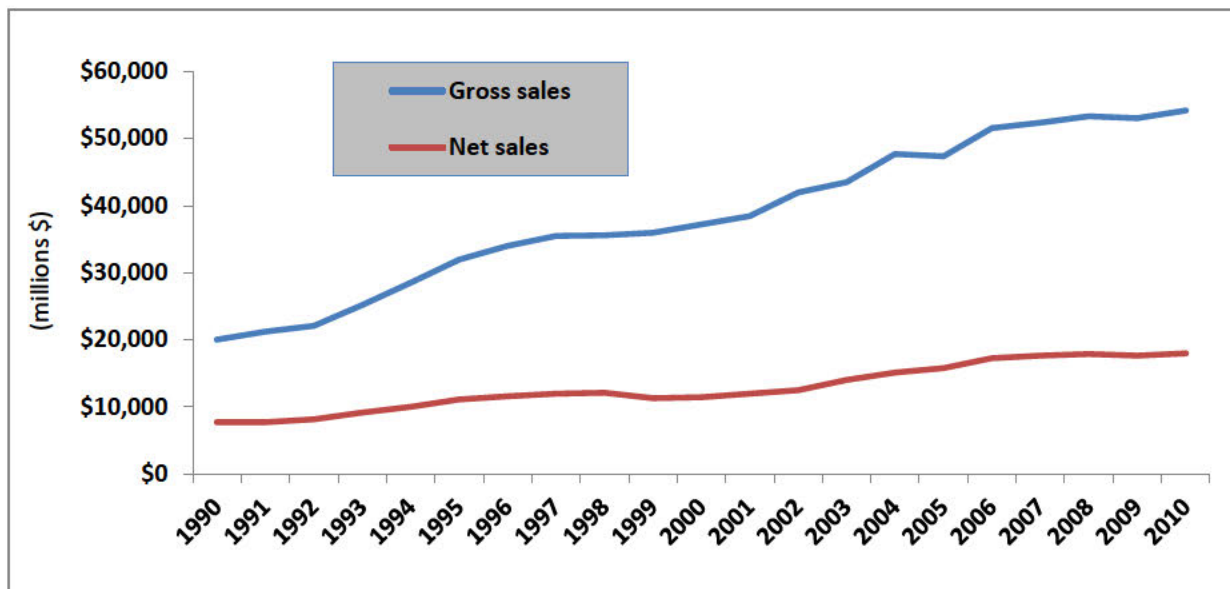
Unlike the other forms of gaming available in Florida, bingo is distinctive in that it is truly a "social thing" that players often enjoy with friends and relatives. Its traditional role in charitable organizations is well documented in the state. Policymakers and stakeholders need to closely exam the role bingo plays in Florida so it can fulfill the intent of the original enabling legislation.

17. Lottery

a. Nationally

The first modern state lottery began in New Hampshire in 1964.²¹⁵ A large number of states began introducing lotteries in the 1980s, and currently, the only states without a lottery are Alaska, Alabama, Hawaii, Mississippi, Nevada, Utah, and Wyoming (although Wyoming in March 2013 enacted lottery legislation). By 2012, the Florida Lottery ranked third in the nation, behind New York and Massachusetts, in total sales revenue (FY 2011).²¹⁶ Each of these states had net receipts (total sales minus prizes paid and administrative costs) of over \$1 billion.²¹⁷ The following chart shows the trend in US lottery sales between 1990 and 2010, in nominal dollars. Gross sales (handle) represents total lottery sales for all states; net sales represents gross sales minus prizes paid out and administrative costs, or the net amount of revenue for the states. As the chart shows, the net revenue to states has increased modestly over this period.

Figure 24: US lottery sales, 1990-2010



Source: US Census Bureau, *Statistical Abstract*, various years. For fiscal years.

As shown in the chart, lotteries raised almost \$2 billion for state governments in 2010. Lotteries are very popular among politicians because they are often viewed as a “voluntary tax.” That is, even though lotteries represent a relatively high tax rate on spending, citizens can easily avoid the tax simply by not purchasing lottery tickets.

²¹⁵ Charles T. Clotfelter and Philip J. Cook, “On the Economics of State Lotteries,” *Journal of Economic Perspectives*, vol. 4, 1990, p. 107.

²¹⁶ Teresa Markle La Fleur, Byron la Fleur, *La Fleur’s 2012 World Lottery Almanac*, p. 259.

²¹⁷ Douglas M. Walker, *Casinonomics*, 2013), p. 68.

Lotteries are, by far, the most profitable form of legalized gambling. For each \$1 ticket sold, the state keeps approximately 50 cents as “net revenue.”²¹⁸ Roughly 10 to 20 cents is directed to administrative costs, and the remainder is paid out in prizes. Based on the data in the chart above the proportion of net revenue to states was roughly 40 percent in 2010 (over \$5 billion in gross sales and about \$2 billion in net revenue).

Despite the benefits touted by the lottery’s proponents, the lottery – like other forms of gambling – has its critics. A long-running criticism of lotteries is that the revenues tend to come disproportionately from lower-income individuals. As such, the lottery is a “regressive tax.”²¹⁹ In addition, studies have found that the benefits from lottery funded educational initiatives tend to accrue to higher-income individuals.²²⁰ When combined with the tax effect, this compounds the regressivity of the lottery. While critics have termed state lotteries “a tax on the stupid”²²¹ due to their unfavorable odds, lottery play remains the most broadly popular and regionally widespread gambling activity both nationally, where 53 percent report playing the lottery within the past year,²²² and within Florida, where 60 percent of residents report having played the lottery at least once in their lifetimes and 44 percent say they have played within the past year.²²³

Another criticism of lotteries is that, despite the fact that they are often earmarked for programs such as education, it is not clear that the overall level of funding for such programs actually increases. For example, politicians could reduce other types of education funding as lottery contributions to education increase. Thus, the lottery may result in a net increase or decrease to educational funding in a state.

A variety of research has examined the demographics of lottery players. Clotfelter and Cook have provided what is regarded as the most important economic research on lotteries. They find that “the most active 10 percent of [lottery] players account for 50 percent of the total amount wagered, while the top 20 percent wager about 65% of the total.”²²⁴ In addition, Clotfelter and Cook (p. 112) summarize:

- Men play more than women

²¹⁸ Thomas A. Garrett, “The Leviathan Lottery? Testing the Revenue Maximization Objective of State Lotteries as Evidence for Leviathan,” *Public Choice*, vol. 109, 2001, p. 104.

²¹⁹ Charles T. Clotfelter and Philip J. Cook, “On the Economics of State Lotteries,” *Journal of Economic Perspectives*, vol. 4, 1990, p. 112.

²²⁰ Ross Rubenstein and Benjamin Scafidi, “Who Pays and Who Benefits: Examining the Distributional Consequences of the Georgia Lottery for Education,” *National Tax Journal*, vol. 55, 2002.

²²¹ James Walsh, *True Odds: How Risk Affects Your Everyday Life*, 1996.

²²² *2013 State of the States*.

²²³ Robert J. Rotunda, Terry L. Schell, “Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication,” University of West Florida, January, 2012.

²²⁴ Charles T. Clotfelter and Philip J. Cook, “On the Economics of State Lotteries,” *Journal of Economic Perspectives*, vol. 4, 1990, p. 111.

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- Adults play more in their middle years than when young
- Catholics play more than Protestants
- Lottery play falls with formal education
- 46 percent of laborers play; 25 percent of advanced professionals play
- Retirees and students play least of all
- Hispanics in the west and blacks in the east play more than non-Hispanic whites

The Ipsos Reid study for the Florida Lottery discusses demographics specific to Florida lottery players. The study includes a variety of survey questions aimed at understanding people's opinions of the lottery and attitudes toward gambling in general. While 42 percent of respondents agreed that "lotteries are an innocent form of entertainment," 19 percent indicated that they were "morally opposed to gambling."²²⁵ This finding reflects the general differences in opinion that exist across the states.

Overall, state lotteries are the most common forms of legal gambling in the United States. In aggregate, lotteries generate far more income for states than any other form of gambling. Lotteries also provide employment and economic benefits, both from direct employment of approximately 440 employees²²⁶, as well as assistance to a large and diverse network of retailers throughout the state. The Florida Lottery provides local sales through a network of 13,138 retail agents who receive a 5 percent commission on ticket sales.²²⁷ This sales network operates through a wide variety of establishments including convenience stores, gas stations, bars, restaurants, grocery stores, drug stores, liquor stores, newsstands, etc. Spectrum research in Massachusetts demonstrates the importance of lottery sales to the continued operation of these many small businesses providing entry level employment throughout the state.²²⁸

b. Florida

Florida is one of many states that has adopted lotteries that earmark the revenues for special purposes, such as education. The Florida Lottery contributed over \$1.3 billion to the state's Educational Enhancement Trust Fund during the 2012 fiscal year and \$24 billion since the lottery's inception in Florida in 1988. Lottery revenues are used for scholarships for college

²²⁵ Ipsos Reid, "2012 General Population Segmentation: Final Report, April 30, 2012. http://flalottery.com/exptkt/FloridaSegmentationFinalReport_30April2012.pdf.

²²⁶ Florida Lottery, Lottery Insider, <http://www.lotteryinsider.com/lottery/florida.htm>.

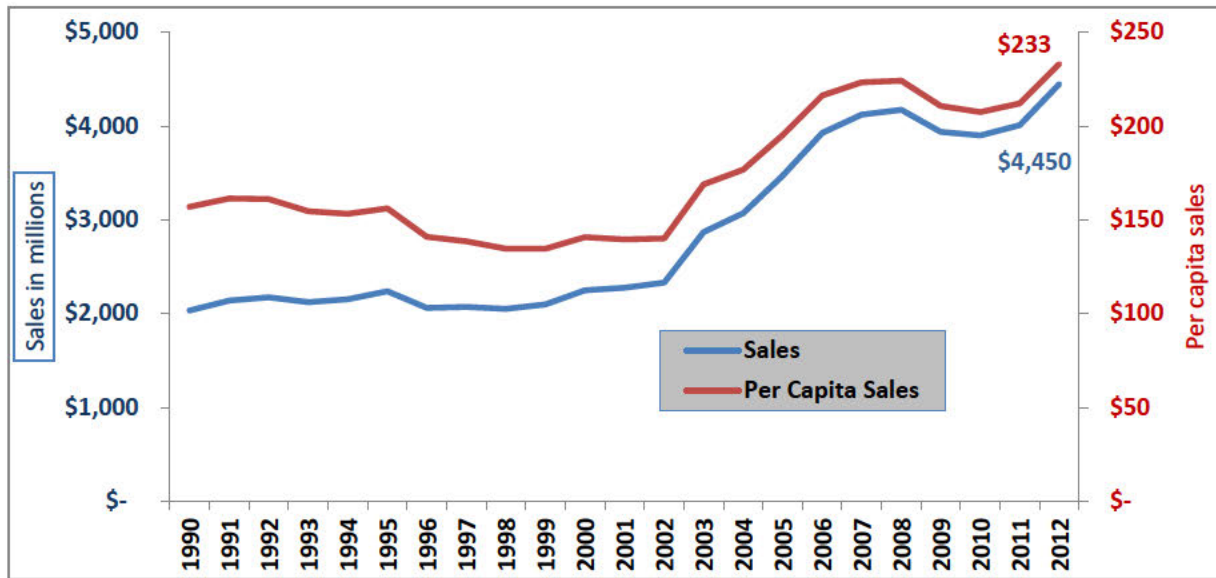
²²⁷ Teresa Markle La Fleur, Byron La Fleur, *La Fleur's 2012 Lottery Almanac*, p.66.

²²⁸ Spectrum Gaming Group, *Facing The Lottery's Future*, December 4, 2012, Amended January 8, 2013.

students, construction and renovation on college campuses and at K-12 schools in the state.²²⁹ Many states have similar programs that use earmarked lottery funds.

As noted above, the Florida Lottery is one of the highest selling in the country. The following chart illustrates Florida lottery gross sales and per capita sales from 1990 through 2012.

Figure 25: Florida lottery sales, 1990-2012



Data source: Florida Lottery, Florida Office of Economic & Demographic Research; for fiscal years

In Florida, as in other states, the lottery has been criticized as being a regressive form of raising government revenue, disproportionately targeting the poor. For example, a 2005 report from the Brookings Institution notes:

“A number of studies have investigated the demographic predictors of lottery gambling and have tended to find that, on average, state lottery products are disproportionately consumed by the poor. ... The data reveal the following general trends. First, lottery gambling extends across races, sexes, and income and education groups. Second, black respondents spend nearly twice as much on lottery tickets as do white or Hispanic respondents.

“The average reported expenditure among blacks is \$200 per year, \$476 among those who played the lottery last year. Black men have the highest average expenditures. Third, average annual lottery spending in dollar amounts is roughly equal across the lowest, middle, and highest income groups. This implies that on average, low-income households spend a larger percentage of their wealth on lottery tickets than other households. Interestingly, the regressivity of the state lottery appears to vary across lottery products.

²²⁹ Florida Lottery, “Dollars to Education” <http://www.flalottery.com/education.do> (accessed May 9, 2013).

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“Low-income lottery players are more likely than other lottery players to bet on instant games. Among NORC survey respondents who report playing the lottery, 38 percent of those in the lowest-income third report that they purchased an instant ticket the last time they played the lottery, compared to 27 and 19 percent of players in the middle and highest-income third. Higher-income players are more likely to have purchased a ticket on a jackpot lotto game - 56 percent of those in the highest-income third, 49 percent in the middle group, and 39 percent in the lowest-income third.

“The NORC survey also asks respondents about their favorite state lottery game. Instant games are the most common reported favorite among those in the lowest-income third, while jackpot lotto games are by far the most common stated favorite among those in the higher income categories.”²³⁰

Spectrum has asked the Florida Lottery for Zip Code and other information related to examining both the proportion of lottery purchases in poor neighborhoods, as well as the proportion of tickets sold to non-Florida residents. As of this writing, Spectrum has not received a response.

18. Retail Gaming

Seven states currently authorize what Spectrum terms “retail gaming,” which is the placement of a small number of electronic gaming devices (typically 5 to 10) in authorized retail locations – often liquor-licensed establishments. Electronic gaming device (“EGD”) is a catchall term for slot machines, video lottery terminals, video poker machines, electronic bingo game, or any other slot-like gambling machine. At year end 2012, EGDs operated in 12,042 locations in the seven states.²³¹ In the five states where full-year data were reported for fiscal year 2012, the retail EGDs generated \$2.3 billion in gross gaming revenue.

In Illinois, Louisiana, Montana and Nevada, the retail gaming programs are regulated by their respective gambling control boards/agencies. In Oregon, South Dakota and West Virginia, the respective state lottery operates the retail gaming programs. The states use a variety of taxes, revenue sharing, franchise fees and/or device fees to collect revenue from the EGDs. The host establishments receive a share of the revenue based on a formula established by the state.

Retail gaming programs are seen as successful from a revenue standpoint because of their wide geographic distribution and convenience. However, they are controversial because they

²³⁰ Melissa Schettini Kearney, “The Economic Winners and Losers of Legalized Gambling,” Brookings Institution, February 2005, p. 16 <https://www.documentcloud.org/documents/266971-the-economic-winners-and-losers-of-legalized.html>

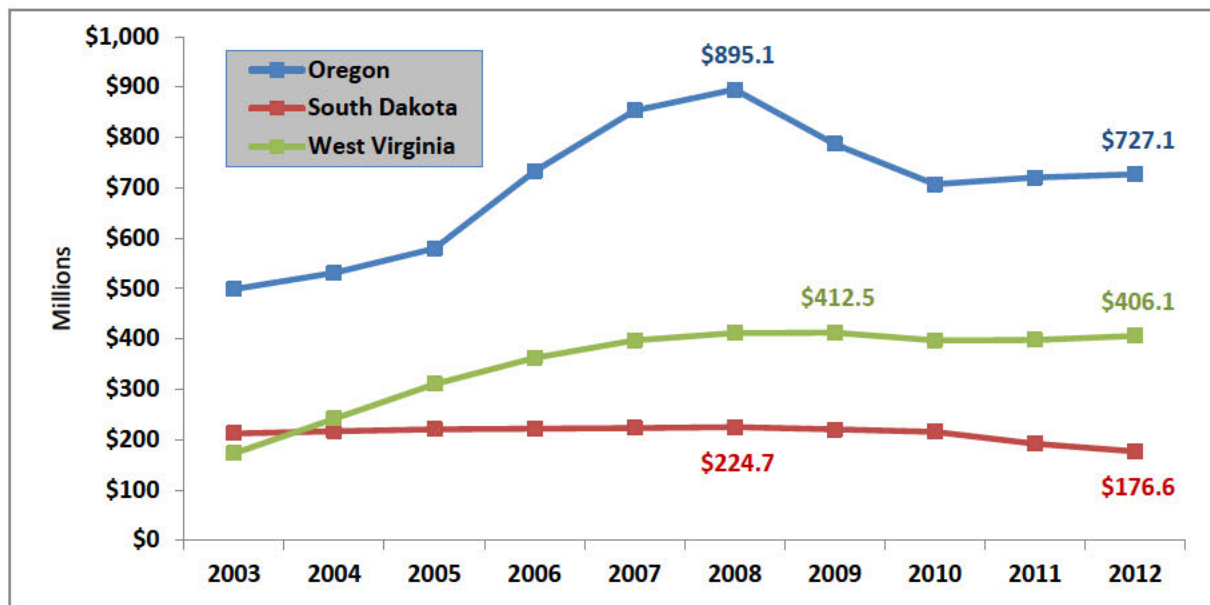
²³¹ 2013 *State of the States*, p. 4.

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EGDs may be too convenient for those with, or susceptible to, gambling problems and because they may be in plain view of children.

Following are the revenue results – in net sales (i.e., gaming revenue) – for the three retail gaming programs operated by state lotteries:

Figure 26: Oregon, South Dakota and West Virginia lottery retail gaming revenue, 2003-2012



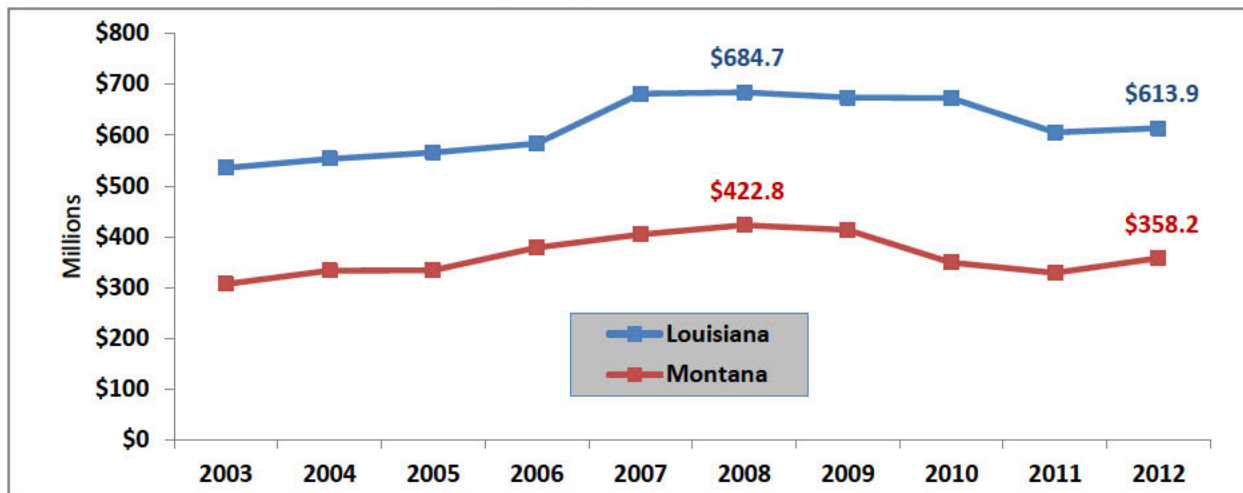
Sources: Oregon, South Dakota and West Virginia lotteries; for fiscal years

Retail gaming is a crucial part of the three lotteries' total revenue: In FY 2012, Oregon Video Lottery net sales accounted for 69 percent of total lottery sales; the Video Lottery accounted for 88 percent of sales in South Dakota; and the Limited Video Lottery ("LVL") net sales accounted for 26 percent of total lottery sales – but 52 percent when excluding the racetrack casinos, which are also overseen by the Lottery.

The Oregon Video Lottery permits six EGDs in authorized liquor-licensed establishments and 10 at racetracks. The South Dakota Lottery permits 10 EGDs in liquor-licensed establishments. The West Virginia LVL permits six EGDs in liquor-licensed establishments and 10 in fraternal organizations.

As noted, four states authorize retail gaming that is independent of the lottery. Nevada does not report retail gaming revenue, and Illinois, which launched its program in September 2012, has yet to report a full year of results. The following chart provides the retail gaming revenue for Louisiana and Montana:

Figure 27: Louisiana and Montana retail gaming revenue, 2003-2012



Source: Louisiana and Montana gaming control boards/agencies; for fiscal years

In some states, enterprising businesses have attempted to create a casino-like environment by putting multiple authorized EGD locations side by side. In Oregon, residents and legislators have become concerned about a concentration of 12 such establishments that form “lottery row” on Hayden Island, near Portland. “For years they’ve watched a group of legitimate restaurants morph into ‘lottery row,’ a strip of 12, gaming-focused establishments where food takes a back seat to lottery games and cigarette and alcohol sales.”²³² Oregon House Speaker Tina Kotek this year sponsored bills “that would give state and local governments dramatic new powers to shut down lottery outlets and bars that either gain most of their profits from video machines or become known for violent crime, drug dealing and excess noise.”²³³

Other states have considered retail gaming programs over the years, and Spectrum believes that states will continue to consider implementing retail gaming as other forms of gambling within their borders become saturated or difficult to legalize.

Key issues in considering the authorization of retail gaming include:

- Whether the easy accessibility could exacerbate problem gambling.
- Whether the devices would be in sight of minors who patronize a host establishment.
- Whether the EGDs would cannibalize existing casino or lottery play.
- The types of EGDs that would be allowed.
- The tax scheme/distribution of revenue.
- Which state agency would be responsible for directing and/or regulating the program.

²³² Casey Parks, “Jantzen Beach’s ‘Lottery Row’ will remain after Oregon lottery commission pulls proposed limits,” *The Oregonian*, August 5, 2012 http://www.oregonlive.com/portland/index.ssf/2012/08/jantzen_beachs_lottery_row_wil.html.

²³³ Harry Esteve, “Lottery ‘casinos,’ problem bars under assault by Oregon House speaker,” *The Oregonian*, March 20, 2013 http://www.oregonlive.com/politics/index.ssf/2013/03/lottery_casinos_problem_bars_u.html.

19. Sports Betting

The 1992 federal Professional and Amateur Sports Protection Act (“PASPA”) outlawed sports betting while grandfathering the four states that already had authorized it in some form. The four states are Delaware, Montana, Nevada and Oregon.

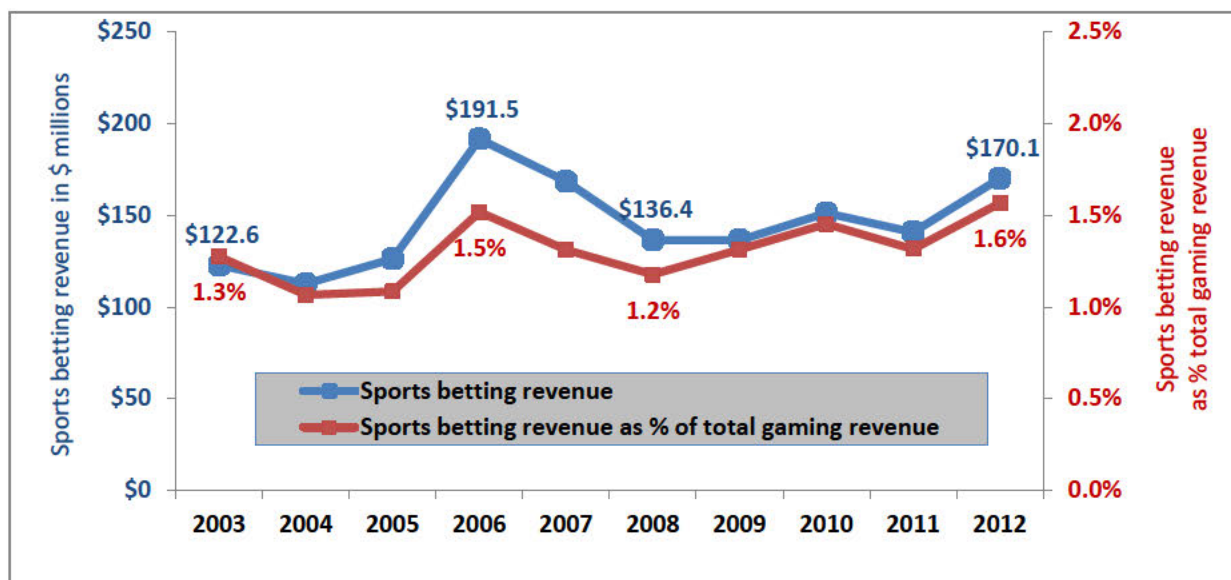
Only Nevada offers traditional sports betting; i.e., the opportunity to wager on a single-event outcome, covering both professional and amateur sports, based on odds posted by the casino. A sports book operator sets the initial “line,” or odds of winning, and then typically adjusts the line based on wagering patterns and/or event information, with the goal of attracting the same amount wagered on both sides of the bet. The casino makes its money by effectively charging a commission on the bets, although it can incur a significant win or loss if a lopsided amount is wagered on the winning or losing team.

The Nevada Gaming Control Board regulates sports betting, as it does all casino games in the state.

Over the last 10 years, the Nevada casino industry has retained between 4 percent and 8 percent of sports betting wagers as net gaming revenue. Nevada casino operators generally describe their sports betting operations as “marginally profitable.” At large casino hotels, sports betting attracts many guests who otherwise might not visit the property – and who spend on food, beverage, lodging and other amenities. Further, sports bettors often are accompanied by a non-sports-betting partner who will play other casino games.

Over the last 10 years, Nevada sports betting revenue has accounted for between 1.1 percent and 1.6 percent of all gaming revenue. At the major casino hotels on the Las Vegas Strip over the same period, sports betting accounted for between 0.74 percent and 1.52 percent of all gaming revenue.

Figure 28: Nevada sports betting revenue performance, 2003-2012



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Source: Nevada Gaming Control Board data

In 2012, 45 percent of the \$3.4 billion wagers made in Nevada casinos were on football, followed by basketball at 28 percent, baseball at 20 percent and other sports at 6 percent, according to the Nevada Gaming Control Board. Nevada's sports books do a particularly brisk business leading up to the Super Bowl and NCAA basketball tournament. The Nevada Gaming Control Board reported that the state's sports books took 2013 Super Bowl wagers of \$98.9 million and won \$7.2 million.²³⁴

The Nevada legislature in May 2013 defeated two bills that would have expanded sports betting:

- One would have allowed “entities” – as opposed to individuals – to place wagers. Such entities could be investment funds or other groups so long as they were based in Nevada.
- Another would have allowed wagering on the outcome of federal elections.

In Delaware, sports betting is restricted to parlay bets on National Football League games only. The parlay requires a bettor to wager on three or more individual games in one wager. “To win the bet, the player must win all the wagers in the parlay. If the player loses one wager, he loses the entire bet. However, if the player wins all the wagers in the parlay, he wins a higher payoff than if he had placed the wagers separately.”²³⁵

Delaware in 2009 passed legislation allow sports betting on all major sports, but a federal appeals court ruled later that year that the activity is restricted to the state's pre-PASPA structure of allowing only NFL parlay bets. As such, the sports betting takes place only during the NFL season.

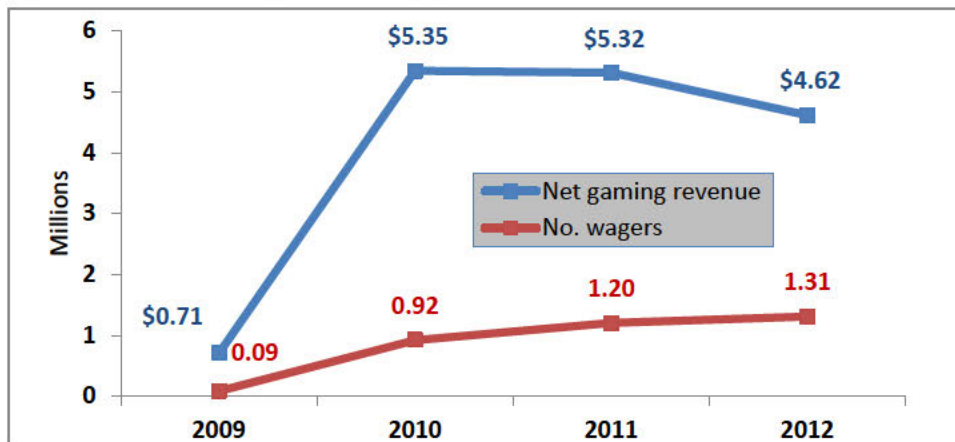
The Delaware Lottery is the state's regulator and provider of sports betting, which is offered at both the state's three racetrack casinos (also overseen by the Lottery) and, effective in 2012, at 31 authorized retail locations.

In 2012, Delaware reported \$19.7 million in sports betting wagers on 1.3 million wagers, resulting in net gaming revenue of \$4.6 million. Of the net gaming revenue, 86 percent was generated in the three racetrack casinos and 14 percent in the 31 retail locations. The following chart shows the Delaware sports betting results since its inception:

²³⁴ Nevada Gaming Control Board press release, February 4, 2013
<http://gaming.nv.gov/modules/showdocument.aspx?documentid=7577>.

²³⁵ Delaware Sports Lottery rules <http://www.delottery.com/games/sports/> (accessed May 3, 2013).

Figure 29: Delaware Sports Lottery performance, 2009-2012



Source: Delaware Lottery

Note in the chart above that revenue has declined despite an increase in wagers. This is because bettors were luckier/more skillful or, from the operator's perspective, the lines may have been poorly set. Delaware operators say their sports books are barely profitable or break-even enterprises. As in Nevada, the real value of the sports books is that they generate traffic for other, more profitable segments within the gaming complex.

In Oregon, the Lottery offered Sports Action from 1989-2006, in which bettors would wager on NFL parlays and, for a lesser time, National Basketball Association parlays. The state ended all sports betting games as a condition of hosting NCAA basketball tournament games.²³⁶

Montana does not offer traditional sports betting.

The federal ban on sports betting is currently being challenged by the State of New Jersey, whose voters in 2011 voted to authorize the activity. If New Jersey is ultimately successful, Spectrum believes other states would follow New Jersey in offering sports betting. Four states – Georgia, Kansas, Virginia and West Virginia – are supporting New Jersey's appeal, not necessarily out of support for the cause but because they see it as a violation of "equal sovereignty" among states.²³⁷

The four major professional sports leagues and the NCAA vigorously oppose sports betting, believing it undermines the integrity of sports in two ways: It encourages fans to root based on a team "covering" the point spread as opposed to the actual game outcome, and it could make players susceptible to accepting bribes in exchange for point-shaving; i.e., ensuring that a player's team covers or does not cover the point spread. Nevada regulators and sports book

²³⁶ Anne Peterson of The Associated Press, "NCAA to bring bit of March Madness to Rose Garden," *The Register-Guard*, July 7, 2006
<http://news.google.com/newspapers?id=SF1WAAAAIBAJ&sjid=sfADAAAAIBAJ&pg=4652%2C1191260>.

²³⁷ John Brennan, "Haskell Invitational horse race gets a title sponsor," *The Record*, May 7, 2013
http://www.northjersey.com/news/Four_states_back_NJ_challenge_of_federal_ban_on_sports_betting.html.

operators argue that by regulating and tracking bets, they are able to spot suspicious betting patterns that could signify nefarious activity.

Illegal sports betting towers over legal sports betting in size and scope. The National Gambling Impact Study Commission in 1999 reported that the size of illegal sports betting nationwide ranges from \$80 billion to \$380 billion annually,²³⁸ vs. \$2.9 billion wagered in Nevada's sports books in 2011.²³⁹

Globally, sports betting is projected to represent 10 percent of all land-based gambling revenue in 2013, according to London-based H2 Gambling Capital. On the Internet, however, sports betting is by far the most popular form of gambling, projected to represent 45 percent of the 2013 global total.²⁴⁰

20. Illegal/Unregulated Gambling

Unsanctioned and unregulated gambling has long taken place in every state and, by its nature as an “underground” activity, can be difficult to assess. The Internet site Havocscope, which profiles illegal activity globally, estimates that illegal gambling in the US generates \$150 billion annually.²⁴¹ As in most states, illegal gambling has a long and storied history in Florida, beginning with the genesis of Florida's tourism economy. It has been said that for every hotel that Henry Flagler built, he also built a church and a gambling hall nearby.²⁴²

Unregulated gambling is the broader definition for these activities and it includes everything from slots and table games offered outside casinos, amusement or arcade machines, sports betting through bookies, privately-run sweepstakes and numbers games, cock or dog fighting, as well as private wagers between individuals. To catalogue and profile all forms of unregulated gambling is a large study in itself; for the purposes of this report we will provide an overview of the most prevalent types of non-sanctioned gambling and a brief description of the most prominent and widespread illegal or unregulated gambling activities in Florida.

²³⁸ National Gambling Impact Study Commission (“NGISC”), *Final Report*, June 1999, p. 2-14.
<http://govinfo.library.unt.edu/ngisc/>.

²³⁹ American Gaming Association Sports Wagering fact sheet; <http://www.americangaming.org/industry-resources/research/fact-sheets/sports-wagering>, accessed May 7, 2013.

²⁴⁰ H2 Gambling Capital, Global Gambling Data summary, April 9, 2013.

²⁴¹ Havocscope, “Illicit Trade Value: United States,” <http://www.havocscope.com/tag/united-states/>.

²⁴² Mary Ellen Klas, “Gambling's Long History in Florida,” *Tampa Bay Times*, November 24, 2009,
<http://www.tampabay.com/news/perspective/gamblings-long-history-in-florida/1054214>.

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The participation rates of Florida residents in various forms of illegal or unregulated gambling activities are documented in the 2011 survey sponsored by the Florida Council on Compulsive Gambling Inc. for lifetime, past 12 months, and past 7 days, as follows:²⁴³

Figure 30: Illegal and unregulated gambling participation in Florida, 2011

Gambling Activity	Lifetime %	Past Year %	Past Week %
Poker	22.1	12.0	3.4
Sporting Events Through a Pool	19.9	11.1	0.9
Cards/Dice/Dominos Not at Casinos	19.4	11.9	2.2
Bingo	19.1	5.7	1.1
Slot/Poker Machines Not at Casinos	18.7	7.2	1.2
Playing Sports Games	13.1	7.3	2.0
Table Games Not at Casinos	9.9	5.0	0.2
Sporting Events Through a Bookie	8.2	5.0	1.0
Pull-Tabs	7.4	2.9	0.3
Arcade or Video Games	6.8	3.8	0.8
Fantasy Sports	5.0	3.6	1.5
Internet Gambling	4.8	3.3	0.8
Car Races	2.7	1.2	0.6
Mah Jong	1.5	0.8	0.4
Cock or Dog Fighting	1.1	0.4	0.0
Policy, Numbers, or Bolita	0.8	0.5	0.1
Other	0.7	0.0	0.0

Source: Florida Council on Compulsive Gambling

The above table does not include playing the stock market, which was also profiled as a gambling activity in the FCCG study, while it does include poker played privately and betting on sporting events through a pool, which are generally perceived to be acceptable forms of wagering even if they are not regulated. Bingo is another generally accepted form of gambling, but unregulated bingo wagering can compete with charitable and regulated bingo operations elsewhere in the state. Unregulated gambling activities of more immediate concern include playing casino style games outside the casinos, sports betting through bookies, and numbers games offered outside the Florida Lottery.

It should also be noted that the 2011 FCCG survey, while carefully weighted and designed to be representative of Florida's diversity, completed less than 3 percent of its interviews in Spanish or Creole,²⁴⁴ which indicates that illegal gambling prevalence among Latinos and other minority groups may be somewhat underrepresented in the above findings. In addition, any survey questions regarding illegal or unregulated activities such as gambling are less likely to be openly and honestly answered by respondents, so it is reasonable to assume that

²⁴³ Robert J. Rotunda, Terry L. Schell, *Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication*, University of West Florida, January, 2012.

²⁴⁴ Ibid.

the prevalence of illegal gambling activities may be higher than documented in self-reported surveys.

Until recently, Internet cafes offering sweepstakes games and arcades with gambling-style machines that offered cash-equivalent prizes operated through real or perceived loopholes in Florida law – in either case without regulation and enforcement; now they are explicitly illegal. Internet/sweepstakes parlors constitute a shadow gambling category which is now receiving increased attention across the country and has been banned in many states. Advocates contend that this is legal activity because players simply purchase Internet access time blocks and are not wagering money on the prospect of receiving a greater reward, which is the traditional definition of gambling. Critics argue that there is little difference between the electronic gambling devices employed and video slot machines, and those players are incited by the opportunity to win prizes with monetary value. In 2011 *Businessweek* estimated that there could be as many as 5,000 Internet cafes operating nationwide generating \$10 billion to \$15 billion dollars in revenue.²⁴⁵

On April 10, 2013, Florida Governor Rick Scott signed into law HB 155, which effectively proscribed sweepstakes gambling.²⁴⁶ This action followed the well-publicized Allied Veterans of the World prosecution which resulted in the arrest of 57 people in racketeering indictments for illegal gambling²⁴⁷ and eventually led to the resignation of former Lt. Gov. Jennifer Carroll.²⁴⁸ At the time of the bill's passage, the Internet/sweepstakes gaming industry was estimated to be operating 1,000 Internet cafes statewide throughout the state producing approximately \$1 billion in annual revenue, according to the Florida League of Cities.²⁴⁹ This legislation effectively banned Internet cafes and the “maquinitas” by included language which defines what constitutes illegal gambling and closing loopholes which have existed in Florida for decades and had allowed the earlier growth of unregulated wagering. Among other things HB 155 updates the definition of both illegal slot machines and legal arcade games, requiring that “amusement games or machines” must operate only “by means of the insertion of a coin” not swipe cards, and that, in order to be distinguished from “casino style games” they must be

²⁴⁵ Felix Gillette, “The Casino Next Door,” *Businessweek*, April 11, 2011
http://www.businessweek.com/magazine/content/11_18/b4226076180073.htm.

²⁴⁶ Mary Ellen Klas, “Gov. Rick Scott signs Internet café ban bill into law,” *The Miami Herald*, April 10, 2013
<http://www.miamiherald.com/2013/04/10/3334274/gov-rick-scott-signs-Internet.html>.

²⁴⁷ Mike Schneider, “57 Indicted in Florida Gambling Scandal,” Associated Press, March 13, 2013
<http://www.wctv.tv/home/headlines/57-Indicted-in-Florida-Gambling-Scandal-197837441.html#.UZ5DrPzD-M8>.

²⁴⁸ Aaron Deslatte, Amy Pavuk and Rene Stutzman, “Lt. Gov. Jennifer Carroll resigns amid federal Internet café probe,” *Orlando Sentinel*, March 13, 2013 http://articles.orlandosentinel.com/2013-03-13/news/os-jennifer-carroll-resigned-20130313_1_Internet-cafes-jennifer-carroll-federal-probe.

²⁴⁹ “Florida Internet Cafes, Legislative Indecision Requires Local Governments to Make Tough Choices,” *Florida League of Cities* <http://www.floridaleagueofcities.com/Assets/Files/Pre-emptionThreatsInternetCafeDRussell.pdf>.

classified as games of “skill” rather than chance.²⁵⁰ Specifically, the new legislation stipulates that legal machines cannot be “casino-style games in which the outcome is determined by factors unpredictable by the player or games in which the player may not control the outcome of the game through skill.”²⁵¹

The stricter interpretation of gambling in the legislation cited above also potentially impacts the approximately 200 “adult arcades” that offer slot style gambling outside of state or tribal-regulated slot machines as well as hundreds of children’s arcades and arcade restaurants. These unregulated “amusement slots” represent a gray area of gambling activity and one which has been criticized both for taking advantage of seniors and for teaching minors and even children to gamble. Most adult arcades offer video gaming machines very much like the video devices found in Internet cafes but instead of buying time online players can win small prizes and gift cards. Adult arcades were specifically prohibited from dispensing gift cards as prizes in the recent legislation which also limits top prize values to no more than 75 cents.²⁵²

Unsurprisingly, Internet cafés, adult arcades, amusement arcades, and children’s restaurants have fought the legislation.²⁵³ Internet cafés alone have been estimated to employ as many as 14,000 people who will now be unemployed.²⁵⁴ The Florida Arcade & Bingo Association has appealed in Broward County, so far unsuccessfully, the inclusion of arcades in the HB 155 legislation.²⁵⁵ So have trade associations for the restaurants, bowling alleys, skating rinks, etc., which also operate arcade style machines, sometimes using swipe cards. Companies such as Dave and Buster’s and Chuck E. Cheese, which feature arcade-style games for youngsters, may also be affected under the new legislation by restrictions on prize value and requirements that arcade games not be games of chance.²⁵⁶

Internet café operators have previously sought injunctions to prevent local government bans prior to the enactment of HB 155, particularly the unsuccessful fight against the ban in

²⁵⁰ The Florida Senate, “CS/HB 155: Prohibition of Electronic Gambling Devices,” April 10, 2013 <http://www.flsenate.gov/Session/Bill/2013/0155>.

²⁵¹ Ibid.

²⁵² Kathleen Haughney, “Gov. Rick Scott signs bill banning Internet cafes,” *Orlando Sentinel*, April 10, 2013 http://articles.orlandosentinel.com/2013-04-10/news/os-scott-signs-Internet-cafe-ban-20130410_1_florida-arcade-association-group-allied-veterans-gale-fontaine.

²⁵³ Mary Ellen Klas, “Gov. Rick Scott signs Internet café ban bill into law,” *The Miami Herald*, April 10, 2013 <http://www.miamiherald.com/2013/04/10/3334274/gov-rick-scott-signs-Internet.html>.

²⁵⁴ Kathleen Haughney, “Gov. Rick Scott signs bill banning Internet cafes,” *Orlando Sentinel*, http://articles.orlandosentinel.com/2013-04-10/news/os-scott-signs-Internet-cafe-ban-20130410_1_florida-arcade-association-group-allied-veterans-gale-fontaine.

²⁵⁵ Nick Sortal, “Seminole also fighting suit filed by senior arcades,” *Sun Sentinel*, May 17, 2013, http://articles.sun-sentinel.com/2013-05-17/business/fl-senior-arcade-appeal-051713-20130516_1_senior-arcades-arcade-association-florida-arcade.

²⁵⁶ Erin Sullivan, “Internet Café Law May Have Unintended Targets,” *The Tampa Bay Times*, May 20, 2013 <http://www.tampabay.com/news/business/Internet-cafe-law-may-have-unintended-targets/2121416>.

Broward County. More recently, two arcade operators in Broward County, Boardwalk Brothers, Inc. and Play It Again Fla. LLC, filed for an injunction to HB 155, claiming that the law is “arbitrary, irrational, not reasonably related to a legitimate governmental purpose, and void for vagueness”. This suit, filed in US District Court and naming Michael Satz, state attorney for Florida's 17th Judicial Circuit as defendant, saw the Seminole Tribe of Florida intervene as a defendant before U.S. District Judge James I. Cohn refused to grant the arcade plaintiffs an injunction against the law.²⁵⁷ Additional legal action is expected to be filed in Tallahassee on behalf of Internet café owners, gaming machine manufacturers, and software companies, according to persons involved in the industry.²⁵⁸ In addition, grass roots seniors groups, such as Seniors 4 Justice, are organizing in support of their local pastime, as well as legal teams from commercial restaurants with amusement arcades.²⁵⁹

Amusement arcade slots have long been a feature of many East Coast beach resorts and can easily be found in states which already have legalized casino gambling, such as New Jersey, as well as those which currently have not, such as New Hampshire.²⁶⁰ One primary issue affecting whether these types of establishments catering to children remain open in Florida is whether they increase the chance for kids to become gamblers when they reach adulthood. Many gambling opponents view youth arcades as a “slippery slope” leading directly to full-blown adult gambling behavior.

The bill clarified the illegality of “*maquinitas*,” gray market video gaming machines similar to arcade slots but also housed in gas stations, convenience stores, restaurants, cafeterias, and bars throughout the state. The new law caused a reversal of Miami mayor Tomás Regalado’s attempted policy initiative to regulate the *maquinitas* through municipal licensing and permit fees.²⁶¹ Apparently, Mayor Regalado’s efforts to regulate the *maquinitas* were not successful. Since adopting an ordinance more than two years ago requiring each establishment to register for a \$500 permit fee, not a single *maquinita* operator has applied for the license.²⁶² The passage of HB155 has emboldened local law enforcement authorities to take action against small-scale *maquinita* operations, which are numerous in Florida. While no one knows exactly how many

²⁵⁷ Deshayla Strachan, “Arcades Fail in Challenge to Florida Gambling Law”, *Courthouse News Service*, June 6, 2013, <http://www.courthousenews.com/2013/06/06/58300.htm>.

²⁵⁸ Ray Weiss, “Internet cafe fallout's 'personal side'”, *The Daytona Beach News Journal*, April 28, 2013, <http://www.news-journalonline.com/article/20130428/NEWS/304289997?p=2&tc=pg>.

²⁵⁹ Glenn Garvin, “Despite law, cities quiet on kids’ gaming machines”, *Miami Herald*, May 13, 2013, <http://www.miamiherald.com/2013/05/12/3394108/despite-law-cities-quiet-on-kiddie.html>.

²⁶⁰ Bob Sanders, “N.H. Already Has Slot Machines - And Lots of Them,” *New Hampshire Business Review*, May 17, 2013 <http://www.nhbr.com/May-17-2013/NH-already-has-slot-machines-and-lots-of-them/>.

²⁶¹ Charles Rabin, “Miami Police Make Raid and Seize ‘Maquinitas’ as Mayor Does About Face,” *The Miami Herald*, April 18, 2013 <http://www.miamiherald.com/2013/04/18/3352109/miami-police-make-arrests-and.html>.

²⁶² Charles Rabin and Melissa Sanchez, “Miami says video-gaming machines known as *maquinitas* are illegal,” March 21, 2013 <http://miamiherald.typepad.com/nakedpolitics/2013/03/miami-says-video-gaming-machines-known-as-maquinitas-are-illegal.html>.

actually exist and what revenue they produce, Miami Police Chief Manuel Orosa estimates that there are more than 1,000 maquinitas active in his city alone, and each is non-compliant with the city ordinance.²⁶³

On June 4, 2013, the US District Judge James I. Cohn for the Southern District of Florida denied a motion by Broward County adult arcades Boardwalk Brothers Inc. and Play It Again FLA LLC for an injunction against HB 155. The arcade owners argued that the law was unconstitutionally vague and violated their First Amendment right of association. Among Judge Cohn's conclusions was that because gambling is a vice activity and can be banned altogether, "the State has a significant interest in proscribing the behavior regulated in the statute." The judge further found that "it is doubtful that patrons who unable to frequent the Plaintiff's commercial establishments will suffer any First Amendment harm." The judge also noted that the statute is not forcing the arcades out of business, just limiting the types of games offered.²⁶⁴

Although bingo for money is legal in Florida if operated by charitable organizations and veterans groups which qualify for 501(c) or 528 status, instant bingo games in the form of pull tabs (except for those sanctioned organizations) or electronic bingo in all forms are not sanctioned under Florida law.

Another prominent illegal gambling activity in Florida is *bolita*, a numbers game imported from Cuba in the 1920s. The name "bolita" literally means "little ball" in Spanish and refers to a lottery drawing which first became popular among Cuban immigrants in Ybor City, where originally players tossed a sack filled with numbered balls back and forth between them until the round was called and the last person holding the bag withdrew a single ball with the winning number. Bolita's peak popularity occurred in the Great Depression during the 1930s when it spread throughout the state. In 1938, Tampa featured approximately 125 bolita operations grossing as much as \$20,000 per day.²⁶⁵ The game spread with Cuban immigration to the north into New York and New Jersey, where "Spanish Raymond" Marquez built a bolita empire in the 1960s.²⁶⁶ Like all privately run numbers games in the US, bolita gambling has been sidelined by the evolution of state sponsored lottery operations over the past 40 years. However, the prospect of superior relative odds, zero taxes, and cohesive immigrant community traditions have preserved bolita gambling, which still competes with the regulated Florida Lottery, and the game remains popular today across the straits in Havana.

Other forms of illicit and unregulated gambling in Florida include electronic bingo, cock fighting and dog fighting, betting on sporting events, and Internet gambling. Pitting animals

²⁶³ Charles Rabin, "Miami Police Make Raid and Seize 'Maquinitas' as Mayor Does About Face," *The Miami Herald*, April 18, 2013 <http://www.miamiherald.com/2013/04/18/3352109/miami-police-make-arrests-and.html>.

²⁶⁴ *Boardwalk Brothers Inc., a Florida corporation, and Play It Again FLA, LLC, a Florida limited liability company, vs, Michael Satz, State Attorney for the 17th Judicial Circuit, in and for the State of Florida*; entered June 3, 2013.

²⁶⁵ Schwartz, p. 381.

²⁶⁶ Ibid.

against each other and wagering upon the outcome is an ancient human activity that is now so unacceptable to mainstream society that the practice, while still occurring frequently, is deeply underground and receives little public attention except for law-enforcement actions.

21. Conclusion

Gambling has evolved to become a major US industry, largely because it is popular and profitable – both for operators and for the states that tax and regulate it. All but two states (Hawaii and Utah) have some form of legalized gambling, although the size, scope, types, tax rates, and regulatory schemes vary by state. For reasons discussed in following chapters, the combination of consumer acceptance, technological advances (such as the Internet) and government desire for revenue will continue to cause further expansion. We return to the observation put forth by John Sowiński of No Casinos: “The solution to having too much of it is to have more of it.”

Expansion comes at a cost, both internally to the industry and externally to society. Expansion runs the risk of cannibalizing certain types of gambling – notably the pari-mutuel industry, which has long been in decline both nationally and in Florida – and it will sharpen the debate about how much is too much. Importantly, expansion will further place a focus on assessing the societal and personal costs associated with gambling; we discuss this in general terms in Chapter II (G) below.

C. The New US Frontier: Internet Gambling

1. Nationally

Internet gambling has become a reality in the US only within the past year. On December 23, 2011, the Department of Justice issues an opinion in response to inquiries from the Illinois and New York lotteries reversing its long-held position and declaring that the 1961 Wire Act applies only to sports betting. This reversal opened the door to state by state legislation to regulate Internet gambling and online lottery sales.

Since the beginning of 2012 three states have passed such enabling legislation and each one follows a different model. Delaware was the first state to pass enabling laws and will roll out Internet wagering through a platform controlled and maintained by the Delaware Lottery. The state’s three licensed racetrack casinos will offer branded websites offering most casino games and the lottery will offer Internet lotto sales. Nevada is the first state to actually regulate gambling operations via the Internet on April 30, 2013, as Station Casinos opened online operations through its partner, Ultimate Poker. As of May 14, 2013, UltimatePoker.com had

surpassed 1 million hands of online poker.²⁶⁷ New Jersey quickly followed Nevada into legalized Internet gambling, with Governor Chris Christie signing legislation only five days after Governor Brian Sandoval did.

At this time state legalized Internet wagering is available only to residents or visitors currently located within a state's borders, as verified by geo-location software. Interstate compacting is expected to follow suit similar to US lotteries constructing interstate compacts for multi-state lottery games (such as Powerball and Mega Millions). A summary of US legal Internet gambling jurisdictions is found in the following table. At least 10 states are considering enabling legislation in a variety of forms, including California, Pennsylvania, Michigan, New York, Illinois and Iowa.

Figure 31: Legal US jurisdictions for Internet gambling

State	Legalization Date	Operator	Games Offered	Implementation Date
Delaware	July 23, 2012	Delaware Lottery	Lottery Casino (some games)	September 30, 2013
Nevada	February 21, 2013	Nevada casinos and partners	Poker only	April 30, 2013
New Jersey	February 26, 2013	Atlantic City casinos	Casino (all games)	November 26, 2013

Sources: Delaware Lottery, Nevada Gaming Control Board, New Jersey Division of Gaming Enforcement

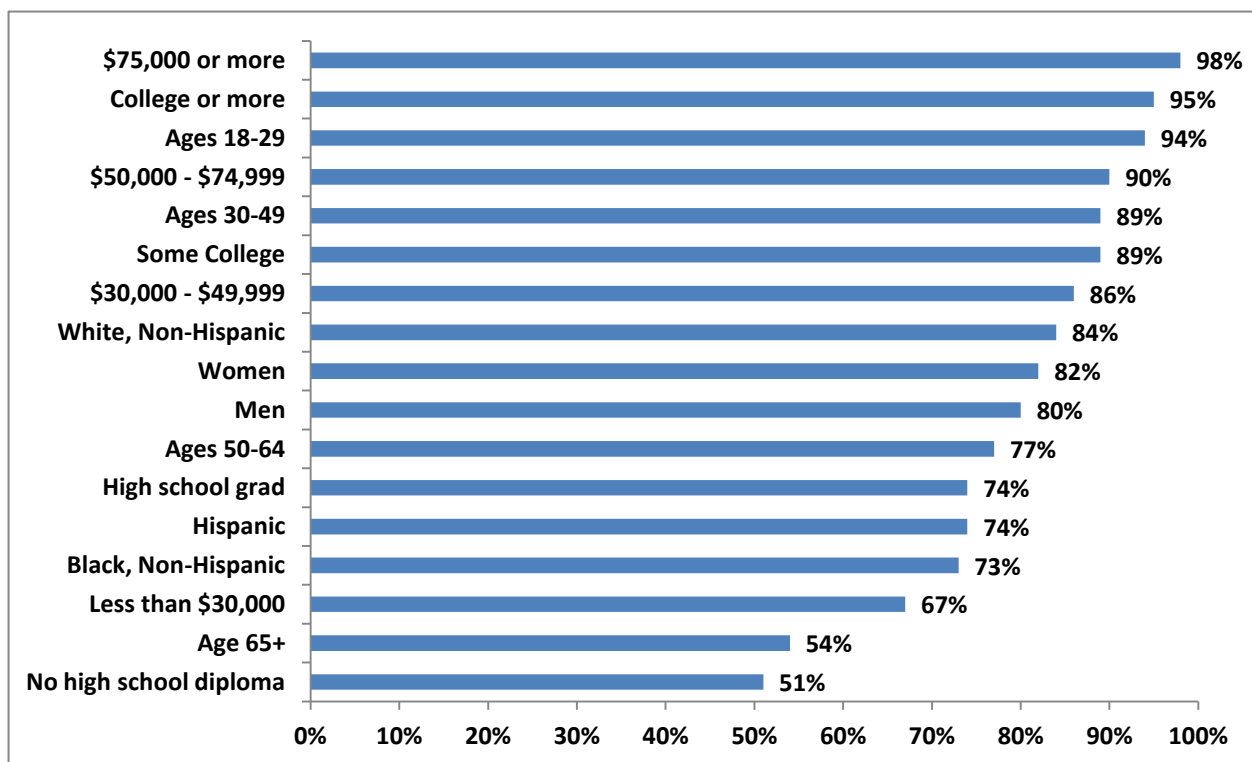
The Internet has revolutionized a wide variety of US economic sectors over the past decade and a half as e-commerce has become firmly established as a major sales channel. One segment of the domestic economy where the Internet and mobile connectivity have notably not been major factors is in the field of gambling. Both commercial and tribal casinos in the US, as well as domestic lotteries find themselves in the same situation demographically. Their core player base is aging and not being fully replaced by a younger generation. In casinos this is particularly true of slot machine patrons. For lotteries it is most prevalent among weekly instant ticket customers. Moreover, both casinos and lotteries frequently evidence the 80/20 rule, or the "Pareto Principle," that 80 percent of revenue often is derived from 20 percent of the customer base. For both of these gambling industries, the prevalent demographic of the Internet user is under-represented in their own player base, thus the Internet and mobile channels constitute an opportunity for engaging future customers. Also, with Internet distribution channels, the breadth and frequency of play will often increase, thereby spreading the generation of revenue across a broader spectrum of the player base.

A strong majority of Americans use the Internet regularly. According to the Pew Research Center, as of December 2012, 81 percent of US residents use the Internet and 65

²⁶⁷ Dan Wetzel, "Ultimate Poker's legal online betting foray could be a game changer in the U.S.," Yahoo Sports, May 15, 2013 <http://sports.yahoo.com/news/spt--ultimate-poker-s-legal-online-betting-foray-may-be-a-game-changer-in-the-u-s---010335301.html>.

percent have broadband access.²⁶⁸ Regular and frequent Internet users demonstrate the following demographic traits: they are usually younger, better educated, more affluent, more likely to be working full time, and more likely to be earning more income than the population as a whole. Frequency of Internet usage tends to be consistently higher among younger demographic ranges. A nationwide Gallup Poll conducted in December 2008 found that Americans below the age of 50 spend the most time online: 62 percent of those under 30 spend more than one hour online per day, as do 54 percent of those people 30 or older but under the age of 50.²⁶⁹ A more recent Pew Post Election survey confirmed these demographic statistics and indicated that Internet usage is broadening among gender and racial demographics while remaining upscale in relation to income and educational demographics.²⁷⁰

Figure 32: Internet usage frequency by demographic group, 2012



Source: Pew Internet Post Election Survey, November 14 – December 9, 2012

Internet gambling also opens the door to new kinds of games not currently considered gambling, such as monetized social games and betting on the outcomes of peer-to-peer and massive multiplayer online games. Social games are generally played with others via a social

²⁶⁸ Pew Internet & American Life Project, Pew Research Center, Internet Adoption 1995-2012 [http://pewInternet.org/Trend-Data-\(Adults\)/Internet-Adoption.aspx](http://pewInternet.org/Trend-Data-(Adults)/Internet-Adoption.aspx).

²⁶⁹ Gallup Poll, 2008 <http://www.gallup.com/poll/113638/nearly-half-americans-frequent-Internet-users.aspx>.

²⁷⁰ Pew Internet Post Election Survey, November 14 – December 9, 2012, Pew Internet & American Life Project, December 2012 [http://pewInternet.org/Trend-Data-\(Adults\)/Whos-Online.aspx](http://pewInternet.org/Trend-Data-(Adults)/Whos-Online.aspx).

network or on a social media platform. The potential size of this market is staggering. On October 4, 2012, Facebook reported that it had passed the 1 billion user threshold²⁷¹ and half of these users are estimated to play some type of social game.²⁷² The top five casino games played on Facebook are Double Down, Bingo Blitz, Best Casino, Slotomania, and Texas Hold'em. These five casino-style games on a single platform attract a total of 11,240,000 daily active users.²⁷³ Social casino sites throughout the United States attracted a total of 35.4 million monthly players in 2012.²⁷⁴

The proportion of people who play for money on a social gaming site is fractional, usually in the low single digits, but multiplied by the total number of players on the site, the revenue quickly adds up. Monetized social gaming is estimated to have produced \$1.6 billion in revenue globally with \$660 million being generated in North America.²⁷⁵

While leveraging the Internet can deliver a broader audience to commercial gambling operations, the 24/7 access from the comfort of one's own home clearly increases the opportunity for problem gambling issues. Multiple studies show a potentially higher rate of problem gambling incidence for Internet gambling compared to land-based gambling, while multiple competing studies show identical problem gambling rates for both online and "offline" gambling. The Florida Council on Compulsive Gambling survey conducted in 2011 documented problem gambling prevalence within the state's general population at 2.1 percent for lifetime occurrence and 1.2 percent for past-year occurrence.²⁷⁶ These rates are generally consistent with the prevalence of problem gambling within land based gambling, benchmarked at 2.3 percent in 2008 according to the American Gaming Association,²⁷⁷ but should be carefully monitored if Internet gambling ever becomes legal in Florida.

²⁷¹ Somini Sengupta and Nick Bilton, "A Billion Users Raise Stakes at Facebook for Revenue," *The New York Times*, October 4, 2012 <http://bits.blogs.nytimes.com/2012/10/04/facebook-passes-1-billion-active-users/>.

²⁷² Social Media Platforms for Gaming and Gambling, *Online Casino Reports*, October 13, 2012 <http://www.onlinecasinoreports.com/news/specialreports/2012/10/13/social-media-platforms-for-gaming-and-gambling.php>.

²⁷³ Ibid.

²⁷⁴ SuperData Research, "Social Casino Metrics: Industry Trends & Analyses," August, 2012 <http://www.superdataresearch.com/social-casino-metrics/>.

²⁷⁵ SuperData Research, "Social Casino Metrics."

²⁷⁶ Robert J. Rotunda, Terry L. Schell, *Gambling and Problem Gambling Prevalence Among Adults in Florida: A 2011 Replication*, University of West Florida, January, 2012.

²⁷⁷ "Casino Expansion and Its Impact on Pathological and Problem Gambling Prevalence Rates," American Gaming Association, <http://www.americangaming.org/industry-resources/research/fact-sheets/history-problem-gambling-prevalence-rates>.

22. Internet Poker Evolution

Poker was first introduced to the US between 1810 and 1825 through New Orleans and originally developed from the German game *pochen* and its French derivative *poque*.²⁷⁸ This card game evolved to include draws and jackpots as it spread throughout the Mississippi valley and the American West during the second half of the 19th Century.²⁷⁹ By the middle of the 20th Century poker games had become part of American culture and a frequent feature in residences. Due to its long history and wide popularity poker had come to represent the quintessentially American monetized social game.²⁸⁰

While poker enjoyed tremendous popularity among casual and social gamblers in homes and social clubs, it was not a popular casino game. In 1970 there were less than 50 poker tables in the city of Las Vegas and less than 70 in the entire state of Nevada.²⁸¹ The reason for this low importance of poker as a casino game was its lack of profitability. Poker tables must be staffed with dealers and supplied with chips and amenities by the casino, rounds take a relatively long time but the game is played in competition with the other players and usually for small stakes with the casino only earning a rake of approximately one-tenth of the pot at the conclusion of each round. In 1970 it seemed certain that poker would remain a social game played for small stakes in private homes around den or basement card tables.

All that changed with the convergence of three sequential events: the establishment of the World Series of Poker, the advent of television coverage, and the development of the Internet. In 1970 the first official World Series of Poker (“WSOP”) was played at Binion’s Horseshoe in Las Vegas, a casino which at the time did not even have a poker room.²⁸² From humble beginnings this competition grew to include the most well-known poker players of the time and eventually featured a million dollar prize for the winner, prominently displayed in a glass case at Binion’s. In its second year the WSOP Jack Binion changed the tournament format from an election to a freeze-out competition²⁸³ where participants post an entry fee and losing players are eliminated until the winner takes all. As interest in the tournament grew, television coverage was initiated in 1973 by CBS Sports and commentary was provided by Jimmie “The Greek” Snyder, himself a participant in the 1969 forerunner of the WSOP. The game which was favored in this tournament was no-limit Texas hold’em, where the audience could watch the first three community cards dealt to the center of the table – the flop – and suspense would build along with the betting as the

²⁷⁸ Schwartz, p. 249.

²⁷⁹ Ibid.

²⁸⁰ *Gambling Impact and Behavior Study*, Report to National Gambling Impact Study Commission, National Opinion Research Center at the University of Chicago, April 1, 1999.

²⁸¹ *World Series of Poker, A brief History, From Moss to Gold*, Nolan Dala <http://www.wsop.com/wsop/history.asp>

²⁸² Ibid.

²⁸³ Schwartz, p. 413.

fourth card – the turn – and the last community card – the river – were dealt. This format was much more attractive for television audiences than draw games where inscrutable “poker faces” were the only indicators as to what was going on in the player’s heads. As TV technology continued to evolve, by 2000 the television audience could also view players’ two hole cards via miniature cameras in the table surface which added even more suspense to the televised games.

The advent of Internet technology revolutionized poker tournaments by allowing huge numbers of players to qualify for tournaments through the Internet via satellite rounds. The initial WSOP competitions involved a dozen players in total. In 1982 the tournament drew 52 players and by 2000 there were 450 players.²⁸⁴ In 2003, the worldwide popularity of poker in general and the WSOP in particular exploded when an unknown amateur with a suitably relevant moniker, Chris Moneymaker, won a seat at the tournament through a \$40 satellite round on PokerStars and went on to beat out 838 other contestants and win \$2.5 million in the final round.²⁸⁵ One year later a total of 2,576 players contested for a \$5 million first prize. In 2006, the pinnacle of WSOP popularity, a total of 8,773 players participated,²⁸⁶ the vast majority entering the tournament through Internet satellite rounds.

This timely convergence of television and Internet technology had caused online poker to skyrocket in popularity over the early portion of the last decade. However, in 2006 Congress passed the Unlawful Internet Gambling Enforcement Act (“UIGEA”), which suppressed Internet wagering by making it illegal for payment processors to handle gaming transactions. Internet poker participation in the US crashed after passage of this legislation and many of the more reputable offshore operators, including Party Poker and 888.com, voluntarily withdrew from the US market. Despite UIGEA, a number of offshore sites continued to take bets from US players until April 15, 2011, now known in the industry as “Black Friday,” when the US Department of Justice entered indictments against Full Tilt, Absolute Poker, and Poker Stars and seized their assets and domain names.²⁸⁷ The indictments alleged fraud and in the case of Full Tilt the creation of a Ponzi scheme where player deposits were used to fund operations and salaries paid to celebrity player spokespersons. After the Black Friday indictments, US Internet poker participation truly plunged as players lost confidence in many offshore sites and withdrew their deposits. Some committed or professional players even established foreign residences in order to continue playing poker online.²⁸⁸

²⁸⁴ Schwartz, p. 477.

²⁸⁵ Toby Bochan, *The World Series of Poker Explodes in Popularity*, About.com
http://poker.about.com/od/tournaments/a/wsophistory_2.htm.

²⁸⁶ Ibid.

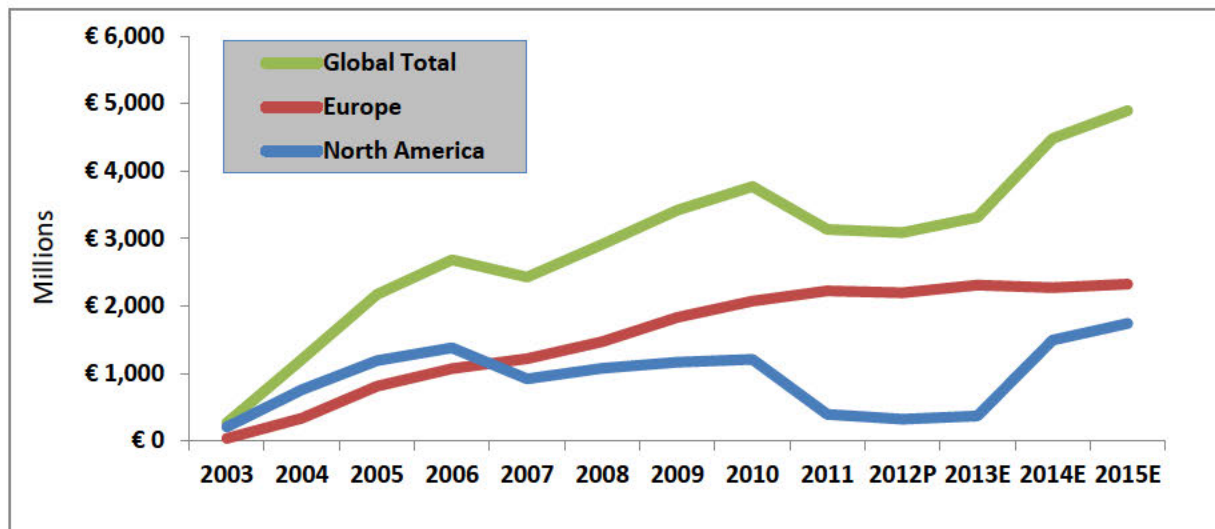
²⁸⁷ Chad Holloway, *The Black Friday Timeline: One Year Without Online Poker*, Pokernews, April, 2012,
<http://www.pokernews.com/news/2012/04/the-black-friday-timeline-one-year-without-online-poker-12445.htm>.

²⁸⁸ Bernard Lee, *One Year After the Black Friday Indictments*, ESPN.com,
http://espn.go.com/poker/story/_/id/7816101/one-year-black-friday-indictments-steve-gboro780-gross-found-own-path.

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After UIGEA, most major Internet poker operators turned their sights away from the US, a trend which accelerated after Black Friday, resulting in the development of a flourishing Internet poker in Europe. This market is dominated by Internet only operators based in offshore jurisdictions. It is also characterized by high volumes of players (liquidity), and intense competition among the top tier poker sites which results in low player retention, lucrative free play bonuses, celebrity player-sponsors, and due to all of the above, low operating profit margins. Since Black Friday, global Internet poker revenues have declined worldwide as the former boom continues to recede.

Figure 33: Internet poker revenues globally, Europe and US



Source: H2 Gambling Capital

However, this decline in the popularity of poker is expected to reverse dramatically in the next few years as Internet gambling becomes legal on a state by state basis in the US. On December 23, 2011, the US Department of Justice issued an opinion in response to a request by the New York and Illinois state lotteries, reversing their previous position held for more than a decade that the 1961 Wire Act prohibited Internet wagering. Since then three states have passed enabling legislation for Internet gambling in the US and all three follow different models. Nevada will offer poker only gambling through commercial providers licensed by the state. Delaware will offer most games currently featured at the three racetrack casinos licensed by the state through a central platform controlled by the lottery. New Jersey will allow Atlantic City's commercial casino operators to offer all games currently approved by the Division of Gaming Enforcement over the Internet utilizing licensed providers. In addition, at the time of this writing, California has multiple bills legalizing Internet poker before the legislature and other states, including Illinois, Pennsylvania, Mississippi, Iowa, and New York have considered various bills to legalize Internet wagering.

23. Lotteries Online

Following the Department of Justice opinion of December 23, 2011, reversing its long held position that the 1961 Wire Act barred state lotteries from participating in online gambling, 13 states have introduced legislation regarding some form of Internet gambling. Illinois and Georgia quickly implemented legislation permitting online lottery ticket sales and are the only two US state lotteries currently leveraging the Internet sales channel.

Currently, lotteries in New York, Minnesota, New Hampshire, North Dakota, and Virginia offer some form of online subscription for lotto tickets. The Delaware State Lottery will begin selling tickets online as well as offering most casino games through a lottery controlled platform in September, 2013. Massachusetts, the most successful lottery in the nation, commissioned a study last year to examine the issue of Internet sales and develop a strategy for implementation. Early this year Massachusetts introduced legislation authorizing tickets sales via the Internet. Maine has altered its gaming statute in response to the federal ruling, and Vermont has commissioned a study of the potential impact if Internet ticket sales were implemented.²⁸⁹

Florida has also introduced enabling legislation for Internet lottery sales. Senate Bill 266, sponsored by State Senator Gwen Margolis (D-Miami) and co-sponsored by Representative Joe Gibbons (D-Hallandale Beach) through HB 275, was filed on January 17, 2013, but never advanced and has since died.²⁹⁰ If passed, this bill would have authorized ticket sales over the Internet “via a subscription mechanism.”²⁹¹ In May 2013, Michigan, after defeating prohibitory legislation in 2012, announced that the Michigan Lottery will be offering online sales through a system titled “iLottery” as early as spring, 2014.²⁹²

24. Conclusion

The Internet offers great opportunities nationally and internationally for all gambling providers, be they commercial, tribal, state lottery, or illegal/non-regulated, to expand their reach to a new audience that is often younger and more affluent than their current customers. Internet access promises to take gambling beyond the casino floor and into the living rooms and bedrooms of Americans which opens a whole new range of opportunities as well as potential problems. For both the casino industry and state lotteries, Internet gambling and ticket sales represent the future of gaming, offering the means to broaden their appeal, widen their marketing

²⁸⁹ 2012 Legislation Regarding Internet Gambling or Lotteries, National Conference of State Legislatures.

²⁹⁰ Jessica Green, “Legislators file bill allowing online lottery in Fla.” WTXL News, January 30, 2013 http://www.wtxl.com/news/legislators-file-bill-allowing-online-lottery-in-fla-poll/article_eb5c9006-6aff-11e2-8c88-0019bb30f31a.html.

²⁹¹ Ibid.

²⁹² “Michigan Lottery Eyeing Internet Sales Launch in 2014,” *The Inquisitor*, April 30, 2013 <http://www.inquisitr.com/654782/michigan-lottery-eyeing-Internet-sales-launch-in-2014>.

footprint and engage the next generation of players in order to replace aging player bases. At the same time, the increased convenience of Internet play also poses the issue of cannibalization of brick and mortar sales for all gambling providers, while 24/7 access to gambling in the privacy of one's home raises the specter of increased problem gambling.

The inability of the US Congress to debate and resolve the legality of Internet gambling left a vacuum over the past decade which was filled by offshore operators which now dominate a vibrant European Internet gambling market generating \$15 billion in 2012 and an expanding global industry estimated at \$34 billion last year.²⁹³ By 2015, Internet gambling is expected to represent 10 percent of all gambling revenue globally.²⁹⁴ Internet will likely continue to expand beyond the three states currently permitting the practice, absent passage of any federal legislation. A completely legalized US Internet gambling market would be estimated to generate \$7.1 billion after five years of operation. New York would be the largest market (\$1.02 billion), followed by California (\$984 million), Florida (\$786 million), Illinois (\$652 million), and New Jersey (\$570 million).²⁹⁵ Ranking as the third largest potential market in the US, Florida would need to carefully consider the pros and cons of Internet wagering and develop an effective strategy for addressing the issue as more and more states can be expected to pass enabling legislation in the future

D. Overview of Gambling Regulatory Schemes

A general description of gambling regulatory schemes, including: State-operated, consolidated agency oversight, multi-agency oversight, and the use of local and state commissions; authorizing and revocation mechanisms; taxation schemes.

In this section we review the structure of the Florida gaming regulatory agencies as well as those of a number of other states and also address how each state addresses the most critical points of regulation.

1. Overview of Florida's Regulatory Structures

Preliminarily, we observe that each state has its own "personality" with regard to gaming venue, laws, history of gaming, priorities, etc., but there are also common themes that often, but not always, shine through regardless of differences. It is these themes of regulation that can be very instructive. Practices repeated are often in place for a good reason – because they have been considered important in many locations over long periods. This is not to say that they should not

²⁹³ H2 Global Summary, H2 Gambling Capital, April 9, 2013.

²⁹⁴ Ibid.

²⁹⁵ US Regulated Internet Gaming Forecast, H2 Gambling Capital, April 9, 2013.

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change if circumstances warrant, but it is important to understand the primary principles of gaming regulation.

The overriding regulatory interest that permeates all effective legislative schemes is the recognized need to engender public confidence and trust in the integrity of the regulatory process and gambling operations. To this end, regulatory agencies are charged with the responsibility of ensuring that unsavory and nefarious influences are prohibited from infiltrating the authorized gambling industry. This mandate is especially important for an industry that historically has been susceptible to corrupt influences. In Spectrum's experience, the linchpin of effective regulation is a comprehensive licensing process designed to ferret out unsuitable persons and entities from participating in this highly lucrative industry. In order for the regulatory apparatus to succeed, it is imperative that licensure be limited to those persons and entities that are able to demonstrate their good character, honesty and integrity.

There are also significant differences in the regulatory structures formulated to accomplish this laudatory objective of effective oversight. Of course, states have regulatory structures that are designed to account for their particular population, location and statutory requirements. For example, in Ohio the location and even the owners of the casino locations were part of the referendum initiative that was approved by the voters in 2010.²⁹⁶ Thus, the regulatory structure did not have a component for *selecting* an applicant, like Massachusetts, Maryland or Kansas. But the referendum did have a component for *evaluating* an applicant like virtually all states, which was tied to an affirmative showing of integrity and financial suitability.

In another example, many states, such as Pennsylvania, Kansas and Maryland, have a requirement for renewal of licenses, including the licenses of owners of casinos. Other states, such as Nevada and (at this time) New Jersey, have no such requirement, though both have a "call forward" provision which requires companies to provide additional information under certain conditions, with some discretion allowed by the persons in authority.

Many regulatory structures have been created and are almost unchanged from the original enabling legislation, some have had minor changes, and others have been radically altered since first implemented. Sometimes the length of time that a regulatory structure has been in existence has made a significant difference as to whether there have been changes. For example, one might expect New Jersey and Nevada to have made some changes to their regulatory structures because of how long the gaming industry has been operating in those states. Indeed, New Jersey has experienced radical changes just in the last few years to their regulatory agencies: the Casino Control Commission and the Division of Gaming Enforcement.²⁹⁷ On the other hand, Nevada has not had significant regulatory changes in many years.

²⁹⁶ Ohio Ballot Board Final Language, Issue 3, 2009, p 9
http://www.sos.state.oh.us/sos/upload/publications/election/Issues_09.pdf (accessed May 27, 2013).

²⁹⁷ New Jersey Senate Bill S12, signed into law on February 1, 2011,
<http://openstates.org/nj/bills/214/S12/documents/NJD00021986/> (accessed May 26, 2013).

Other regulatory structures have changed a moderate amount to accommodate the growth of their gaming industry but much of the regulatory apparatus has remained. For example, Iowa has changed primarily from a riverboat gambling state with considerable pari-mutuel gaming to a state that has mostly land-based casinos. Their regulatory structure has primarily expanded but not changed in form to take these changes into account.²⁹⁸ Maryland has reconstituted its Maryland Lottery to what is now the Maryland Lottery and Gaming Control Commission and Maryland Lottery and Gaming Control Agency and it now regulates casinos with slots and table games. Kansas at one time had a Racing Commission but now that agency has evolved into the Racing and Gaming Commission. Pari-mutuel gaming in Kansas has, at least for now, ceased.

a. Florida Regulation of Pari-Mutuel and Slot Machine Facilities

Chapter 849, Florida Statutes, generally prohibits the conduct of commercial gambling, unless expressly authorized by law. As an exception to the prohibitions in Chapter 849, gaming is permitted at licensed pari-mutuel wagering tracks and frontons, pursuant to Chapter 550, F.S., and also by the state operated lottery, pursuant to Chapter 24, F.S. There are also Native American casinos in Florida and charitable bingo games. Free-standing, commercial casinos and slot parlors are not authorized in the state. The state earlier this year enacted amendments to Chapter 849 that prohibit the operation of Internet/sweepstakes cafes.

Pari-mutuel wagering is authorized for horse racing, harness horse racing, quarter horse racing, greyhound racing, jai alai games and cardroom poker games. These forms of gaming activity are permissible only at a licensed pari-mutuel facility. In addition, slot machine gaming at pari-mutuel facilities is authorized in Broward and Miami-Dade counties. There are 28 pari-mutuel facilities located in Florida (plus inter-track at Ocala).

Chapter 550, F.S., provides for a comprehensive regulatory system with specific licensing and other regulatory requirements for the pari-mutuel industry. The Division of Pari-Mutuel Wagering (“PMW”) is the regulatory agency exclusively entrusted with oversight responsibility for these various authorized forms of gaming activity at pari-mutuel facilities. The PMW is a program area of the Department of Business and Professional Regulation within the Executive Branch of Florida’s government. (Annual Report of Division, 2011-2012) As detailed below, the Florida regulatory design empowers the regulatory agency with broad oversight and licensing responsibilities over all participants in the pari-mutuel gaming industry.

The Division has also been designated by the Florida Legislature as the State Compliance Agency with the authority to fulfill the state’s oversight responsibilities in accordance with the Gaming Compact between the Seminole Tribe of Florida and the State. (Section 285.710, Florida Statutes.) The Seminole Tribe operates seven casinos in Broward, Hillsborough, Collier, Glades, and Hendry counties.

²⁹⁸ See further discussion of Iowa’s regulatory structure below.

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Notably, PMW has no authority to regulate other forms of gaming activity such as lottery, bingo or so-called cruises to nowhere. The Florida Lottery regulates lottery operations. Counties that permit bingo have their own individual ordinances which govern their operation. We also note that the Miccosukee Tribe does not have a gaming compact with the State and therefore operates exclusively under federal jurisdiction as a Class II gaming entity.

The Director of PMW is Leon M. Biegalski. The Office of the Director is responsible for such areas as budget planning; rule promulgation; policy development; legislative analysis of proposed legislation; strategic planning; and enforcement of administrative actions. There are six functional units which operate under the management of the Office of the Director: Auditing; Investigations; Operations; Slot Operations; Revenue and Financial Analysis; and State Compliance Agency.

The Office of Investigations is responsible for conducting background investigations of applicants for permits and occupational licenses and the enforcement and investigation of suspected violations that occur in pari-mutuel wagering, cardroom and slot machine gaming facilities. PMW says typical investigative cases include falsified license applications, criminal history checks, animal cruelty, and the use of performance altering medications and/or illegal substances during races. The Office of Investigations also conducts inspections of all new pari-mutuel, cardroom and slot machine facilities prior to opening and all facilities are routinely monitored by investigators to ensure compliance with the gaming statute and applicable regulations.

The Office of Auditing performs annual compliance audits to verify that statutory accounting procedures are utilized and to identify any fraudulent activity. The auditors reconcile pari-mutuel wagering pools for more than 80,000 races and games annually to ensure integrity in the wagering activity.

The Office of Operations is responsible for ensuring that the day-to-day operation of races and games are conducted appropriately, consistent with the statute and regulations. It is also responsible for administering the licensing process. All individuals and businesses who work or conduct business at a racetrack, fronton, cardroom or slot machine facility or who have access to money wagered, restricted areas and/or racing animals, are required to obtain an occupational license issued by PMW. Slot facility occupations requiring a license include, but are not limited to: slot operations managers; slot shift managers; floor supervisors; slot tech supervisors; slot technicians; slot attendants; security and surveillance personnel; count room and cage personnel; information systems managers; systems analyst supervisors; operations analyst supervisors; and revenue audit managers and supervisors.

Every racing and cardroom occupational license applicant is fingerprinted, and then re-fingerprinted at the time of license renewal five years after initial licensure. Every slot machine occupational license applicant is fingerprinted and then again every three years at renewal. Slot machine licensees pay an annual license fee of \$2 million and a regulator fee of \$250,000.

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A slot machine business entity occupational license for slot machine management companies, service companies, manufacturers, vendors, distributors and testing laboratories is \$1,000 for a one-year license and \$2,000 for a three-year license. All officers, directors and shareholders with 5 percent or more interest in the business entity are required to be fingerprinted. Those persons who need to have access to the slot machine facility are also required to obtain a Slot Machine Business Employee Occupational License.

Annual cardroom operator licenses are issued to permit holders who operate cardrooms, with a fee of \$1,000 per table. Cardroom business licenses are issued to any cardroom distributor, management company, supplier or vendor conducting business with a cardroom. In addition, cardroom employee occupational licenses are required for all cardroom employees except food service, security, maintenance and mutuel teller employees. Possession of this license does not allow access to any restricted area other than the cardroom. A pari-mutuel/cardroom supervisor license is necessary for supervisors of food service, security, maintenance and mutuel teller employees who require access to restricted areas of the track as well as the cardroom. Finally, a pari-mutuel/cardroom employee license is needed for food service, security, maintenance and mutuel teller employees who require access to restricted areas of the track as well as the cardroom.

The Office of Slot Operations oversees the pari-mutuel facilities that have slot machine gaming. A key element of that regulatory oversight is to ensure that every slot machine has been certified by an independent testing laboratory. The Office of Revenue and Financial Analysis is responsible for safeguarding and accounting for state revenues derived from authorized pari-mutuel gaming activity.

The State Compliance Agency conducts inspections of Indian gaming facilities.

Though it appears PMW addresses most areas of the regulatory process we note that full commercial casinos are not yet present in Florida, and the state's law and policy has not, as of yet, been designed to encompass all regulatory aspects of a casino gaming regulatory agency. Additional or more in-depth regulatory processes may be needed when and if commercial casinos are implemented.

Division Application Requirements

The following are the filing requirements of the Division:²⁹⁹

- **LICENSE TERM:** Florida Slot Machine Business Licenses are valid for the fiscal year (three-year licenses are also available). The application fee is \$1,000 for a one-year license, \$2,000 for a three-year license.
- **OFFICERS AND DIRECTORS:** No license is issued. All Officers, Directors, and Shareholders of 5 percent or more interest in the business entity who do not need

²⁹⁹ Filing requirements provided by PMW.

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access to a slot machine facility in Florida, must submit a fingerprint card and the \$40.50 fingerprint processing fee upon submission of the Slot Machine Business Entity Occupational License Application, and an Authorization for Release of Information form must be completed. Any Officer, Director, or Shareholder of five percent or more interest of a business entity who needs access to a slot machine facility in Florida, must obtain a Slot Machine Business Employee Occupational License. Officer/director/ shareholder(s) must submit fingerprint cards and pay \$40.50 fingerprint fee the first year and \$16.50 every three years thereafter.

- An Authorization for Release of Information form must be completed for the business.

NOTE: Any business employee who needs access to a slot machine facility in Florida must obtain a Slot Machine Business Employee Occupational License.

The following is a detailed list of application requirements for a Slot Machine Business Employee license:

- An Individual Slot Machine Occupational License Application form must be completed.
- LICENSE TERM: Florida Slot Machine Business Licenses are valid for the fiscal year. The application fee is \$50 for a one-year license, \$100 for a three-year license, plus a \$40.50 fingerprint processing fee. An Authorization for Release of Information form must be completed for each employee. Applicants for Slot Machine licensing must be 21 years of age or older. Applicants must submit his/her fingerprints for a criminal history background check and pay the \$40.50 fingerprint processing fee when submitting an initial application. Every three years after the initial fingerprint submission, upon renewal, the applicant must pay \$16.50,

The disclosure forms required for natural persons require disclosure of prior license and criminal history information among other things. Though the disclosure requirements are substantial the forms that are used by PMW do not include a document on the order of the multi-jurisdictional disclosure form provided by the International Association of Gaming Regulators,³⁰⁰ which is utilized by many casino gaming regulatory agencies. While this specific form is not essential to the process the disclosure of information that is required on that form is critical to the process of investigations.

Some specific information such as a financial net worth statement for natural person qualifiers is not required by the forms now utilized by PMW.

³⁰⁰ The multi-jurisdictional form is available online at several locations, including: <http://iagr.org/wp-content/uploads/Multi-Jurisdictional-Application.pdf> (accessed May 28, 2013).

Additional Functions of PMW

In addition to these functions of a typical gaming regulatory agency for slot machine facilities, PMW also has comparable responsibilities for pari-mutuel wagering. The regulation of pari-mutuel wagering also includes many other functions such as the collection of urine and blood samples. PMW utilizes a racing laboratory under contract that collected over 86,000 samples in FY 2012.

Florida thus has already adopted a “consolidated regulatory agency” model in which one agency addresses almost all the regulatory functions, including pari-mutuel wagering. (Later in this report we will review a number of other states’ regulatory agencies and address the best practices of regulatory models.)

Changes to the Division because of Slot Machine Licensing

The absorption by PMW of the licensing function has significantly added to its staff. Before the implementation of slot machine licensing the agency had 62 full-time employees. In FY 2013 there were 115 appropriated employees, 50 of which were dedicated to slot machine licensing. Four full-time-equivalent positions were added for oversight of the compact between the State and the Seminole Tribe. There would be significantly more staff added if full casinos were implemented.

Even with this increase in the PMW budget it is apparent that the agency is still heavily dedicated, in staff, to the regulation of pari-mutuel operations rather than slot operations, even though the State’s revenue comes by this time primarily from the operation of the slot machine operations. This is due to the numbers of facilities – 28 pari-mutuel operations vs. six slot operations.

b. Lottery

The Florida Lottery requires submission of a company application form and a host of other requirements for approval to be a lottery retailer.³⁰¹ The application requires identification of the persons associated with the company who have a 10 percent holding and the identification of any criminal record for those persons. The disclosure form also requires a short explanation of the business operation.

Retailers must agree to a seven-page contract that addresses Public Entity Crime and the maintaining of certain bank accounts. Record-keeping and access to records by the Lottery is also required. The following is a description of the vendor registration process provided by the Lottery:

“The Florida Lottery uses MyFloridaMarketPlace (the State of Florida's eProcurement system) which includes a statewide enterprise on-line vendor registration process. This

³⁰¹Florida Lottery <http://flalottery.com/howToApply.do> (accessed May 24, 2013).

system is designed to streamline interactions between vendors and state government entities that purchase goods and services, and provides a user-friendly Internet portal where vendors can register, receive information on upcoming bids, post information on products and services, and receive purchase orders electronically.

“Section 24.103(6), Florida Statutes defines a “Vendor” as “a person who provides or proposes to provide goods or services to the department, but does not include an employee of the department, a retailer, or a state agency.”³⁰²

c. Charitable Bingo

Section 849.0931 of the Florida Statutes authorizes the conduct, permitted uses of proceeds and limitations of bingo games by “charitable organizations.” These are defined as charitable, non-profit and veterans' organizations engaged in charitable, civic, community, benevolent, efforts or scholastic works and other similar activities. All charitable organizations must be qualified for exemption from federal income tax as an exempt organization under the provisions of section 501(c) of the Internal Revenue Code.

The statute mandates that all proceeds resulting from the conduct of the bingo games are donated to charitable organizations, less actual business expenses for the operation, conduct and playing of bingo. The statute strictly prohibits the net proceeds from bingo games from being used for any other purpose.

Section 849.0931, Florida Statutes (1993), contains various other provisions intended to assure that the primary benefactors of the authorized bingo games are actually the charitable, non-profit and veterans' organizations, and not private persons. These include requirements that the operators must be bona fide members of the organization conducting the bingo game, must not be compensated for the operation of the bingo game, and must be residents of the community where the organization is located. The protective statutory provisions also include requirements that the property upon which the bingo games are held must either be owned by the worthy organizations or leased by worthy organizations for not less than one year, provided that the rent is not unreasonable for the location.³⁰³

Bingo is not regulated by the State. However, municipalities and/or counties that permit bingo have their own local ordinances that govern its operation. Most municipalities require a business tax license, or occupational license, to conduct bingo. Some require a special exemption waiver for that activity (bingo) in order to qualify for a business tax license. The licenses are issued annually and require copies of IRS financial statements.

³⁰² Florida Department of Management Services
http://www.dms.myflorida.com/business_operations/state_purchasing/myfloridamarketplace.

³⁰³ Report of the Twelfth Statewide Grand Jury: The Operation of Commercial Bingo Halls in the State of Florida; October 25, 1995.

d. Native American Casinos

The gaming compact between the Seminole Tribe and the State (“Seminole Compact” or “Compact”) was executed by the Governor on April 27, 2010 and ratified by the US Department of the Interior on July 7, 2010.³⁰⁴ The Seminole Compact has a term of 20 years, expiring on July 31, 2030,³⁰⁵ although the expiration for house-banked card games (including blackjack, chemin de fer and baccarat) expires July 31, 2015, unless renewed.

The Seminole Compact authorized covers games at seven locations and also requires the tribe to regulate its casinos under specific internal control requirements.³⁰⁶ The Compact names the Seminole Tribal Gaming Commission (“Gaming Commission”) as the tribal governmental agency that has the authority to carry out the Tribe’s regulatory and oversight responsibilities.³⁰⁷ The Compact also provides for the monitoring of the tribal casinos by the State.³⁰⁸ Licensing is also addressed in the Compact.³⁰⁹

The Gaming Commission has established a regulatory structure that Spectrum believes is thorough and substantial. Ed Jenkins is Director of Compliance and Regulations for Gaming and has significant experience with the FBI and with the gaming industry. He indicates he has worked for the tribe since 2001 and has established a regulatory agency which he indicates is independent and capable. Perhaps an example of this independence is the requirement that surveillance departments within the casinos are required to report to the Gaming Commission and not to operations.

The surveillance department is critical to internal controls because it is designed to be the eyes and ears to any crime that may be occurring at the casino floor. It is the last line of defense against crimes committed by any patron or employee, including management. In Spectrum’s experience, often casino management will balk at providing sufficient staff to the department and argue against creating a reporting line which establishes a point of view which is free from influence by casino management. Spectrum believes a reporting line that goes to casino operations leaves a casino vulnerable to a host of crimes, including collusion at the highest levels.

The fact that the Gaming Commission requires this independence is one sign that regulatory requirements are being taken seriously. There are other signs as well. Gaming Commission staff is present at the casinos 24 hours a day, seven days a week. The license

³⁰⁴ Department of the Interior News Release July 7, 2010.

³⁰⁵ Seminole Compact, p 49

³⁰⁶ Ibid., p. 13 and 14.

³⁰⁷ Ibid., p. 3 and 23.

³⁰⁸ Ibid., p. 25.

³⁰⁹ Ibid., p. 31.

process, including the licensing or registration of all employees, seems significant (though Spectrum notes there is no renewal to a license).³¹⁰ The fact that someone of significant experience such as Ed Jenkins was hired is another indication of the significance that the Seminole Tribe has placed on regulation. It is also important that Jenkins's reporting line appears also to be independent from casino management influence.

25.Regulation in Other States

Spectrum reviewed and analyzed gaming laws and interviewed representatives from several other states. In addition, we reviewed the Florida Senate interim report of October 2010, *Review of Casino Gaming in Other States*.³¹¹ Based on our experience working for, with, and studying, state regulatory agencies across the country, we selected several gaming commissions for discussion in this report that we believe would be insightful into various regulatory models.

a. Introduction: Establishment of Standards

All states and many foreign jurisdictions require companies to apply to be a casino operator, and require companies to show qualification in such areas as good character, honesty, integrity, the absence of a criminal record, and financial stability. There are variations in the extent to which persons associated with the company and associated companies must file and establish these standards. Most, if not all, states that have implemented casino gaming, or are in the process of doing so, such as Massachusetts, Maryland, Kansas and Ohio, require that parent companies as well as all those natural persons with an ownership interest beyond a certain percent (5 percent is often used) to file and establish these qualifications. In addition, those officers, board members and executives deemed to be qualifiers due to their prominence in the company must demonstrate these qualifications. Since these associated companies and natural persons can have an influence over the casino operator it is incumbent upon a state to require the establishment of such standards.

The selection of casino operators is the starting point of establishing public trust in the casino industry as one of integrity. It is critical that this step be completed carefully and thoroughly. Through this process the state is not only establishing that the gaming industry is one of integrity, but that the selection of who will be a casino operator has been done with integrity by the state. In cases where the selection process was called into question (the Pennsylvania grand jury investigation has been addressed in the section of this report on Effective Regulation: Trends and Best Practices in the Governance and Regulation of Gambling and is an example of a

³¹⁰ Phone interview with Ed Jenkins May 17, 2013. Mr. Jenkins did note, however that if an employee changes positions there is an additional investigation.

³¹¹ Florida Senate, *Review of Casino Gaming in Other States*, October 2010.
<http://www.flsenate.gov/Committees/InterimReports/2011/2011-133ri.pdf>.

selection process called into question), the expense to the state of re-establishing that trust can be enormous.

b. Bid Process or Non-Competitive Application

Beyond requiring of the qualification standards noted above, licensing decisions depend on basic policy: The state must decide how and in what way it wishes to limit the numbers of operating casinos, or whether unlimited numbers of casinos may be issued. There are two primary methods for awarding licenses: competitive bidding and non-competitive applications. The former process occurs in situations where there are a finite number of licenses permitted in a particular region, while the latter method is utilized in instances where an infinite number of licensees are permitted by law. For both methods, there are still essential qualification requirements relating to a person's and an entity's showing of good character, honesty and integrity.

If a state determines the demand is great enough, an unlimited numbers of casinos may be appropriate, but the state must address if that level of competition would potentially saturate the market and negatively affect the financial viability of the businesses involved. Nevada allows unlimited numbers of casinos in unlimited locations; all other states have some limitations.

Limitation to a specific area of the state can create a destination area. For example, New Jersey's requirement that casinos be located in Atlantic City was intended to create just such an area. States such as Pennsylvania, Maryland, Kansas and Massachusetts limit the number and types of casinos that are permitted and their location. Within those limits these states required a competitive bid process that required applicants to show the value of their application in such areas as economic development and job creation in the area.

c. Regulatory Structures Consolidated or Separated Oversight

Though generalizations can be made about regulatory models there are no two states that have regulatory agencies which are truly comparable in all respects. There are simply too many unique forums, too many different types of gaming venues, and too many unique legal structures in every state. The states which are addressed below, while not intended to be a complete survey of every state, are very illustrative of both the uniqueness of different states' regulatory structures and their similarities:

Massachusetts

The Massachusetts Gaming Commission ("MGC"), which has begun the process of awarding four casino licenses, was created by law in November 2011. That law provided for

commercial casinos in the state, created a provision which could allow for an Indian casino, and brought the pari-mutuel industry under the auspices of the MGC.³¹²

This law also created one agency, whose five members serve full-time, and which consolidated responsibilities and authorities for investigations, prosecution of violations, policy formulation and decision making. With the exception of the Massachusetts Lottery, the MGC has wide reaching purview over gaming matters.

Thus the MGC is an example of an agency which has consolidated oversight. An important part of this consolidation is the Investigation and Enforcement Bureau (“IEB”), the “primary enforcement agent for regulatory matters.”³¹³ The IEB has numerous responsibilities, including the authority to conduct or limit investigations,³¹⁴ the decision on certain license matters and the holding of relevant hearings.³¹⁵ The IEB is a law enforcement agency and works directly with and will include members of the Massachusetts State Police. Because of its designation as a law enforcement agency it can request fingerprint criminal records checks directly from the FBI. The Massachusetts Expanded Gaming Act takes measures to assure the independence of the IEB’s investigations, specifying that the commission “shall not place any restriction upon the bureau’s ability to investigate or prosecute violations of this chapter or the regulations adopted by the commission.”³¹⁶

In many states, there are agencies or bureaus that have the responsibilities of the IEB but which are separate from the gaming commission/decision-making authority. As will be discussed later, some of these agencies are part of or connected to the State Police and many times they report to the Attorney General of the state. In Massachusetts the IEB reports to the MGC, which has ultimate authority over license decisions and policy matters. And the IEB is only one of a wide range of consolidated responsibilities under the auspices of the MGC.

Another consolidation that has taken place in Massachusetts is the fiscal authority and responsibility which has been given to the MGC. The MGC is the trustee for the many funds created by the Expanded Gaming Act and for all revenue collected by from the commercial casinos.³¹⁷ In many other states trustee responsibilities are under the authority of the State Treasurer.

Still another responsibility under the MGC is that of the Racing Commission. The Racing Commission was a separate agency until passage of the Expanded Gaming Act, but now is under

³¹² Massachusetts Expanded Gaming Act, Chapter 194 of the Acts of 2011
<http://massgaming.com/about/expanded-gaming-act/> (accessed May 28, 2013).

³¹³ Ibid, Section 6. Although the IEB is part of the MGC it is also required to work in conjunction with the Attorney General’s Office on criminal matters, pursuant to Section 6.

³¹⁴ Ibid., Section 12 b.

³¹⁵ Ibid., Sections 30 and 31.

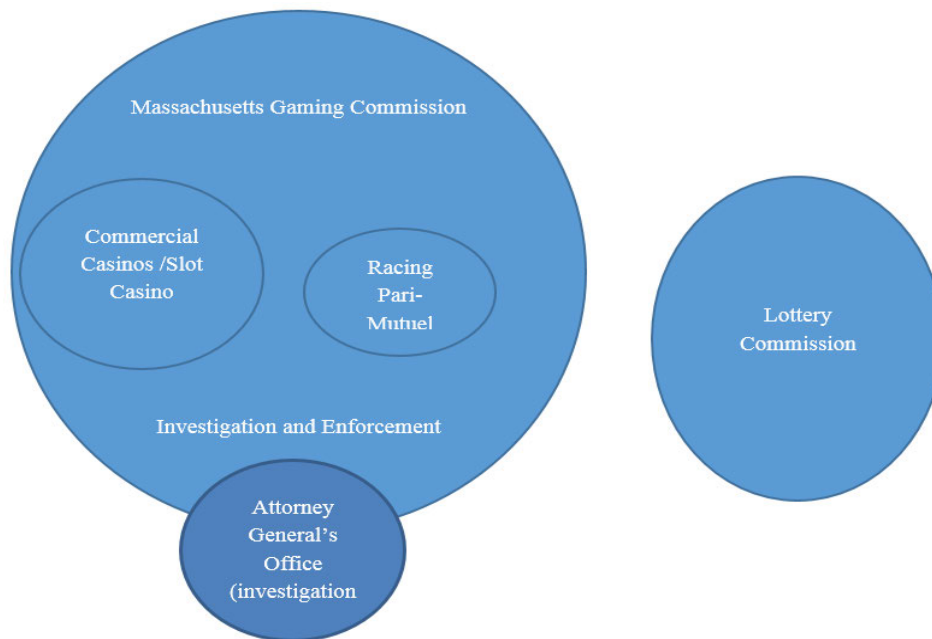
³¹⁶ Ibid., Section 34.

³¹⁷ Ibid., Section 4

the authority of the MGC. Thus the MGC is a host racing commission and an off-track betting commission and also has responsibilities over simulcasting.³¹⁸ Despite this, the MGC is primarily a gaming commission, with the majority of its resources and staff devoted to casino gaming.

In Massachusetts, the extensive responsibilities of the MGC can be represented in chart form, as indicated below. All functions, relating to gaming, with the exception of the lottery, are encompassed under the purview of the MGC, although the Attorney General also will have investigative authority into casino criminal activities.

Figure 34: Massachusetts gaming regulatory structure



Source: Massachusetts state agencies, Spectrum Gaming Group

Ohio

The State of Ohio is a contrast to Massachusetts in that there are several agencies involved in the regulation of gaming. The Ohio Casino Control Commission (“OCCC”) has the primary responsibility for regulating the four commercial casinos but other agencies are involved as well. The OCCC is comprised of seven members who serve as part-time officials.³¹⁹ The Ohio Bureau of Criminal Identification is involved in the license application process as the agency responsible for receiving reports from the FBI.³²⁰ The Division of Taxation is responsible for

³¹⁸ Ibid., Section 7

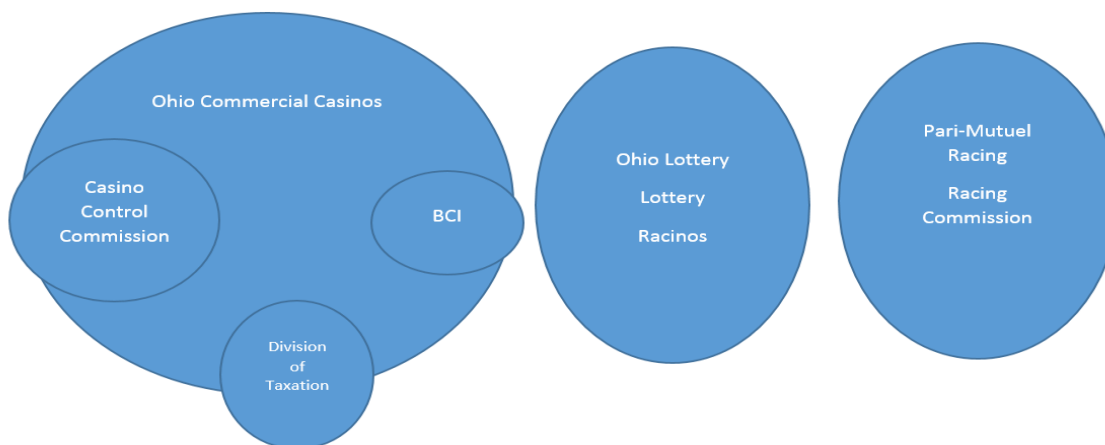
³¹⁹ Ohio Revised Codes Chapter 3772 <http://codes.ohio.gov/orc/3772.02> (accessed May 25, 2013).

³²⁰ Ibid., section 3772.07.

collection of the gaming revenue.³²¹ The Ohio Lottery is a separate agency that oversees the traditional lottery as well as racetrack VLTs. The Ohio State Racing Commission oversees Pari-mutuel gaming and Racing.

This separation of responsibilities is depicted in the following diagram:

Figure 35: Ohio gaming regulatory structure



Source: Ohio state agencies, Spectrum Gaming Group

Maryland

In Maryland a 2012 referendum approved table games at the existing slots casinos.³²² The change re-constituted the State Lottery as the State Lottery and Gaming Control Agency (“LGCA”).³²³ This agency now has regulatory responsibility and authority over the commercial casino industry as well as the Lottery. The change resulted in the addition, at one time, of 44 employees for the agency to handle the added responsibilities of table games.³²⁴ Maryland’s gaming industry evolved from the lottery and the regulatory agency has evolved to handle the significantly greater responsibilities of a gaming agency as well as the lottery program.

³²¹ Ohio Department of Taxation website, http://www.tax.ohio.gov/gross_casino_revenue.aspx (accessed May 20, 2013).

³²² Maryland Gaming Expansion Question, Question 7 (2012) http://www.elections.state.md.us/elections/2012/ballot_questions/Question_7_Summary.pdf (accessed May 25, 2013).

³²³ August 2012 Special Session on Gaming in Maryland from the Governor’s Website <http://www.governor.maryland.gov/session.asp> (accessed May 24, 2013).

³²⁴ *Baltimore Business Journal*, November 15, 2012 <http://www.bizjournals.com/baltimore/news/2012/11/15/kirby-fowler-named-chair-of-maryland.html> (accessed May 24, 2013) .

SECOND DRAFT - CONFIDENTIAL

There is also a separate Racing Commission in Maryland within the Department of Labor, Licensing and Regulation which oversees the pari-mutuel industry. Maryland's gaming structure is depicted below.

Figure 36: Maryland gaming regulatory structure



Source: Maryland state agencies, Spectrum Gaming Group

New Jersey

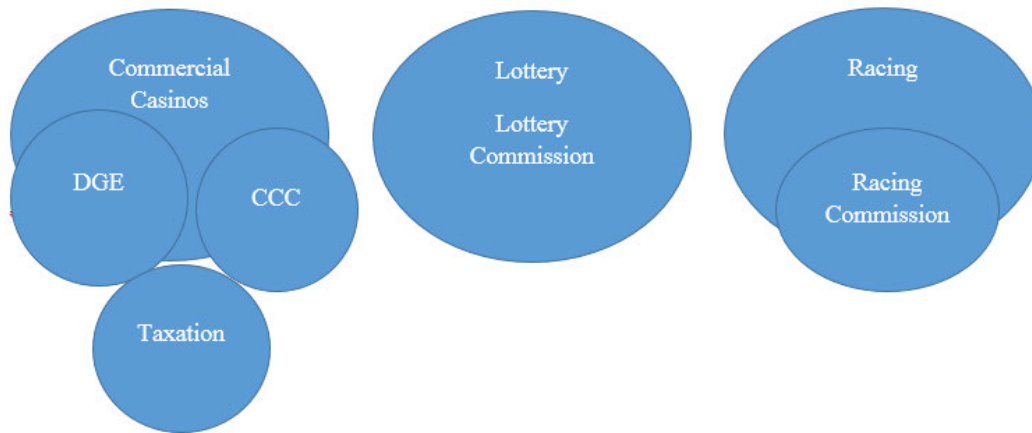
Until recently, the New Jersey Casino Control Commission was the agency responsible for the day-to-day oversight of operations, internal controls, regulations, licensing, financial analysis and auditing. The Division of Gaming Enforcement was responsible for investigations and enforcement. Those responsibilities have shifted and now the Division of Gaming Enforcement has more responsibilities in auditing, licensing and financial analysis. Much of the day-to-day oversight of operations and licensing requirements has been eliminated.³²⁵ The Division of Taxation took responsibility for the collection of several taxes previously collected by the Casino Control Commission, including the gross revenue tax.³²⁶

In New Jersey, the Lottery is regulated by a separate Lottery Commission and Racing is regulated by a separate Racing Commission.

³²⁵ Senate Bill S12 and New Jersey Casino Control Act.

³²⁶ New Jersey Division of Taxation website regarding New Legislation 2011
<http://www.state.nj.us/treasury/taxation/newlegislation2011.shtml> (accessed May 25, 2013).

Figure 37: New Jersey gaming regulatory structure



Source: New Jersey state agencies, Spectrum Gaming Group

Pennsylvania

Pennsylvania's dominant regulatory agency is the Pennsylvania Gaming Control Board ("PGCB"). The state has confronted issues regarding its regulatory structure, as a grand jury investigation and report cited initial structural weaknesses, which are useful for instructional purposes.³²⁷ That grand jury report is dealt with in significant detail later in this report.

Some of the changes that were implemented by the PGCB, such as the creation of an independent reporting line for the Bureau of Investigations and Enforcement ("BIE"), are valuable in illustrating the priorities that should exist for any regulatory agency. These points are further discussed in our summary portion below. Since the grand jury report there have been changes to the PGCB and the only link between the BIE and the PGCB now is for administrative functions.

Although the Pennsylvania statutes require approval by one of the two racing commissions (Horse or Harness) for a Category 1 (racino) license, as a practical matter the PGCB oversees and takes major responsibility for the regulation of gaming operations at racinos. The PGCB is fully responsible for the non-racino casinos in the state.

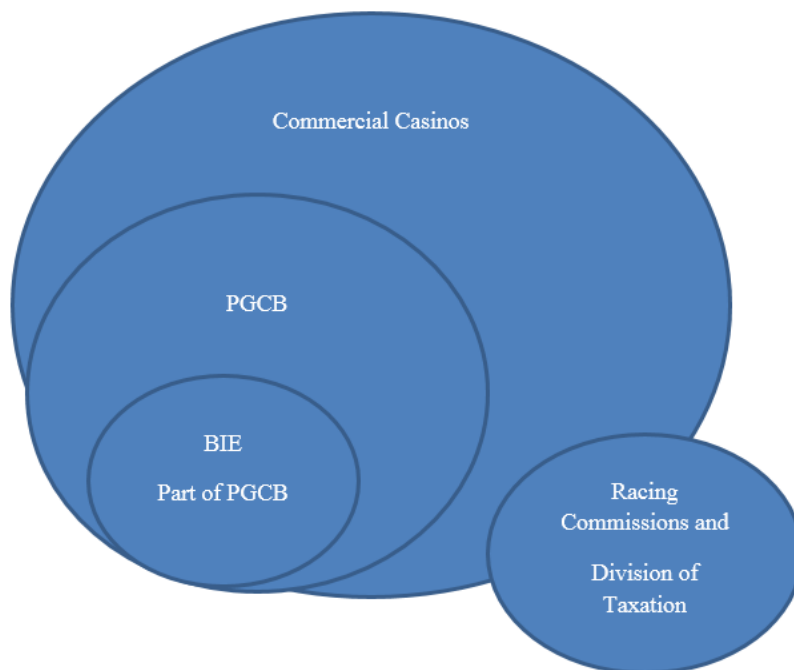
The PGCB is not a law enforcement agency but it works closely with the State Police in its investigations. The Department of Revenue is the trustee for the gaming revenue³²⁸ but the

³²⁷ Donald Gilliland, "Pennsylvania Gaming Control Board riddled with culture of 'noncriminal misconduct,' grand jury report says," *The Patriot-News*, June 12, 2011 http://www.pennlive.com/midstate/index.ssf/2011/06/grand_jury_report_describes_cu.html.

³²⁸ Pennsylvania Statutes Title 4 Chapter 14.

PGCB oversees the internal controls and the day-to-day operations of the casinos. The Pennsylvania model is illustrated below.

Figure 38: Pennsylvania gaming regulatory structure



Source: Pennsylvania state agencies, Spectrum Gaming Group

Kansas

Kansas has a unique organizational structure which involves two primary agencies. The Kansas Lottery technically owns the games in the casinos and the revenue that comes from those games.³²⁹ The managers of the casino operations own the facilities and are “paid a fee.”³³⁰ Though this is the legal wording in the Kansas Expanded Lottery Act, for practical purposes there are mainly only subtle differences in the collection of taxes from other states.

The Kansas Lottery, however, is responsible for the gaming revenue and conducts a regular reconciliation. A daily reconciliation through electronic means is done on slot revenue and a monthly reconciliation is done of the table game revenue.³³¹ The Kansas Lottery is also responsible for the lottery program in the state.

³²⁹ Kansas Expanded Lottery Act, for example New Sec. 3(a) indicates: “The Kansas Lottery may operate one lottery gaming facility in each gaming zone.”
http://krgc.ks.gov/images/stories/pdf/Statutes_and_Regulations/kansas_expanded_lottery_act.pdf (accessed May 25, 2013).

³³⁰ Ibid., New Sec. 35.

³³¹ Ibid.

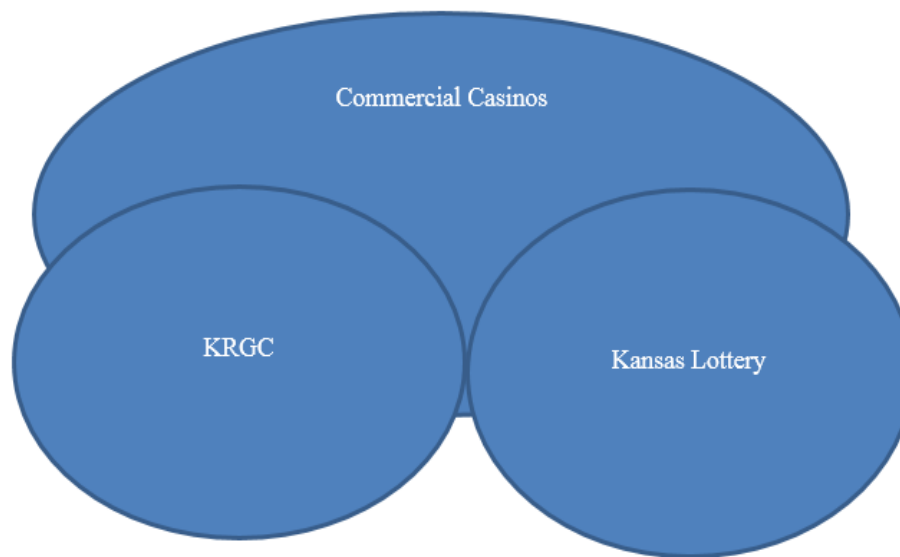
SECOND DRAFT - CONFIDENTIAL

It is the Kansas Racing and Gaming Commission (“KRGC”) that performs the bulk of the typical regulatory functions over the casinos, including oversight of casino operations, investigations and licensing. The KRGC also performs audits on casino revenue. This is an acknowledged though minor overlap of functions between the two agencies, but this redundancy is not considered a bad thing. According to representatives from both agencies, the system works well and helps to create a needed assurance of integrity.

Pari-mutuel gaming has become inactive in Kansas, without any performances since 2008.³³² Thus the KRGC’s focus is on casino gaming.

The Kansas model is depicted below:

Figure 39: Kansas gaming regulatory structure



Source: Kansas state agencies, Spectrum Gaming Group

Iowa

Iowa has a primary agency that regulates the 18 commercial casinos in the state but other agencies are utilized in more minor roles. The Iowa Racing and Gaming Commission (“IRGC”) performs most typical functions including licensing and the oversight of daily operations. Employees and gaming related companies are licensed. Investigations, however, are primarily carried out by the Department of Criminal Investigations (“DCI”). The DCI is also present at each casino and play a major role in investigations of criminal activities and enforcement.³³³

³³² Interview with representative of the KRGC.

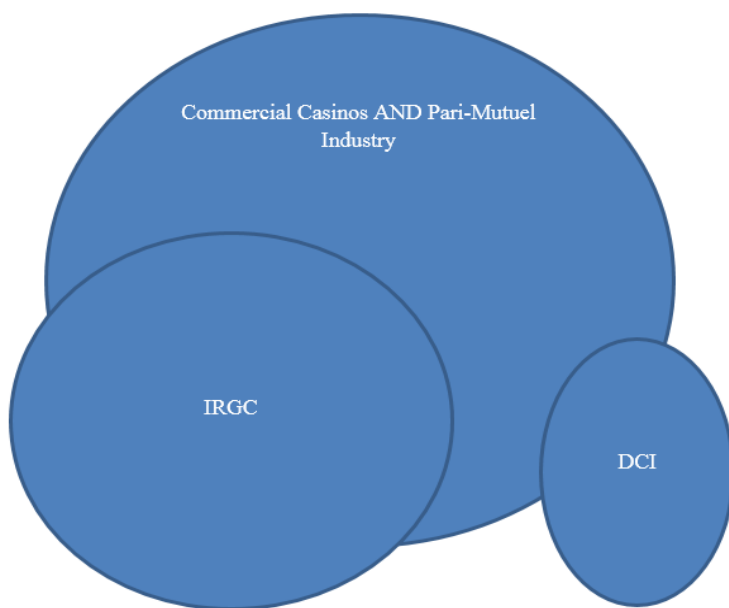
³³³ Gathered from Interview with representative of the Iowa Racing and Gaming Commission 5-20-2013.

The Department of Revenue is the trustee for the gaming revenue though the IRGC and takes responsibility for assuring the internal controls are followed and for auditing.³³⁴

The IRGC has a parallel with the Florida PMW in that it is also responsible for pari-mutuel wagering in the state. The IRGC is responsible for the presently operating pari-mutuel facilities of one horse track and two dog tracks in the state. Though this agency does have pari-mutuel wagering regulatory responsibilities there are also considerable differences with the Florida PMW. The Iowa pari-mutuel industry has significantly fewer facilities than Florida and there is no requirement to limit casino gaming in pari-mutuel facilities.

The organization of the agencies involved in Iowa is depicted below:

Figure 40: Iowa gaming regulatory structure



Source: Iowa state agencies, Spectrum Gaming Group

d. Regulatory Oversight Critical Functions

Regulatory agencies that oversee commercial casinos have a number of typical functions. While there are variations in the details as to the depth of regulation and the specifics of procedures, the *types* of functions have become standard in almost all states.

Some of the most critical of those functions include licensing, ongoing review of daily operations, internal control requirements and auditing. Each of these is addressed below:

- **Licensing:** All regulatory agencies investigate and make a determination regarding the qualifications of companies and natural persons that apply to operate, work in or

³³⁴ Ibid.

service casinos. Some states have more extensive requirements than others. All states require casino operators and companies that supply gaming related equipment or services, such as slot machines, to file for a license. Some states, such as Pennsylvania and Massachusetts, require companies that supply non-gaming goods or services to file for a license under certain conditions (in Pennsylvania a certification, which is similar to a license, is required). In Massachusetts, the MGC may require any vendor regularly conducting over \$250,000 of business with a gaming licensee within a 12-month period or \$100,000 of business in a three-year period to be licensed as a gaming vendor.³³⁵ The Pennsylvania Gaming Control Board requires companies that conduct over \$500,000 worth of business to be certified.³³⁶

Without having some mechanism for a regulatory agency to review all contracts with a casino operator, even those that relate to non-gaming companies, the regulatory agency may be unaware of the movement of large amounts of money or the infiltration of organized criminal elements. The need for close examination of non-gaming enterprises such as construction companies became evident in New Jersey in the Bayshore Rebar matter, among others.³³⁷

Similarly, almost all states require either licensing or registration of employees that work in the gaming areas. Some states, such as Massachusetts, also require employees that work in non-gaming positions to be registered.³³⁸ Spectrum has found that it is good policy to require licensing or registration of such persons because of the potential for such individuals to be involved directly or through collusion in theft or other crimes in a casino operation.

The attention to detail of this process is critical as it is the first step in assuring integrity of the casino industry in that state.

- **Ongoing Review of Daily Operations:** Virtually all states also maintain a presence in the casino. The extent of this presence varies from a 24/7 inspector or agent publicly visible level, such as exists in Pennsylvania, Massachusetts and Ohio, to a limited law enforcement presence such as what now exists in New Jersey. The inspector or agent presence includes greater scrutiny of ongoing gaming operations and transactions. As

³³⁵ Massachusetts Expanded Gaming Act, section 31 (d).

³³⁶ Pennsylvania Gaming Control Board <http://gamingcontrolboard.pa.gov/?p=75> (accessed May 29, 2013).

³³⁷ As indicated in the following article, which is a report of the final Bayshore Rebar hearing, the company was denied a license in 1989 and 1997. George Anastasia, "'The other Joey Merlino' gets casino service license," *Philadelphia Inquirer*, May 6, 2010 http://articles.philly.com/2010-05-06/news/24958581_1_hearing-examiner-mob-ties-joey-merlino.

³³⁸ Massachusetts Expanded Gaming Act, section 30 (c).

happened in New Jersey, such requirements may be stringent in the early years and then relaxed somewhat as the both the industry and regulatory system mature.³³⁹

- **Internal control requirements:** Virtually all states have requirements that require the casino operation to address internal controls within their operations. Internal control requirements may mandate that certain departments such as surveillance and internal audit are created, separation of such duties such as income control and table games to prevent incompatible functions, and document controls.
- **Auditing:** Regulatory agencies have an audit function over the casino operations, though the extent and frequency of such audits may vary. At a minimum, best practices demonstrate that the casino regulatory agency must conduct random unscheduled audits relating to the collection of gaming revenue.
- **Underage gambling and problem gambling:** All jurisdictions are justifiably concerned with the problems associated with underage gambling and problem/compulsive gambling. Statutory schemes attempt to cope with such important public policy concerns. One such endeavor entails the formation of a self-exclusion list whereby self-proclaimed problem gamblers can voluntarily decide to be excluded from gambling activity. Once a person is placed on the self-exclusion list, the casino operator is obligated to take appropriate measures to enforce the exclusion from gaming activity, including a cessation of direct marketing to the individual. With respect to underage gambling, such activity is generally harshly punished, both as to the underage patron and the casino operator.

e. Table of Organization of Regulatory Agencies

Organizations of regulatory agencies are largely divided by the functions detailed above and by functions that allow for these actions, with some additional functions that are needed in most government agencies. In 2010, Spectrum did a review of gaming agencies that address the types of tables of organization. This report will borrow from that earlier research.³⁴⁰

The following are departments or offices that are typical in casino regulatory agencies:

- **Investigations.** Casino regulatory agencies have staff devoted to investigations, though as detailed on the section regarding regulatory structures, investigatory functions are often separated from those functions that decide licensing.
- **Licensing:** The license function often has its own staff because the specific activities of licensing are often most efficiently accomplished by those familiar with

³³⁹ Spectrum Gaming Group, "Gaming Regulation: Overview, Primer," prepared for the State of New Hampshire, January 26, 2010 http://www.nh.gov/gsc/calendar/documents/20100216spectrum_regulatory.pdf.

³⁴⁰ Ibid.

applications, the review of investigatory reports and data collection relevant to the process.

- **Operational Review of Casinos:** Casino regulatory agencies often have an inspection or agent staff that is devoted to the operations of casinos. In some cases there is both a law enforcement and civilian presence. A civilian presence in a casino operation can assist in the oversight of internal controls and is less expensive than a law enforcement presence. A law enforcement presence is necessary also for criminal purposes.
- **Internal Controls:** There is typically a group of staff devoted to the review of the casino's internal controls. Typically, especially in jurisdictions that involve larger casinos, the internal control plans of a casino are submitted for review and approval by this group
- **Financial Analysis:** Casino regulatory agencies are responsible for the collection of revenue, thus the analysis of trends in incoming revenue is useful and possibly critical.
- **Auditing:** Auditing of the considerable sums of revenue in a casino industry by the regulatory agency is especially critical. Nearly all agencies employ staff devoted to such functions.
- **Other functions:** Casino regulatory agencies are in great need of services in Information Technology since the management of revenue and license data is an ongoing, regular and challenging process. There is also a need for the accounting for and transfer of funds, as many regulatory agencies are the trustee of funds. There is also a need for typical services such as administration, human resources, and public information dissemination.

Regardless of the regulatory scheme employed, Spectrum has found that regulation is most effective when it provides the following, as noted in the aforementioned 2010 report:³⁴¹

- Provides for sufficient regulatory oversight by creating a unit or team that is frequently on the casino floor, accessible to the public and visible to casino employees
- Creates a license structure that addresses all those that participate in the gaming industry, including the casino licensees, the companies that service those licensees and the employees. It is only by examining the background of all those who seek to participate in the industry that integrity can be assured.
- Creates a decision-making structure that allows for independence from the investigatory branch of the regulatory structure. In addition, sufficiently staff the decision-making agency to ensure it has adequate resources to carry out its duties.

³⁴¹ Ibid., p. 19.

f. Full- and Part-Time Decision-Making Authorities

Agencies in all casino gaming states have full-time staff.³⁴² However, as documented in the section of this report on regulatory structures, no two states are the same in the composition of the staff or even in the number of agencies that employ them. There is also a mixed bag regarding the decision making authorities (often called commissions) in each state.

The argument for a full time gaming commission can go back to the time of Abscam at the start of the New Jersey Casino Control Commission (Commission).³⁴³ At that time the Commission was part-time (except for the Chairman who was full-time). After Abscam, the law in New Jersey was changed to require full time commissioners. A full time commissioner, which is allowed no other occupation, is likely to be more focused on their positions. The tradeoff may be that full time commissioners should be paid a full time salary.

Two of the most recently formed commissions, the Ohio Casino Control Commission and the Massachusetts Gaming Commission, went in different directions when they formed their agencies.³⁴⁴ As is also documented in the aforementioned Spectrum report of 2010, there is no specific trend on this issue.³⁴⁵ The appropriate answer for a state forming a new gaming commission would depend in the size and complexity of the gaming industry. Surely the larger gaming industries would require more license making decisions and a full-time position may be more appropriate.

26.Application Forms

a. Form of Application and Background Investigations

The basic application form that is used by many casino regulatory agencies for natural persons is the multi-jurisdictional personal history disclosure form.³⁴⁶ This form is often supplemented with an additional form that is designed to take into account a state's specific requirements. The multi-jurisdictional form requires disclosure of information on family background, offices and positions, employment and licensing data, testimony before a license agency, company ownership information, civil and criminal arrest history, financial data, and a net worth statement.

³⁴² In addition to the information in this report also see Ibid., p. 17.

³⁴³ The following is an article provides a summary of the Abscam sting: <http://socyberty.com/government/abscam-operation/> (accessed May 29, 2013).

³⁴⁴ Ohio's Commission is part time, see 3772.02. Massachusetts' commissioners are full-time, see the Massachusetts Expanded Gaming Act, Section 3.

³⁴⁵ Spectrum New Hampshire report, p 17.

³⁴⁶ The multi-jurisdictional form is available on the web on several locations, such as at: <http://iagr.org/wp-content/uploads/Multi-Jurisdictional-Application.pdf>.

Gaming agencies also often require a Business Entity Disclosure Form³⁴⁷ which typically requires information about the business, the directors and trustees, officers, voting owners, compensation, contracts, transactions, testimony, violations, bankruptcy proceedings and licenses,

Other forms are often used by casino regulatory agencies for other types of applications including for employees in lower level positions and companies that are not gaming related. Pari-mutuel agencies commonly use a smaller form than the multi-jurisdictional form.

It is a universally accepted practice for casino gaming regulatory agencies to conduct background investigations, either by its internal staff or by retaining the services of a third-party investigative firm, to evaluate an applicant's suitability for licensure. The licensing process for authorization to operate a casino facility or to be employed in a gambling establishment, commences with the filing of a license application by the applicant, to be followed by the requisite suitability background investigation.

The costs of the investigation are usually paid by the applicant. An application for a casino license will necessarily include individual applications filed by the company's owners, managers, officers, directors, parent companies and shareholders owning at least 5 percent of the company's equity securities.

b. Confidentiality of Information

When crafting a specific license application that requires certain background information to be provided by the applicant, in advance of the requisite suitability background investigation, an important consideration for any regulatory agency involves a determination of whether material provided in an application is to be treated as confidential or whether it would be made available upon request to the public. Generally, most gaming jurisdictions consider personal information contained in an application, especially financial data, to be confidential. Some jurisdictions, most notably Ohio and Massachusetts, which have broad right-to-know laws, have narrowly drawn rules governing confidentiality of material received. By contrast, New Jersey affords broad confidentiality protections for information submitted as part of the application process. The procedures that govern confidentiality usually coincide with the particular state's rules for public access to government agency documents.

27.Enforcement Proceedings

Casino regulatory agencies are empowered to oversee all aspects of the licensed entity's gaming operations. This regulatory oversight includes periodic on-site inspections, investigations of suspected wrongdoing, examination of internal control procedures to ensure compliance, and

³⁴⁷ An example are the Massachusetts forms listed on this website <http://massgaming.com/licensing-regulations/applications/>.

the imposition of disciplinary action for violations of applicable regulatory requirements. Sanctions vary from stern warning letters to the imposition of fines, to suspension of licenses for a finite term, and in the most egregious cases, to the revocation of licenses. Depending on the gravity of the accusation, there may be a disciplinary adjudicatory hearing to resolve the matter.

It is noteworthy that a gaming license is considered to be a revocable privilege, rather than a right of entitlement. Common violations applicable to the operating entity include the following:

- Impermissibly permitting underage gambling
- Failing to properly exclude a person who is on the agency's exclusion list
- Failing to adhere to internal control procedures governing the operations of the games and the movement of money
- Failing to notify the regulators about operational or organizational changes
- Failing to detect criminal conduct or to take appropriate action when learning of criminal activity on the casino premises
- Failing to provide adequate surveillance or security for casino operations.

a. Enforcement of Illegal Gambling

We spoke to officials in Florida, Iowa, Kansas, Maryland, Massachusetts, New Jersey and Pennsylvania and found that the investigation of illegal gambling is handled by law enforcement officers (as opposed to regulators). Whether the state gaming regulatory agency regulates illegal gambling or not depends primarily on whether they are authorized to do so based on whether they have law enforcement authority, in most cases. Even when the state gaming regulatory agency has such authority, the actual prosecution of such matters is normally referred to the county or local prosecuting authority.

Ohio is one such example. The Ohio Casino Control Commission has authority under the casino control act³⁴⁸ to levy and collect penalties for some noncriminal violations. Criminal violations are referred to the Attorney General's office or local prosecuting office. As a practical matter the casino control act is a fairly new law and the actual prosecution of criminal matters depends on the circumstances. Internet cafes have been of major concern in Ohio. The addressing of the legality of these cafes has been taken up by the General Assembly,³⁴⁹ however we were informed that there was recently a further complication: Some Internet cafes, in addition to using the normal internet machines in the cafes, were employing the equivalent of slot machines. The Attorney General's office and the Ohio Casino Control Commission staff

³⁴⁸ The Ohio Casino Control Act, 3772. 99 (e) (12)

³⁴⁹ See for example this article addressing the matter <http://www.wkbn.com/2013/06/04/ohio-governor-signs-internet-cafe-crackdown/>

cooperated in the matter – which we found to be a common theme among states. Illegal gambling often comes in forms that are not completely anticipated. In this case, the Casino Control Commission staff was used to help determine the nature of the machines and whether they met the definition of slot machines.³⁵⁰ There are law enforcement agents with the Casino Commission, but prosecution for criminal illegal gambling would come from other state offices. Internet cafes are a subject unto themselves.³⁵¹

In Massachusetts the State Police handle illegal gambling investigations, but it is important to note that the Massachusetts Gaming Commission has a State Police unit assigned to it. Either the Gaming Commission unit of the State Police or another branch of the State takes responsibility for the matter, dependent on exact nature of the type of illegal gambling.

New Jersey's model is somewhat different. There are two primary agencies in New Jersey: the Casino Control Commission and the Division of Gaming Enforcement. Gaming Enforcement is the prosecutorial arm for civil matters, and also has State Police assigned to it, under the purview of the Attorney General's Office. The State Police in Gaming Enforcement would be involved in investigating illegal gambling.

In Pennsylvania, the Gaming Control Board has no authority over illegal gambling. The State Police would take the lead on those matters and likely would work with local law enforcement and prosecuting authorities, depending on the nature of the illegal gambling.

In Maryland the Lottery and Gaming Control Agency has no authority over illegal gaming. Matters are turned over to the State's Attorneys. In Iowa, illegal gaming matters are not addressed by the Iowa Racing Commission. Instead such matters are turned over to the Division of Criminal Investigation.

In Kansas, however, the Racing and Gaming Commission does take the lead on such matters. There are enforcement agents at the Racing and Gaming Commission that can make arrests on such issues. Prosecution, as is the case in many states, rests with the local prosecutors. Also in Kansas there is controversy and court challenges surrounding "gray machines," which further complicates matters.³⁵²

In Florida, the Department of Law Enforcement advised us that local or county law enforcement and prosecutors are assigned such matters. The Division of Pari-Mutuel Wagering does not have authority over illegal gaming, though as in other states it may obtain information on such matters. If such information is obtained, the Division of Pari-Mutuel Wagering would

³⁵⁰ See this article on the involvement of different offices <http://www.ohioattorneygeneral.gov/Media/News-Releases/June-2013/Search-Warrants-Served-at-Illegal-Casino-Locations>

³⁵¹ From the American Gaming Association Website <http://www.americangaming.org/government-affairs/priority-issues/internet-sweepstakes-cafes>

³⁵² See this article summarizing the gray machine issue: http://cjonline.com/news/local/2010-10-25/gray_machine_clarity_sought and also the supreme court ruling <http://www.kscourts.org/cases-and-opinions/opinions/SupCt/2011/20110408/102786.pdf>

work with local officials and follow up as needed, though they would act more in an information sharing role than investigatory.

28.Costs: How Regulators are Addressing Expansion of Gaming

The regulatory model that has been accepted in many jurisdictions is that the cost of investigations should be paid for by applicants. As Spectrum noted in its 2010 report for the State of New Hampshire, “A subcomponent of this category is that those companies and individuals applying for a casino or vendor license should be required to pay for all costs associated with the conduct of their background investigations. This requirement allows the regulatory agency to undertake what are often complex and multi-faceted entity and other investigations without having the taxpayers of the state pay for these types of investigations.”³⁵³

29.Gaining an Expertise in Casino Gaming

The regulation of casino gambling is unique from other types of business activity because of the speed of the transactions, the amount of money that changes hands and the way in which transactions are completed. Unlike any other type of business money changes hands in some cases with no documentation. For example at table games the allocation of chips by the dealer to the customer after the playing of a hand, (or the throwing of dice, or the spinning of a wheel, etc.) permits no documentation.

The types of transactions at slot machines are comparable in some respects to transactions in other businesses but it too is challenging in a regulatory sense. There can be multiple transactions over short periods between a machine and a patron involving what might be a great deal of money. Jackpots worth seven figures can originate from the risking of a very small amount from the patron.

Because of the nature of the business there are unique types of crimes that will be attempted in the gaming industry. Criminals can be attracted simply because of the large amounts of money involved, but there are also ample unique ways to commit crimes in casinos. Two examples, of many, are card cheats at table games and attempts at altering the computer chips in the slot machines.

The regulatory structure that a state adopts, and all the functions involved in that structure, including investigations, audits, licensing, etc., are all ultimately designed with one purpose in mind: to create an appropriate gaming and business activity and to minimize any criminal activity. The states’ collection of gaming revenue depends on the fulfillment of this purpose, but just as important is the public’s perception of the integrity and fairness of the gaming industry.

³⁵³ Spectrum New Hampshire report, p. 4.

While gaining an expertise in the types of transactions in casino gaming is critical to regulation of the gaming industry, so too is gaining an expertise in the types of investigations necessary in the examination of applicants for casino operators and the transparency of the licensing process. Casino gaming operators are sometimes parts of multinational companies. The awarding of a license to operate a casino can be lucrative for a company. Thus the investigation, the consideration of the investigatory findings by the licensing authority and the awarding of the license are regulatory matters that must be addressed with thorough understanding and considerable deliberation.

While it may be argued that there are many advantages and disadvantages to expanding gaming, we believe there is no valid argument for the expansion of gaming without taking the proper regulatory measures. While a strong regulatory structure may be expensive to implement, this expense is typically borne by the gaming industry and not taxpayers.³⁵⁴ On the other hand, a weak or flawed regulatory system will invite nefarious and criminal activity, will fail to assure integrity of operations, and will not maintain the public trust and confidence in the regulatory system. Weak or flawed regulations is neither a model which is acceptable to the state nor a model which is an acceptable business practice to the casino industry that is regulated.

30. Other Critical Factors in the Regulatory Structure

There are advantages to creating a consolidated gaming agency, such as the maximum use of resources and the prioritization of functions. The danger in a consolidated agency is illustrated in the early Pennsylvania model. As explained in the grand jury findings, there was a bias created in the agency toward the awarding of licenses and the minimizing of investigative findings that could delay such licenses. The present Pennsylvania model incorporates a more independent reporting line for the investigative functions.

Spectrum has found there can be advantages in separate agencies which have some built-in and intentional overlap of functions. In the Kansas model, for example, there is little if any expense in any overlapping functions, but there is a greater assurance of integrity in having more than one agency involved in the oversight of the state's revenue. Of course, any overlap should be clearly defined and be designed to complement the functions of each agency.

31. Conclusion

Regulatory structures are almost impossible to place into a few models, as each state has unique features relating to its gaming industry. Spectrum believes that a consolidated regulatory agency or a group of agencies which share responsibility can both complete their functions in a competent manner. However there are a number of important considerations. There are a number

³⁵⁴ The norm in the regulation of casino gaming is to require the payment for investigations and other regulatory functions through fees and billings paid by casino applicants and operators

of themes of regulation which almost always shine through regardless of the state, the gaming venues, or the number of casinos or where they are located in the state. These are not themes of a consolidated model of all regulatory issues or a model that is divided between numerous agencies. The themes of regulatory models over casino gaming have to do with the types of regulation that casino gaming demands.

E. Trends and Best Practices in Governance and Regulation

A general description of trends and best practices in governance and regulation of gambling activities.

“Effective regulation” can be defined as regulation that advances a variety of public policies while protecting the overall public interest. While the entire scope of policies to be advanced will – and arguably should – vary from jurisdiction to jurisdiction, certain goals would be considered universal. Such goals would include:

- Promoting public confidence in gaming as both a leisure activity for the public, and as an investment opportunity that would generate interest from casino operators seeking an attractive return on invested capital.
- Fostering public confidence and trust in the integrity of the regulatory process and gaming operations
- Ensuring that individuals and business entities involved in gaming meet universally accepted standards of good character, honesty and integrity.
- Ensuring the prohibition of unsuitable persons and entities from participating in the gaming industry.
- Developing, overseeing and monitoring programs to address problem gambling, including reviewing responsible-gaming policies and practices, while maintaining and enforcing exclusion lists, including self-exclusion.
- Addressing other critical public policy concerns, such as underage gambling, or casino-related demands on law enforcement and other public services.
- Optimizing financial benefit to the jurisdiction from multiple revenue streams, including gaming taxes, employment taxes and tax revenue generated from other sources, such as expanded tourism and purchases of goods and services.
- Maintaining flexibility in writing the rules that govern gaming to make sure that regulators are able to adapt to changes in technology and to revise and reform regulations as circumstances change, and as regulators become more familiar and comfortable with evolving industry practices.

Individual states, as they develop and customize their own statutory and regulatory governing structures, can layer on additional goals that are specific to their own economic,

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political, demographic and competitive landscapes. Such ancillary goals can vary, but often include the following:

- Promoting tourism
- Reviving or improving urban areas
- Creating employment opportunities
- Enhancing the conventions and meetings business
- Creating opportunities for other businesses within the jurisdiction
- Attracting additional capital investment

Establishing such goals is relatively straightforward. Achieving them is often difficult for the following reasons:

- Once a license is issued, the power of regulators and lawmakers to effect change diminishes.
- Sometimes, goals can conflict with each other. For example, a goal of maximizing license fees can conflict with a goal of maximizing capital investment.
- The market does not always cooperate.

Still, jurisdictions that have the ability to establish a competitive bidding process would, with all else being equal, be more likely to achieve goals, since applicants for licensure have more incentive to establish ambitious plans to achieve goals.

We have witnessed that in various states with competitive processes, including Pennsylvania and Massachusetts. At this writing, Massachusetts is pursuing a competitive bidding process, and various applicants have made it clear that they are developing robust policies to achieve goals that range from promoting tourism to training existing Massachusetts adults for the jobs that will be created.

Absent a competitive bidding process, gaming tends to evolve either as a system in which pari-mutuel facilities are grandfathered in, sometimes with requirements for significant capital investment, or with no statutory limit on the number of licenses in specific geographic regions such as the Gulf Coast of Mississippi, Las Vegas or Atlantic City.

Whether a licensing process is competitive or not, however, the ability of regulators to take action after a license is issued diminishes quickly and dramatically. Absent specific violations that would warrant fines or either the revocation or non-renewal of a license, regulators have a limited ability to prod operating licensees in specific policy directions. The larger goal then in the effective regulation of gaming is to align the goals of the public and private sectors.

Some of these goals noted above may seem to be contradictory. For example, a single licensing jurisdiction would be tasked with developing a positive investment climate while addressing serious policy issues, such as crime and problem gambling. Such seeming contradictions can be best addressed by adhering to what economists refer to as “goal congruence,” a system in which the interests of all stakeholders are parallel.

Such a system is quite achievable in gaming, but is by no means assured in all instances. For example, both the state and the casino operator have a stake in realizing an attractive return on investment. The state receives tax revenue, among other benefits, while investors are rewarded for the risks they have undertaken. Similarly, both the public and private sectors have an abiding interest in promoting public confidence, and in maintaining high standards for integrity. Operators, who are often licensed in multiple jurisdictions, would not want to risk their gaming license in *any* jurisdiction as that would put their licensure at risk in *every* jurisdiction.

Where goals are not congruent, legislators and regulators would have an obligation to ensure that the public’s goals are dominant. If handled effectively, such situations can turn disparate interests into parallel goals. The most illustrative example of this phenomenon can be traced back to 1982, when a bank clerk from Toronto, Brian Molony, was regularly embezzling funds from his employer and gambling with those dollars at Caesars in Atlantic City.

The Molony case – which was widely publicized and became the subject of both a 2002 book, *Stung: The Incredible Obsession of Brian Molony*, by Gary Ross, and a 2003 movie that was inspired by the events but changed the name of the chief subject, *Owning Mahowny* – was viewed by many, including regulators, as a story of greed run amok. Gaming operators were willing to bend rules and not ask questions about a bank clerk clearly gambling over his head, and without paying any heed to issues ranging from the potential of pathological gambling to the issue of gambling with stolen funds.

The New Jersey Division of Gaming Enforcement, the prosecutorial arm of the dual-agency regulatory structure in the state, negotiated a settlement with Caesars for various violations of regulations in the Molony matter, with the casino being required to close its doors – while still paying its staff – on the traditionally busy Friday following Thanksgiving, on November 30, 1985.³⁵⁵ The matter was summarized in *The New York Times* following a decision by the quasi-judicial agency of the state to approve the settlement:

“The Casino Control Commission today ordered Caesars to close its Atlantic City casino for a day as a penalty for violating credit, deposit and reporting regulations to cater to a heavy gambler. The closing, the first ordered by the commission, could cost Caesars nearly \$1 million in lost revenues. Thomas R. O’Brien, director of the New Jersey

³⁵⁵ Present-day Spectrum Gaming Group Managing Director Fredric Gushin, then Assistant Attorney General and Deputy Director of the Division of Gaming Enforcement, participated in the settlement negotiations with Caesars.

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Division of Gaming Enforcement, said it was the harshest penalty to be imposed in the seven-year history of the Atlantic City gaming industry.”³⁵⁶

Nearly 30 years later, that penalty of shutting the casino down for a busy day remains as one of the harshest penalties imposed by regulators in that state (short of an outright license denial), and we are unaware of a similarly harsh penalty imposed in any other gaming jurisdiction.

Six months after that unprecedented closing, Caesars reached a settlement with Canadian bankers, who were the victims of Molony’s crimes. That settlement prompted the following summary in the *Philadelphia Inquirer*:

“Molony was arrested April 27, 1982, a day after he lost \$1 million gambling at Caesars. He got the gambling money by writing loans in the names of both real and fictitious companies.

“In court papers filed in Canada, Caesars said it never asked Molony for credit information and had never asked what he did for a living. The papers said Caesars supplied Molony with tens of thousands of dollars in hotel rooms and airfare by private Lear jet.

“Although he plunked down thousands at the gaming tables, Molony led a modest lifestyle in Toronto, where he wore inexpensive, ill-fitting clothes and left carefully calculated 7 percent tips in restaurants.

“Court documents also show that Molony was able to transfer millions of dollars out of the Imperial Bank of Commerce through a company called California Clearing Corp., a wholly owned subsidiary of Desert Palace, a Las Vegas casino. The corporation's only purpose, according to records, was to let people deposit sums of money into a casino without detection.

“As a result of Molony's activities at the casino, Caesars was forced to close for the day Nov. 30, the (Friday) after Thanksgiving, as a disciplinary measure for gambling-law violations. The closing was part of an agreement worked out between Caesars and the state Division of Gaming Enforcement.

“The Casino Control Commission approved the agreement and \$36,500 in fines against six Caesar's employees.

“Industry analysts estimated that the casino stood to lose between \$700,000 and \$800,000 because of the shutdown.”³⁵⁷

³⁵⁶ Donald Janson, “Caesars Ordered To Close For Day For Violation Of Gambling Rules,” *New York Times*, October 10, 1985. <http://www.nytimes.com/1985/10/10/nyregion/caesars-ordered-to-close-for-day-for-violations-of-gambling-rules.html?n=Top%2fReference%2fTimes%20Topics%2fSubjects%2fG%2fGambling>.

The Molony case offers the highest profile, but was hardly alone, as an example of casinos having goals that were not parallel with the goals of the state in which they operated. In Atlantic City alone, the record includes numerous matters in which casinos ignored policies ranging from preventing underage gambling to minimizing problem gambling. Notably, such violations have declined in recent years. While it may very well be that regulatory oversight has diminished, thus leading to fewer violations being revealed, our experience suggests that much of the decline in violations can be attributed to goal congruence: Casinos are increasingly adapting their policies to be more fully aligned with the goals of the states in which they operate.

1. Best Practices and the Political Process

The term “effective” is not synonymous with strict, but it should be synonymous with “understandable,” “comprehensive,” and “defensible.” In other words, every rule to be found in gaming statutes, regulations or policies should have a clear and legitimate purpose that can be readily communicated and understood. Indeed, while the perception of “strictness” will vary, depending on the vantage point, “strictness” is a relative term.

Typically, gaming regulation starts out strict and then allows for reforms as circumstances change, and as regulators become more comfortable with the processes involved in the governance of gaming. To move in the opposite direction – moving from a relatively relaxed regulatory regimen to a more restrictive one – would be difficult to implement practically and politically. In large measure, the inherent difficulty in moving toward a more strict regulatory system if one is needed can be attributed to the relationship between gaming and politics. By its nature, gaming is inextricably intertwined with the political process – a reiteration of one of this report’s core themes. Gaming’s very existence – as well as its ability to generate profits – depends on its ability to be in the good graces of elected and appointed officials, and to remain there.

In understanding and in governing the relationship between the gaming industry and politics, certain trends and observations should be considered, based on our experience in other markets:

- The ability of elected and appointed officials to shape and guide the policies that govern gaming, and that are designed to marshal the economic and social benefits of gaming, are at their zenith prior to the issuance of gaming licenses.
- To whatever extent is reasonable and appropriate, steps should be taken to insulate gaming from politics, and to limit the ability of the gaming industry to directly influence the political process.

³⁵⁷ Jane M. Von Bergen, “Caesars Reaches Accord with Bank In Molony Case,” *Philadelphia Inquirer*, May 15, 1986. http://articles.philly.com/1986-05-15/news/26048451_1_gaming-tables-gaming-enforcement-caesars-officials.

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- Over time, regulators and the regulated are likely to grow closer to each other. Left unchecked, a real risk exists that regulators can become cheerleaders for the industry they govern.

Much of this can be described as common sense, and as recognition of reality. While public confidence in gaming demands that controls be put in place to restrict the ability of the industry to influence the political process, such controls are clearly limited, and gaming can never be fully insulated from politics, or vice versa.

Starting with New Jersey's enactment of the Casino Control Act in 1977, certain steps have been identified that establish some level of insulation. These include:

- Limiting, or eliminating, the ability of gaming licensees and their key employees and qualifiers³⁵⁸ from making political contributions at the state and/or local levels.
- Appointing regulators to fixed terms that are not tied to the terms of the elected officials who make such appointments.
- Establishing guidelines for regulators that limit their ability to participate in the political process.
- Limiting the ability of regulators to secure outside income.
- Establishing strict post-employment restrictions for regulators and top staff that limit their ability to work for the industry they govern once they leave public employment.

The presence of any or all of such policies can help establish and maintain public confidence and provide some level of independence for regulators, but true independence is clearly chimerical in established gaming jurisdictions.

While we can identify benefits for the public and private sectors to share common goals, the shared goal of a successful gaming industry can turn regulators into cheerleaders. This risk was identified quite early in modern gaming regulation by the late Martin Danziger, one of the first appointed full-time members of the New Jersey Casino Control Commission. In an interview conducted in 1982,³⁵⁹ Danziger observed a number of industries that had been regulated in the 1970s, from securities to air transportation, and suggested that it is quite risky – and that public policy might suffer as a result – if regulators get to the point where they are willing to overlook transgressions or endorse shortcuts as a means of advancing success.

³⁵⁸ “Qualifier” is a widely used term in gaming regulation that refers to individuals with the ability to influence a licensee’s policies, such as owners, officers and directors. Typically, an entity cannot secure a gaming license unless all of its qualifiers are deemed to be licensable as well.

³⁵⁹ That interview was conducted by Michael Pollock, researching his book, *Hostage to Fortune: Atlantic City and Casino Gambling*, 1987. That portion of the interview was not directly cited in the book but is relevant for purposes of this analysis.

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In 1987, Spectrum Managing Director Michael Pollock wrote: “The problem, it should be noted, is not confined to the regulation of casinos. In the October 15, 1982 issue of *The New Yorker*, Daniel Ford wrote ... ‘Thus, the agency was to play the incompatible roles of coach and umpire, of partisan and judge – was supposed somehow to be both the champion and the disciplinarian of the industry. This dual mandate led to a continuing, unacknowledged conflict within the agency.’ Ford was not writing about the New Jersey Casino Control Commission. He was writing about the Atomic Energy Commission in the 1950s.”³⁶⁰

The problem of balancing dual roles remains, and is arguably a permanent concern that will require a permanent balancing act. In gaming, the issue of dual mandates specifically translates into a risk of sending a message to licensees that revenue maximization is a primary goal, often at the expense of such other policies as addressing problem gambling, or of maintaining standards of character, honesty and integrity.

This risk is exacerbated and enhanced by another very real phenomenon in gaming regulation: Once a casino is licensed and operating, the ability of regulators to change its course or, in the most extreme instance, remove its operating license is dramatically diminished. An operating casino is employing hundreds or, in many instances, thousands of employees and generating significant revenues for the state. This means that, on the very day it opens, a casino gains political stature, while the political will of regulators to enforce the rules declines.

This phenomenon is not uniform across states, and states have taken steps to address it. In states in which the number of licenses is not fixed – such as New Jersey, Mississippi or Nevada (which were the three earliest adopters of commercial gaming in the United States) – the risk is less severe, as other gaming properties can open, or expand, to address any unmet market demand and increase employment.

New Jersey law allows for “interim casino authorization” (“ICA”) in which an entity can purchase a casino prior to a full investigation and determination of suitability, based on the approval of regulators, by appointing a trustee entrusted with the preservation of the assets of the gaming operator. Such trustees – often retired judges, former casino gaming regulators, or other individuals who have the clear appearance of independence and integrity – have no responsibilities or role in the operation of the casino whatsoever, unless the New Jersey Casino Control Commission determines that the operator is not suitable for licensure.

At that point, a conservator is appointed, again usually a retired judge or government official, who assumes full control of the operation, including managing the property, with the goal of preparing the casino for sale to a third party. In the aforementioned case involving the license denial of the Tropicana, the trustee of the ICA was appointed to be the conservator. The conservator has a fiduciary responsibility to obtain the highest and best price for the property, although the original owner – the entity deemed not suitable for licensure – cannot be allowed to

³⁶⁰ *Hostage to Fortune*, p. 196.

profit from such a sale. Any money paid for the property over and above the level of original investment goes to the state.

That process is far superior to one in which the state has limited abilities to fully distance an unsuitable owner from the operation. However, experience has shown that the concept of conservatorship can be less than perfect in practice.

A rare use of the conservatorship provision occurred in New Jersey in 2009, when the Commission determined that the new owner of the Tropicana was not fit for licensure. A pre-approved conservator immediately took control of the property with the intent of readying it for sale, as required by the ICA regulations. The conservator, however, raised questions and criticism by the fees he charged for his services. As the *Associated Press* reported at the time:

“As many gamblers know, things can get expensive in a hurry in Atlantic City.

“The latest proof is the Tropicana Casino and Resort, where the 20-month effort to sell the business has racked up nearly \$7.7 million in legal and consulting fees, with still more to come.

“On Wednesday, the state Casino Control Commission will consider additional bills totaling nearly \$50,000.

“Those fees, some billed at \$970 an hour, are paid by the casino. They represent more than nine full days' winnings for the Tropicana, which is struggling to regain market share while threatening to lay off employees because of economic pressures.

“The Tropicana was sold last month for \$200 million to a group of investors led by billionaire Carl Icahn; the deal could close by year's end. When the casino-hotel first went on the market over a year and a half ago, it was expected to fetch about \$1 billion.

“The mounting fees have prompted casino regulators and state lawmakers to consider limiting the time and cost of similar efforts in the future. And with several distressed casinos struggling to survive, one or more additional gambling houses could find themselves going the way of the Tropicana.”³⁶¹

The lesson here is that the best designed and crafted laws and regulations can still fail to meet expectations in practice. Perfection in gaming regulation will remain elusive, and no regulatory agency is immune from negative publicity, a decline in public confidence or, at worst, a scandal. The New Jersey Casino Control Commission endured a severe scandal of national proportions in its earliest years, when one of its first appointees was embroiled in the Abscam scandal, as noted earlier, in which FBI agents established an elaborate scheme – including a

³⁶¹ Wayne Parry, “\$7.6 Million Later, Tropicana Casino Fees Still Rolling in,” *Associated Press*, July 15, 2009 <http://www.law.com/jsp/article.jsp?id=1202432256844&pos=atag glance&slreturn=20130409215343>.

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phony Arab “sheik” – in a corruption investigation that snared a US senator, six members of Congress, several state and local officials and a gaming regulator.³⁶²

The most immediate result of that scandal was a decision by then-Gov. Brendan Byrne of New Jersey to dismiss the four part-time commissioners (including the indicted commissioner) and replace them with four full-time commissioners who joined the full-time chair, who had survived the scandal.³⁶³ That move proved to be an important means of saving – and ultimately restoring – public confidence and trust in the regulatory process.

As noted in the previous section, the Pennsylvania Gaming Control Board endured a scathing State Grand Jury report in 2011.³⁶⁴ Spectrum, which had been a consultant to the board, held a critical vantage point in observing that agency in action.

The essence of that report, and its implications, were summarized in a column in the *Patriot-News* of Harrisburg:

“A recent grand jury investigation into the creation and early decisions of the state’s Gaming Control Board ... details a culture of ‘noncriminal misconduct’ in which officials not only turned a blind eye to potentially criminal activity, but commanded investigators to do the same.

“When they didn’t, administrators ‘scrubbed’ the negative information out of official reports before handing them to the board, the grand jury report states. The grand jury suggests the game was fixed before the gambling law was passed.

“According to the 102-page report, ‘Even prior to the passage of the act, legislators began considering candidates’ to sit on the powerful board. ...

“The grand jury’s report vividly illustrates how the public’s interest took a backseat to political considerations. . . .

“There was the sense inside the agency that every legislator was pushing to have someone hired. Lists of applicants, with the names of their sponsoring legislators, were compiled and passed around.

“One Gaming Control Board administrator testified that ‘more times than not,’ these political favorites ‘fell on their face during the interview.’ But if they didn’t, they were given preference over qualified people who didn’t have a patron in the Legislature.

³⁶² "The FBI Stings Congress," *Time*, February 28, 1980
<http://www.time.com/time/magazine/printout/0,8816,921807,00.html>.

³⁶³ Martin Waldron, "A long and winding road to casino reform in NJ," *New York Times*, April 27, 1980
<http://travel2.nytimes.com/top/reference/timestopics/subjects/g/gambling/index.ctx?offset=180&field=des&match=exact&query=POLITICS%20AND%20GOVERNMENT&>.

³⁶⁴ Pennsylvania grand jury report: <http://enews.attorneygeneral.gov/uploads/Gaming-Control-Board-Grand-Jury-Report.pdf>.

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“According to the grand jury, the hiring by patronage resulted in an inept administrative staff, lacking the qualifications to supervise a multibillion-dollar industry.³⁶⁵”

The history of scandal and controversy in gaming regulation shows that agencies can survive, sometimes following dramatic steps, and sometimes simply by appointing new people over time who fully understand the delicate relationship between maintaining public confidence and advancing public policy.

Gaming, and its regulatory oversight, has been guided by certain principles and realities that we have observed in our work over the past several decades. In 2008, Spectrum wrote the following in a report for the Commonwealth of Massachusetts:

“Our experience over the past decades has led us to develop certain cautionary notes to help ensure that expectations are realistic. While no two gaming markets can be precisely alike, there are some commonalities, including:

- Gaming should never be viewed as a panacea to cure social ills or solve fiscal problems. It is a tool that, if effectively managed, can generate capital investment, employment and visitation that in turn would provide resources that can help address a variety of other issues.
- Casinos, by themselves, cannot turn unattractive or unappealing neighborhoods or communities into attractive magnets. To effect such a potential change often requires significant amounts of planning, financial capital and political capital.
- Casinos, by themselves, cannot turn former industrial areas or other non-tourist sites into tourist attractions. That requires a concomitant investment in developing a necessary tourism infrastructure.
- Neither the challenges nor the opportunities created by a casino industry stop at municipal or even state boundaries.
- The heart of the competitive bidding process will be the establishment of guidelines that delineate the criteria for evaluating bids. (The state) needs to be as expansive and comprehensive as possible in its guidelines.

“In our experience in various markets, including as participants and close observers in the 30-year history of casino regulation in New Jersey, we note the following:

- A regulatory system should start out strictly, and then be modified as circumstances change, and as the regulators become more comfortable and gain confidence that the process is moving in the right direction. In most cases,

³⁶⁵ Donald Gilliland “Pennsylvania Gaming Control Board riddled with culture of 'noncriminal misconduct,' grand jury report says,” *The Patriot-News*, June 12, 2011.
http://www.pennlive.com/midstate/index.ssf/2011/06/grand_jury_report_describes_cu.html.

political and economic realities will be quickly established, making it difficult to move in the opposite direction, toward a system of stricter regulation and tighter controls. This would be particularly true in this instance, where the legislation contemplates a competitive bidding process. In such instances, the most important rules are the ones established at the outset to determine the successful bidders. Once those criteria have been established and a successful bidder has been named, the system would not allow lawmakers or regulators to go back and alter those initial criteria.

- (Once) a casino is established and is generating tax revenue, employing people and attracting visitors, it cannot be easily undone in any practical sense.
- The public sector ... has broad discretion and powerful leverage at the outset to ensure that the successful bidder takes whatever steps are necessary to advance the public interest on a wide variety of fronts. Such leverage would be at its zenith during the pre-licensing phase, in which applicants would recognize that they must compete against each other in their zeal and in their creativity in developing strategies to advance the public interest. Once licenses are issued, and casinos are operational, we caution that such leverage would largely disappear.
- Using that leverage to require that all bidders submit comprehensive, credible plans that are in congruence with public policies can be justified by the proposed legislation, which essentially creates ... regional monopolies. No other private businesses that targets consumer discretionary spending, from hotels to restaurants, could reasonably expect that (the state) would protect them from potential in-state competition. We suggest that such protection requires a corresponding commitment to ensure that marketing, human resources and other policies put forth are designed to promote the public interest.”³⁶⁶

32. Conclusion

The modern history of efforts to establish effective gaming regulation – beginning with the adoption of the New Jersey Casino Control Act in 1977 – parallels the interest of Wall Street in gaming as an investment opportunity. In our experience, that is no coincidence. An absence of effective, stable regulation adds risk to investments, and risk translates into a higher cost of

³⁶⁶ Spectrum Gaming Group, *Comprehensive Analysis: Projecting and Preparing for Potential Impact of Expanded Gaming on Commonwealth of Massachusetts*, August 1, 2008, p. 21 <http://www.mass.gov/hed/docs/eohed/ma-gaming-analysis-final.pdf>.

capital. The reverse is also true. Confidence lowers risk, which lowers the cost of capital – a necessary ingredient for the development of a successful gaming industry.

The ability of policymakers to push through changes and establish policies declines over time. With that in mind, policies can be established from the outset that are designed to ensure that both the state and the licensees share common goals.

F. Gambling as Public Funding Source

A general description of gambling as a public funding source, including: Comparison of states' reliance on and uses of gambling as a public funding source; reliability and predictability of gambling revenues; direct and indirect costs to the state.

1. States' Receipts from Gambling Revenue

States choose to legalize gambling to raise revenue for public programs or for economic development, or for both. The amount the states collect from gambling revenues is a function of several factors, including:

- The revenue performance of a state's various gambling sectors.
- The types of gambling allowed and their availability to key population centers.
- The tax rate on gambling revenue, or other fees and obligations.
- The public policy – or underlying purpose of why gambling was established. In Nevada, for example, the low casino-revenue tax rate has spawned the development of multibillion-dollar resorts, which in turn collect sales and lodging taxes that do not show up in gambling-specific revenue reports.

For data in this section, Spectrum relies on (and has the permission to use) reports by The Nelson A. Rockefeller Institute of Government at the University at Albany (NY), which annually tracks state receipts from gambling. Its most such recent report, *Back in the Black: States' Gambling Revenues Rose in 2010*,³⁶⁷ by Lucy Dadayan and Robert B. Ward, provides comprehensive data and analysis on this important subject.

For some states, gambling is an integral part of their fiscal health and hence their governments closely monitor the performance of their various gambling sectors – and may help explain the economic need by some states to expand to either sustain or grow revenues. As noted

³⁶⁷ Lucy Dadayan and Robert B. Ward, *Back in the Black: States' Gambling Revenues Rose in 2010*, June 23, 2011; http://www.rockinst.org/pdf/government_finance/2011-06-23-Back_in_the_Black.pdf. The authors expect to release their updated version in mid-2013.

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later in this section, gambling receipts accounted for more than 5 percent of own-source general revenue for five states in FY 2009.³⁶⁸

First, we present the dollar amounts that gambling in four primary sectors – casinos (commercial; i.e., non-Native American), racinos (racetrack casinos), lotteries and pari-mutuel – generated for its host states (table on two pages):

Figure 41: States' gambling revenue from lotteries, casinos, racinos and pari-mutuels, FY 2010

In \$ millions	Lottery	Casino	Racino	Pari-mutuel	Total
Alabama				2.1	2.1
Arizona	141.9			0.3	142.1
Arkansas	82.8			4.7	87.5
California	1,089.7			15.5	1,105.3
Colorado	112.9	107.7		0.5	221.1
Connecticut	285.5			7.1	292.6
Delaware	36.9		237.7	0.1	274.7
Florida	1,246.8		138.1	11.5	1,396.4
Georgia	883.9				883.9
Idaho	36.5			0.9	37.4
Illinois	657.9	483.0		7.0	1,147.9
Indiana	189.7	752.4	120.3	4.5	1,066.9
Iowa	57.9	209.8	100.8	3.9	372.4
Kansas	69.0	5.6		0.0	74.6
Kentucky	214.3			0.0	214.3
Louisiana	133.7	426.1	58.7	5.3	623.7
Maine	52.2		28.2	2.4	82.8
Maryland	510.6			1.5	512.1
Massachusetts	903.5			2.1	905.6
Michigan	713.7	250.8		6.7	971.1
Minnesota	122.2			0.6	122.9
Mississippi		287.0			287.0
Missouri	259.7	474.7			734.4
Montana	10.6			0.1	10.7
Nebraska	32.0			0.1	32.1
Nevada		829.3			829.3
New Hampshire	66.2			1.6	67.8
New Jersey	924.2	327.3			1,251.5
New Mexico	43.6		65.1	0.0	108.8
New York	2,214.7		464.0	22.5	2,701.1
North Carolina	432.2				432.2
North Dakota	5.7			0.3	6.0
Ohio	728.6			8.4	737.0
Oklahoma	70.0		13.9	1.3	85.1
Oregon	536.0			3.0	539.0
Pennsylvania	915.7	319.6	871.0	17.5	2,123.8
Rhode Island	55.6		289.1	1.5	346.1
South Carolina	272.4				272.4
South Dakota	119.8	17.0		0.4	137.2
Tennessee	288.9				288.9

³⁶⁸ Ibid.

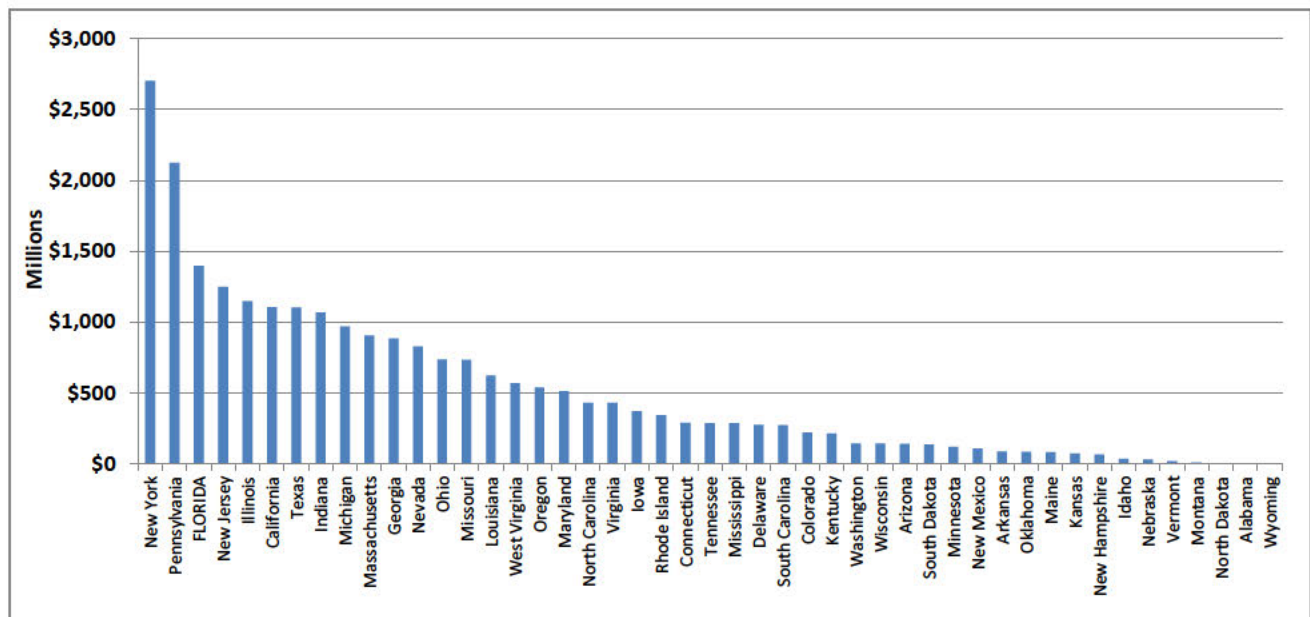
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In \$ millions	Lottery	Casino	Racino	Pari-mutuel	Total
Texas	1,094.6			10.3	1,104.9
Vermont	21.6				21.6
Virginia	430.3				430.3
Washington	142.5			2.0	144.5
West Virginia	39.8		529.2	3.3	572.3
Wisconsin	143.8			0.3	144.2
Wyoming				0.2	0.2
US Total	16,389.9	4,490.3	2,916.0	149.6	23,945.9

Source: The Nelson A. Rockefeller Institute of Government. Racino VLT revenues are included in Lottery.

Next, we rank the states by total gambling receipts for FY 2010. The states with the highest gambling revenues do not necessarily generate the highest state tax receipts because their tax rates may be lower and/or they may have fewer types of legalized gambling. Nevada generates more than three times the casino revenue than any other state, yet that state's receipts from gambling ranked only 10th best – because it has the lowest casino-revenue tax in the country (6.75 percent) and because it has no lottery and no pari-mutuel. Note that Florida ranked third, behind New York and Pennsylvania.

Figure 42: States' FY 2010 overall gambling revenue, by rank



Source: The Nelson A. Rockefeller Institute of Government

Comprehensive data for state receipts from Native American gaming operations are not available, either because they are not taxed or the data are proprietary. The Rockefeller Institute did collect data from nine states that have the largest collections of Indian gaming receipts:

Figure 43: State receipts from largest Native American casino states

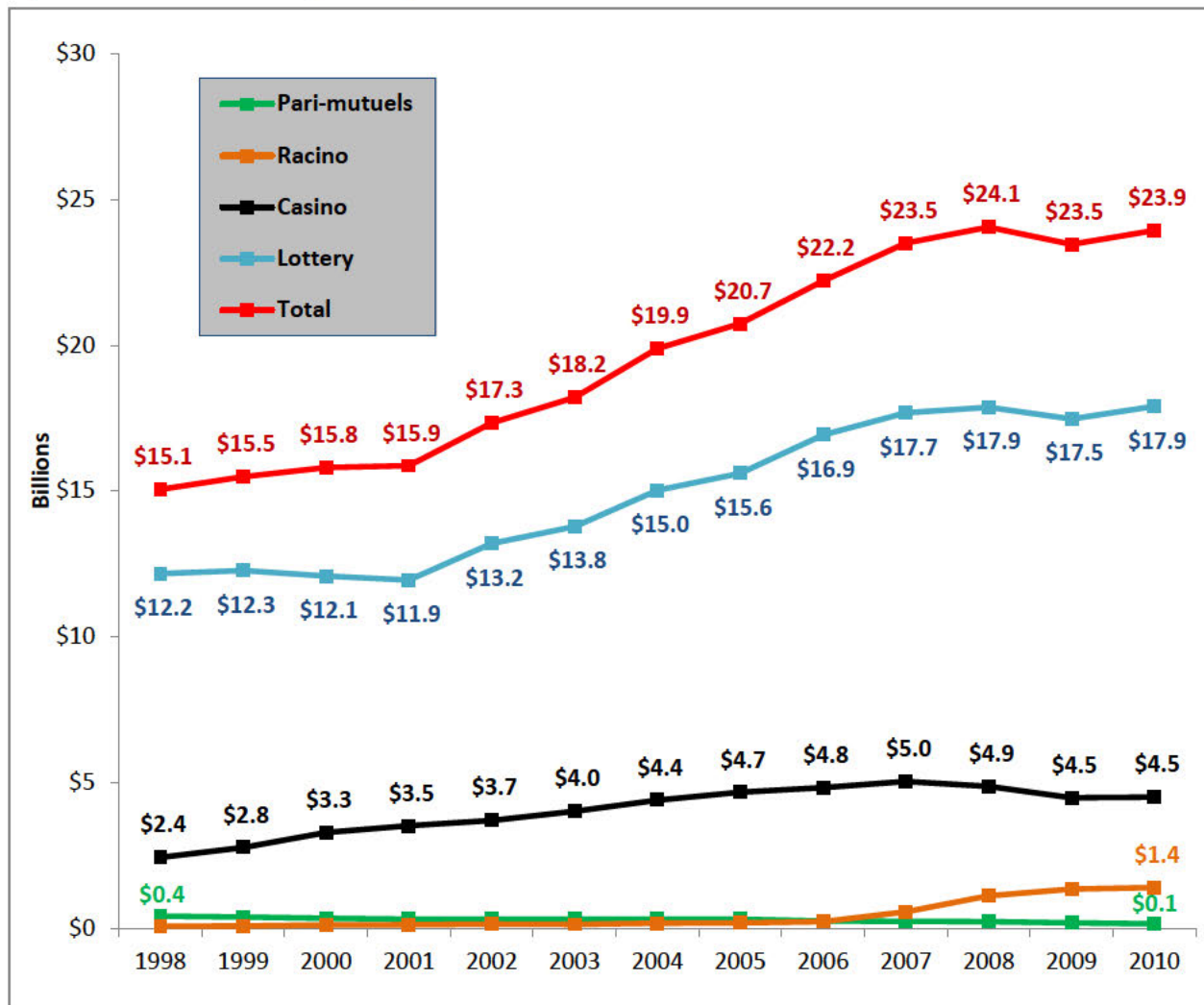
\$ millions	FY 2008	FY 2009	FY 2010
Arizona	111.2	97.5	89.0
California	244.7	408.8	411.0
Connecticut	411.4	377.8	359.3
Florida	n/a	n/a	287.5
Michigan	53.9	55.7	38.8
New Mexico	65.5	63.7	62.7
New York	148.0	70.4	129.6
Oklahoma	71.6	92.8	14.2
Wisconsin	45.1	121.8	52.2
Subtotal	1,151.3	1,288.7	1,444.2

Source: The Nelson A. Rockefeller Institute of Government

Now we look at the US trend in state receipts from gambling, by sector, from FY 1998 through 2010. Note in the following chart that receipts declined after the Great Recession began in 2007. The gambling industry had until that time proven to be resistant to economic downturns, but the two largest sectors – casinos and lotteries – experienced revenue declines coinciding with the recession. The racino industry was still very much undergoing widespread expansion and thus remained in a growth mode. Regarding racino revenue, it is important to note that The Rockefeller Institute groups VLT revenue from racetracks with lottery revenues, impacting the classification of racino receipts from Delaware, New York, Rhode Island and West Virginia (and, going forward, Ohio). The pari-mutuel industry continued its long, steady decline, with state revenues plunging from \$554 million in 1993 to \$150 million in 2010.

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Figure 44: Trends in state gambling revenue, FY 1998-2010



Source: The Nelson A. Rockefeller Institute of Government, citing Census Bureau (lottery & pari-mutuels), Rockefeller Institute review of state gaming regulatory agencies' financial reports. Lottery data for FYs 2008-10 is based on Rockefeller Institute survey of state lotteries.

As noted previously, some states are more reliant on gambling receipts than others. Nevada, which has 265 casinos and in 2012 reported gross gaming revenue of \$10.9 billion, in FY 2009 relied on gambling receipts for 12.5 percent of its own-source general revenue. Rhode Island and West Virginia, whose lotteries operate racetrack casinos (with video lottery terminals in lieu of bona fide slot machines), each relied on gambling receipts for 8.4 percent of their FY 2009 own-source general revenue, as shown in the following chart (on two pages). The total for all states was 2.4 percent.

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Figure 45: States' reliance on gambling revenue

	Gambling revenue as share of share of own-source revenue, FY 2009	Percent change in gambling as share of own-source revenue, FY 1998-2009
Nevada	12.5	-3.3
Rhode Island	8.4	3.9
West Virginia	8.4	6.0
South Dakota	6.2	-1.9
Indiana	5.1	1.1
Oregon	4.9	-2.1
Delaware	4.9	-1.8
Missouri	4.8	1.1
Louisiana	4.6	0.9
Pennsylvania	4.5	1.9
Georgia	4.0	0.2
Mississippi	3.6	-1.0
Iowa	3.6	0.7
New Jersey	3.5	-1.1
Florida	3.3	0.3
Michigan	3.1	0.7
Illinois	3.0	-0.2
New York	3.0	-0.3
Massachusetts	3.0	-1.0
Maryland	2.4	-0.9
Ohio	2.0	-1.8
South Carolina	2.0	2.0
New Hampshire	1.9	-1.2
Tennessee	1.8	1.8
Connecticut	1.8	-0.6
Texas	1.8	-1.5
Virginia	1.6	-0.1
Maine	1.6	-0.1
Colorado	1.6	-0.5
North Carolina	1.5	1.5
Kentucky	1.5	-0.4
New Mexico	1.3	0.9
California	0.9	-0.2
Idaho	0.9	0.1
Arizona	0.8	-0.1
Oklahoma	0.7	0.6
Kansas	0.7	-0.3
Wisconsin	0.6	-0.3
Vermont	0.6	-0.9

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	Gambling revenue as share of share of own-source revenue, FY 2009	Percent change in gambling as share of own-source revenue, FY 1998-2009
Minnesota	0.6	0.1
Washington	0.5	-0.3
Nebraska	0.5	0.0
Montana	0.3	-0.1
North Dakota	0.2	0.2
Arkansas	0.1	-0.1
Alabama	0.0	0.0
Wyoming	0.0	0.0

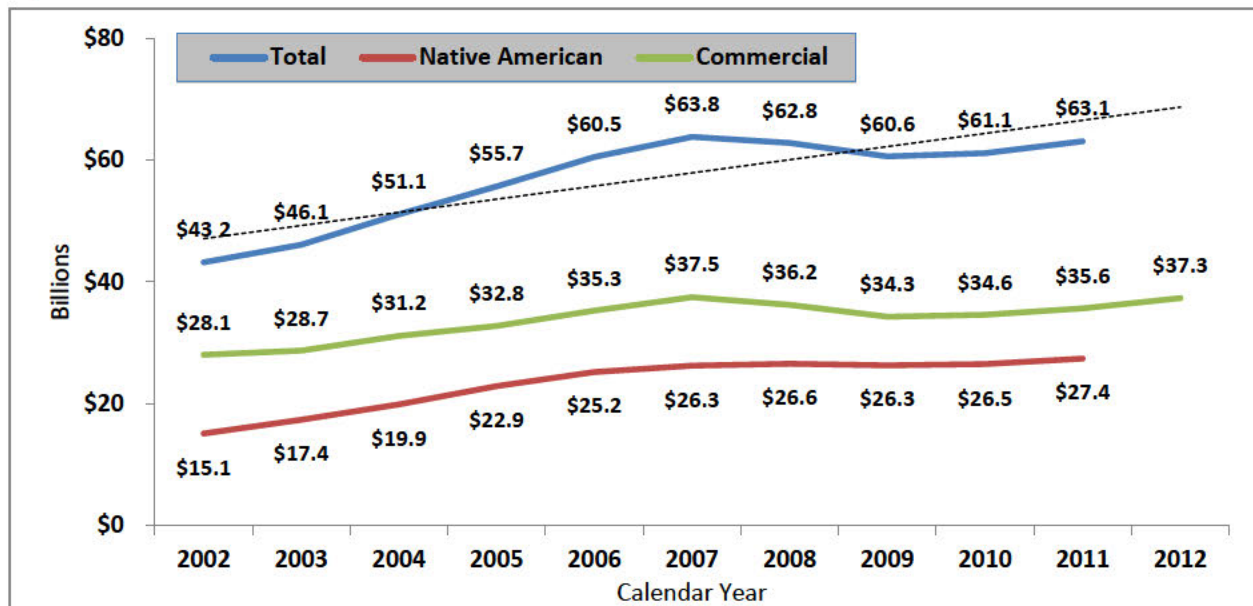
Source: The Nelson A. Rockefeller Institute of Government. Three states not listed: Utah and Hawaii have no legalized gambling, Alaska has only Class II Indian gaming, which is not taxed.

33. Reliability of Gambling Revenues

As shown in Figure 43, legalized gambling generally provides a reliable revenue stream for governments, on a holistic level, except in times of severe recession. At the individual state level, however, gambling-revenue receipts are subject to rapid – and sometimes dramatic – declines when a neighboring state introduces a competing product that is within easy reach. This is most notable in Delaware and New Jersey, where the introduction of competing casinos in neighboring states has caused casino-tax receipts to decline 6 percent and 45 percent, respectively, from their peak collection years of 2011 and 2006, respectively.

Nationally, in 2011 (the most recent period available for both sectors), commercial and Native American casinos (including VLT racinos, which in Figure 40 are instead grouped as Lottery revenue) throughout the US generated \$63.1 billion of gross gaming revenue. This is depicted in the following chart (the dotted line indicates overall linear trend in US gross gaming revenue).

Figure 46: US GGR trend, 2002-2011



Source: American Gaming Association, Casino City's Indian Gaming Industry Report, 2013 Edition. Newton: Casino City Press.

In total, over the 10-year period (ended 2011), year-over-year growth occurred in eight of the 10 years, with the Great Recession causing revenue declines in 2008 and 2009. The breadth and depth of the recession effectively shattered the truism that casino gambling was recession-resistant. Total growth in US gross gaming revenue (from 2002 to 2011) was 46 percent, or average annual growth of 4.3 percent. This growth was considerably greater than overall growth in the Consumer Price Index³⁶⁹ – which grew by 25 percent over the entire period, or average annual growth of 2.5 percent.³⁷⁰

For 2012, commercial casinos had gross gaming revenue of \$37.34 billion, a 4.8 percent increase over 2011 figures.³⁷¹ Comparable data for Native American casinos will not be available until later this year; however, assuming there is no decrease in Native American gaming revenue (i.e., 2012 vs. 2011) will equate to total US gross gaming revenue posting at least a 2.7 percent year-over-year increase – marking the third consecutive year of revenue growth.

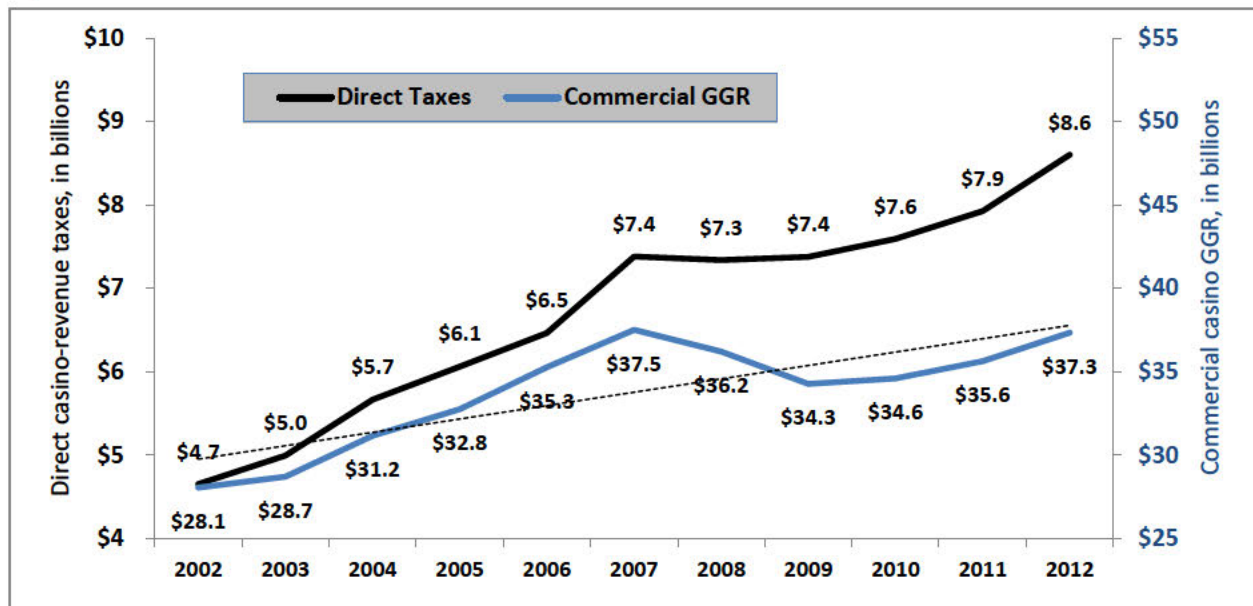
The following chart shows gross gaming revenue (and a dotted line indicating overall linear trend) from US casinos juxtaposed with the direct casino-revenue taxes paid from calendar year ended 2002 through 2012.

³⁶⁹ These data represent changes in prices of all goods and services purchased for consumption by all US urban households.

³⁷⁰ US Department of Labor, Bureau of Labor Statistics; http://www.bls.gov/data/inflation_calculator.htm.

³⁷¹ *State of the States 2013*, p. 5.

Figure 47: US GGR and direct taxes trend, 2002-2011



Source: American Gaming Association, UNLV Center for Gaming Research³⁷²

In total, over this 11-year period, year-over-year growth in direct taxes stemming from casino revenue occurred in 10 of the 11 years (as 2008 was down 0.6 percent versus prior year). Total growth in direct taxes stemming from US commercial gaming revenue (from 2002 to 2012) was 84.7 percent, or average annual growth of 6.3 percent. This growth was considerably greater than overall growth in the Consumer Price Index³⁷³ – which grew by 25 percent over the entire period, or average annual growth of 2.5 percent.³⁷⁴

The aforementioned direct taxes reflect results of commercial casino operations in 23 states. Importantly, netting out new casinos and/or jurisdictions (i.e., those not having casinos at start of the aforementioned period), of the 15 states that had casinos (and direct taxes) in both 2002 and 2011 the direct taxes stemming from casino revenue were up 19.9 percent, or average annual growth of 2 percent.

34. Direct and Indirect Costs to the State

The costs that legalized gambling may impose on state and local governments are both direct and indirect. Direct costs, such as specific transportation infrastructure improvements or the costs of additional law enforcement officers, are easy to identify and quantify. Indirect costs

³⁷² See http://gaming.unlv.edu/reports/direct_taxes_casino.pdf

³⁷³ These data represent changes in prices of all goods and services purchased for consumption by all US urban households.

³⁷⁴ United States Department of Labor, Bureau of Labor Statistics; http://www.bls.gov/data/inflation_calculator.htm

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are not. These costs may be somewhat removed and tangential to the precipitating cause. For example, consider an individual who loses his job due to problem-gambling-related behavior and goes on unemployment. The connection between this person's unemployment and problem gambling may not be readily established. It may remain "hidden" and simply be attributed to downsizing. Ascribing indirect costs to legalized gambling also presents another challenge. Where do you draw the line? Can anything that can even be remotely linked to gambling be considered an indirect cost?³⁷⁵

The proliferation of legalized gambling and the apparent strong public support for it may understandably lead one to believe that the social costs of gambling exist within an acceptable range or are sufficiently offset by its benefits. As recently as March 5, 2013, nearly 62 percent of the voters in Linn County, IA, an economically vibrant and white collar area, approved a new casino despite a strong opposition movement that emphasized the negative costs of gambling.³⁷⁶ Currently, all but two states, Hawaii and Utah, have some form of legalized gambling. However, opponents might argue that the proliferation of gambling is attributable to financially powerful, politically influential pro-gambling forces that have successfully defined and manipulated public understanding of the issue.

According to the American Gaming Association, a 2013 poll found public acceptance of gambling to be at the highest level of the past decade. Some 85 percent of Americans view casino gambling as an acceptable activity for themselves or others. Overall acceptability is above 80 percent for all age groups and is highest among younger individuals, those age 21 to 39, and lowest, 82 percent, among those age 60 and over.³⁷⁷

The national experience seems to indicate that while more accepting of legalized gambling, the public wants it to be contained within a strict regulatory framework. As the 1999 National Gambling Impact Study noted, "Governments determine which kinds of gambling will be permitted and which will not; the number, location, and size of establishments allowed; the condition under which they operate; who may utilize them and under what conditions; who may work for them; even who may own them. And because governments determine the level and type of competition to be permitted...they are also a key determinant of the industries' potential profit and losses."³⁷⁸

Many state and local governments are in a conflicted position when it comes to legalized gambling. They are often the beneficiaries of increased tax revenues, but they must also bear the

³⁷⁵ Douglas M. Walker, "Problems in Quantifying the Social Costs and Benefits of Gambling," *American Journal of Economics and Sociology*, July 2007, p. 615.

³⁷⁶ Rick Smith, "Linn County voters overwhelmingly approve Cedar Rapids casino," WFCCourier.com, March 5, 2013. http://wfcourier.com/news/local/linn-county-voters-overwhelmingly-approve-cedar-rapids-casino/article_7759975e-8615-11e2-923f-0019bb2963f4.html#13

³⁷⁷ *2013 State of the States*, p.2.

³⁷⁸ NGISC, p. 1-4.

financial burden of any social dysfunction caused by gambling. States that operate lotteries are actually gambling providers and maintain an exclusive monopoly on that service.

No responsible public official wants to harm his community. The challenge public officials confront is knowing what gambling-related course of action will produce desired results given strong and conflicting public opinion and data.

Debate over the benefits and costs of legalized gambling starts with the definition of exactly what is a social “cost” and a “benefit.” Economist Douglas Walker³⁷⁹ notes that researchers fail to agree on the appropriate way to conceptualize and quantify how gambling may affect society. He identified the need for a standardized methodology for measuring the costs and benefits of legalized gambling and believes that public policy debate is hampered by the lack of such a model.³⁸⁰ Measuring and comparing “social costs” across governmental jurisdictions can also present challenges. For example, if one community elects to commit considerable funds to battle problem gambling and another similar community does not, is it reasonable to assume that problem gambling is greater in the former community?³⁸¹

According to Walker, it is important to understand this distinction because the level of government expenditures may not necessarily reflect the magnitude of a social problem. Another aspect of this is that a well-funded, effective public program located in one community, may attract clients from outside that community and thereby inflate the local extent of the problem. A good example of this is services provided to homeless persons.

Economist Earl Grinols has written extensively on the benefits and costs of legalized gambling. According to Grinols, the social costs of gambling mainly fall into nine categories: crime costs, business and employment costs, bankruptcy, suicide, illness related to pathological gambling, social service costs, direct regulatory costs, family costs, and abused dollars.³⁸²

a. Crime

Of the costs associated with legalized gambling, crime is usually a foremost governmental concern. It has a direct impact on a community’s resources and quality of life. Any increase may require the allocation of additional resources that could offset the potential revenue benefits of legalized gambling. Crime may also lower the quality of life in a given area, causing residents and businesses to leave and result in urban blight. Of all the arguments against legalized casino gambling, the concern that casinos will bring more crime into a community is

³⁷⁹ Walker has worked on various Spectrum projects, and is a key member of the team that authored this report. Walker is referenced as a third-party in this report in areas where we are citing his work that was performed independently of Spectrum.

³⁸⁰ Walker, “Problems in Quantifying the Social Costs and Benefits of Gambling,” pp. 609 – 645.

³⁸¹ Ibid. p. 617-618.

³⁸² Earl L. Grinols, *The Hidden Social Costs of Gambling*, Center for Christian Ethics Baylor University, 2011, p. 21. <http://www.baylor.edu/content/services/document.php/144584.pdf>.

among the most common. On the other hand, casino gambling is believed by some advocates to help reduce crime by providing good employment opportunities and reducing poverty.

In 2005, Maryland Attorney General J. Joseph Curran Jr. issued a report to a legislative committee on the potential impact of casino gambling in his state. He concluded, “It is simply a fiction to delude ourselves that it is possible to have casinos without more crime. Casinos would bring increases in every area of criminal activity.”³⁸³ The types of crime he cited included violent crimes, crimes against property, insurance fraud, juvenile crime, drug and alcohol related crime, domestic violence and child abuse. These crimes are driven by pathological gambling and organized crime elements.³⁸⁴ According to Curran, this increased crime would impose “tremendous costs on Marylanders.”³⁸⁵ He warned legislators that if they allowed themselves to become dependent on what he described as “a small percentage of casino profits,” they would become “trapped.”³⁸⁶

When the Massachusetts legislature was considering a casino proposal in 2008, the Massachusetts District Attorneys Association was more reserved and less strident. The group took no official position on the issue but made available a fact sheet that quoted a state legislative commission report. That report found that “... gambling expansion is likely to bring an attendant increase in crime volume, as is consistent with increases in visiting populations seen in other large developments across the country. There is no evidence conclusively pointing to an increase in crime rates from expanded gambling.”³⁸⁷

The 1999 National Gambling Impact Study Commission took a similar position when examining the relationship between crime and gambling. Due to inconsistencies in the types of crimes studied, the Commission noted that it was not surprising that the proponents of both views are able to advance research to support their views. Therefore, the Commission found the reliability of such studies questionable. The Commission concluded, “Taken as a whole the literature shows that communities with casinos are just as safe as communities that do not have casinos.”³⁸⁸

In a 2005 study published in *The Review of Economics and Statistics*, Grinols and Mustard examined the relationship between casinos and crime using county-level data for the

³⁸³ “Report of the Attorney General J. Joseph Curran on the Impact of Casino Gaming on Crime, Presented to the Joint Executive-Legislative Task Force to Study Commercial Gaming Activities in Maryland,” October 16, 2005, p. E-2.

³⁸⁴ *Ibid.*, p. 1.

³⁸⁵ *Ibid.*, p. 3.

³⁸⁶ *Ibid.*, p. 3.

³⁸⁷ Report of the Massachusetts Commission to Study the Potential Expansion of Legalized Gaming, Prepared for Governor Jane Swift, 2002. Quoted in “Casino Gambling and Crime,” Massachusetts District Attorney Association, March 12, 2008, p. 1.

³⁸⁸ NGISC, p. 7-14.

United States between 1977 and 1996. Their sample covered all 3,165 US counties and focused on the seven FBI indexed crimes: aggravated assault, rape, robbery, murder, larceny, burglary, and auto theft. They found that most factors that reduce crime occur before or shortly after a casino opens. Those that increase crime, such as problem and pathological gambling, occur over time. The concluded that the effect on crime is low shortly after a casino opens and escalates over time.³⁸⁹ Although Grinols and Mustard considered their study to be one of the most comprehensive in terms of the counties covered and the variables used, it was not without its critics.

Walker faulted the Grinols and Mustard study for not adequately addressing the issue of causation: “Their results are invalid because of a variety of serious problems in their data and analysis. The authors simply compared casino to non-casino counties. But they did not control for the volume of tourists, so the crime effect they found may have been caused by tourism generally rather than casino tourism specifically. To show a valid link between crime and casinos, the authors would have needed to compare casino counties to other counties with non-casino tourism.”³⁹⁰ Walker believes that since few, if any, of the researchers Grinols and Mustard cite acknowledge this issue or account for it, the result is an overstatement of the social costs of casino gambling on government and society.³⁹¹

In a 2011 study, Grinols, Mustard and Staha studied the issue of how the type of visitors may affect crime. In an exhaustive study that analyzed data on National Park visitors between 1979 and 1998 in every county in the US, they concluded that the type of visitor and the nature of the attraction have significantly different effects on crime rates.³⁹²

Obviously, conflicting studies and interpretations of data present a huge challenge to state and local policy makers attempting to accurately gauge how casino gambling related crime might affect their communities. Another complication in analyzing the crime related costs of legalized gambling is that costs are often dispersed among various levels of government – federal, state, county and municipal. For example, the costs of criminal investigations and prosecution may be borne by county government and the costs of imprisonment by the state.

³⁸⁹ Earl L. Grinols and David B. Mustard, “Casinos, Crime and Community Costs,” *The Review of Economics and Statistics*, February, 2006, pp. 28-45.

³⁹⁰ Douglas M. Walker, “Challenges that Confront Researchers on Estimating the Social Costs of Gambling,” American Gaming Association 10th Anniversary White Paper Series, January 2008. p. 8. See also Douglas M. Walker, “Problems in Quantifying the Social Costs and Benefits of Gambling,” *American Journal of Economics and Sociology*, July 2007, pp. 609-645.

³⁹¹ Ibid. p. 9.

³⁹² Earl L. Grinols, David B. Mustard and Melissa Staha, “How do Visitors affect Crime?” *Journal of Quantitative Criminology*, Vol. 27, 2011, pp. 363-378. Accessed at <http://files.campus.edublogs.org/blogs.baylor.edu/dist/0/221/files/2011/11/How-Do-Visitors-Affect-Crime-2011-1mb82v1.pdf>,

b. Public Health

Public health is another area in which state and local governments are both directly and indirectly impacted by legalized gambling. The World Health Organization, which established standardized definitions for community health care, broadly defines “health” as “The state of complete physical, mental, and social well-being and *not merely the absence of disease or infirmity*.”³⁹³ Advocates of casino gambling often cite its potential to improve the overall wellness of the community in many ways. Chief among these is the potential to create employment with tangible benefits such as good incomes, adequate health insurance, and access to quality health care. Such positive outcomes would improve the quality of life, vitality and overall well-being of a community.

Opponents are quick to point out that negative community health impacts may also accompany the advent of legalized gambling. Many of these would be related to pathological and problem gambling, which have been associated with unhealthful behaviors and outcomes such as drug and alcohol abuse, nicotine dependence, depression and insomnia. It has also been associated with higher rates of child abuse and neglect, domestic violence, unsafe sex and family break up. Such adverse outcomes weaken a community’s vitality and diminish its quality of life.

How effective the response to a public problem will be depends on how accurately the problem is understood. Addressing the challenge of problem and pathological gambling is difficult since an individual may be plagued by other pre-existing disorders such as drug and alcohol abuse or mental illness. Again, the question of causation must be addressed. Simply because certain types of behaviors are associated with gambling does not necessarily mean that gambling caused them. This condition is known as co-morbidity.

Co-morbidity was cited as a consideration by the 1999 National Gambling Impact study Commission. It noted: “Pathological gambling often occurs in conjunction with other psychological problems, including substance abuse, mood disorders, and personality disorders. The joint occurrence of two or more problems - termed co-morbidity- is an important, though complicating factor in studying this disorder. Is problem or pathological gambling a unique pathology that exists on its own or is it merely a symptom of a common predisposition, genetic or otherwise, that underlies all addictions?”³⁹⁴

Walker picks up on this point. “If gambling were not an option, a person who is predisposed to a pathological disorder may manifest his disorder in other unhealthy ways. Many pathological gamblers have other behavioral disorders. ... If pathological gambling is simply a symptom of some more basic disorder, then, it is the more basic disorder rather than gambling

³⁹³ “A Glossary of Terms for Community Health Care and Services for older Persons,” WHO Centre for Health Development Ageing and Health Technical Report Volume 5, 2004, http://www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf. (Emphasis not in original.)

³⁹⁴ NGISC, p. 4-3.

itself that is the underlying cause of the adverse consequences and social costs of the pathological gambling.”³⁹⁵ He notes that according to the DSM-IV criteria, a person coping with bipolar disorder, who may meet all of the criteria for pathological gambling, is not considered a pathological gambler if the individual also meets the criteria for a Manic Episode, and the Manic Episode is responsible for excessive gambling.³⁹⁶

Similar questions arise if an individual is both an alcoholic and a compulsive gambler who abuses and neglects his family. To what extent is his alcoholism responsible for the harm and distress he causes his wife and children as opposed to his compulsive gambling?

The data do suggest that individuals who are afflicted with these sorts of behavioral disorders may be more inclined to problem gambling. However, even if opportunities to gamble were not readily available, government would still need to cope with the various manifestations of these other problems. The failure of policy makers to take co-morbidity into account may lead one to overstate the negative impacts of legalized gambling and lead to sub optimal government policies and programs designed to respond to those impacts.

How to manage any negative health impacts of gambling is clearly a concern to many state and local officials. As with crime, they will find little definitive guidance in the literature, which is often conflicting and ambiguous. Framing the problem with adequate precision to shape and enable an effective public policy response may be difficult.

A further complication is that what is often perceived as benefit of casino gambling may have some inherent negative health aspects as well. For instance, family sustainable employment is good, but employment in a casino can expose workers to long periods of second-hand smoke, of which the adverse health effects are well known.³⁹⁷ Shift workers and those required to work long hours can experience considerable disruptions of family and social activities since many of these are day oriented. Weekend work schedules can impede involvement in family sporting events or religious activities and diminish supportive social connections with those whose daily schedules are no longer similar. Family relationship strain can occur when one can no longer adequately assist with child care, shopping and housework. Many of these negative aspects may be ameliorated by a better understanding of them and adaptations and accommodations in the workplace.³⁹⁸

It is critical that state and local governments considering or already affected by legalized gambling evaluate and understand all its potential aspects. Many communities impacted by

³⁹⁵ Walker, “Challenges that Confront Researchers on Estimating the Social Costs of Gambling,” p. 2.

³⁹⁶ Ibid.

³⁹⁷ “The Health Effects of Second Hand Smoke,” Centers for Disease Control and Prevention, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/ (accessed May 18, 2013).

³⁹⁸ “Shiftwork: Health Effects & Solutions,” Occupational Health Clinics for Ontario Workers Inc., revised 2005. <http://www.nupge.ca/files/Shiftwork> (accessed May 18, 2013).

legalized gambling respond to public health concerns by conducting a community health impact assessment (“HIA”). An HIA is an informational tool designed and implemented by the local community to enable decision-makers to consider the health implications of proposed policies, especially policies that do not appear to have a direct health connection. It has three core functions: assessment, policy development and assurance.³⁹⁹

An excellent example of a HIA for a community considering legalized gambling is the Kansas HIA Project.⁴⁰⁰ It was conducted by the Kansas Health Institute, and funded in part with grants from the Health Impact Project, a collaborative effort by the Robert Wood Johnson Foundation and the Pew Charitable Trusts. The Kansas HIA Project thoroughly examined how the presence of a local casino could affect health, both positively and negatively. It examined potential risks, such as second-hand smoke exposure, traffic accidents, problem and pathological gambling, divorce and suicide. It also analyzed potential community benefits, such as job creation, increased tourism, increased state and local revenues, and health insurance. The goal of the assessment was to bring all health implications up for informed consideration and debate. The Kansas HIA believe they succeeded in that goal.⁴⁰¹

c. Traffic and Transportation Infrastructure

There are several pathways through which casino gambling may impact the state and local government transportation infrastructure. The roadway system needed to support increased levels of traffic may already be old, at capacity, or inadequately designed to accommodate new traffic patterns. The cost to bring the infrastructure up to requisite standards can be hundreds of millions of dollars. Impacts may also extend to public transportation. State and local governments may see train, bus or subway traffic increase to uncomfortable levels on certain routes requiring that they increase service levels. They may also feel pressure to establish unprofitable routes in order to transport workers who might otherwise be unable to get to work.

In many cases, a casino developer may agree to share some of the estimated costs of improvement or public transportation service as part of his approval process. In other cases, government may assume a portion of these costs in order to get a casino project going to enjoy other economic benefits.

In New Jersey in the mid-1990s, under Governor Christie Whitman, the state agreed to fund \$275 million in major roadway improvements to facilitate the development of a new casino resort proposed by Mirage Resorts and its CEO, Steve Wynn. It is currently the site of the Borgata Casino Hotel & Spa in Atlantic City. Donald Trump, who owned a casino on an adjacent

³⁹⁹ “Community Health Assessment and Improvement Planning,” National Association of County & City Health Officials, <http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm> (accessed May 18, 2013).

⁴⁰⁰ “Potential Health Effects of Casino Development in Southeast Kansas, Kansas Health Institute, October 2012 http://media.khi.org/news/documents/2012/10/23/Complete_HIA_Report.pdf.

⁴⁰¹ *Ibid.*, p. 100.

property, strongly fought against the proposal.⁴⁰² He withdrew his opposition after the state included in the plan an access improvement to one of the casinos his company operated at the time.

One of the more immediate impacts state and local government may feel upon opening a new gaming facility is an increase in traffic on local roadways. The degree of the impact is subject to many of the aforementioned variables as well as the scale and location of the new facility. Sometimes, the impacts of traffic are felt regionally, in nearby communities that may have had no say in the development process. Connecticut was one of the first states to have Indian gaming, as it was forced upon it by a federal court decision. It can serve as an important example for two reasons. It demonstrates how the impact of a casino can transcend municipal boundaries and it shows how the lack of good regional planning can exacerbate their more challenging impacts.

Concerns regarding the impact of traffic were substantiated in an impact study Spectrum did for the State of Connecticut in 2009.⁴⁰³ Foxwoods opened its resort-casino in Ledyard in 1992 on Mashantucket Pequot Indian tribal land. According to Mayor John Rodolico, “The most immediate effect was the increase of traffic on roads,” Rodolico stated. “They’ve had tens of thousands of people going there from the day they opened.”⁴⁰⁴ Increased traffic volumes caused serious deterioration on old farm roads that were not up to handling the heavier traffic.

d. Law Enforcement and Emergency Services

Emergency services are those services provided by various levels of government such as police, fire and emergency medical responders that protect citizen lives and ensure public safety. Collectively, they are often referred to as “first responders” since they are usually among the first to arrive at the scene of a crime, emergency or disaster.

The impact of *non-criminal* demands on local law enforcement and other first responders is often overlooked or given secondary consideration in gambling impact studies. What impact will an attraction that operates on a 24-hour basis, seven days a week have in terms of additional service calls to the local police department for 911 emergencies, motor vehicle breakdowns, traffic accidents, disorderly persons, lost or missing property, missing and dispute resolutions?

Within the first year after the Horseshoe Casino Cleveland opened in Ohio, the city incurred \$3.1 million in additional expenses related to the police department largely due to

⁴⁰² “Government support for Atlantic City casino raises eyebrows,” CNN.Com, August 26, 1997
<http://www.cnn.com/US/9708/26/tunnel/>.

⁴⁰³ Spectrum Gaming Group, *Gambling in Connecticut: Analyzing the Economic and Social Impacts*, June 22, 2009
http://www.spectrumgaming.com/dl/june_24_2009_spectrum_final_final_report_to_the_state_of_connecticut.pdf.

⁴⁰⁴ Lindsay Corcoran, “Lessons from Connecticut’s casino experience,” *The MetroWest Daily News*, March 24, 2013
http://www.metrowestdailynews.com/news/x1522344116/Lessons-from-Connecticuts-casino-experience?zc_p=0.

increased visitors and activity in its downtown area.⁴⁰⁵ According to the *Maryland Gazette*, the creation of a special county police unit for the area was necessary to keep a lid on problems in the vicinity of the new Maryland Live Casino in Hanover.

Spectrum's Connecticut gambling impact study found that the City of Norwich felt significant impacts from Indian gaming casinos eight miles away. City officials estimated casino-related costs to be anywhere from \$1 million to \$2.5 million a year. They include: A 27 percent increase in motor vehicle accidents from 1991 to 2004. An increase in police overtime from \$85,000 in 1991 to more than \$280,000 in 2008. A 76 percent increase in calls for service from people needing police from 1992 to 2004.⁴⁰⁶

In some communities, local police and fire departments may be required to purchase additional equipment and provide specialized training for their workers. Government may reduce these costs by requiring gambling establishments to share the costs. To minimize the impact on local police, gambling establishments may be required to maintain certain levels of in house security personnel or establish a fee for service arrangement to cover when additional police service may be desired or required. Governments may impose additional tax assessments on gambling establishments to offset additional law enforcement costs.

e. Driving Under the Influence

Do casinos increase the number of drunk drivers on local roads? Earlier in this report, we noted that destination resorts can increase demands on law enforcement, a subject we will explore in more detail here. Casinos are known for their fast-paced environments where customers are encouraged to let loose and have a good time. This often means enjoying alcoholic beverages that may be provided complementarily to the customer while gambling or enjoyed at a casino lounge or restaurant. The anecdotal evidence would indicate a connection between an increase in drunk drivers and casinos. Drunken driving arrests were reported to have nearly doubled in Bethlehem, PA, after the Sands Casino Resort opened in 2009 while they have remained consistent in a nearby non-casino county.⁴⁰⁷

In 2009, Norwich, CT, located near two Indian gambling casinos, reported that DUI arrests had more than doubled since 1992. The towns of Montville and Ledyard also experienced significant increases. Roughly 20 percent of the motorists in Montville, Ledyard and North Stonington arrested for DUI acknowledged to police that their last drink was at a casino. One

⁴⁰⁵ Thomas Ott, "Cleveland casino short of revenue projections but draws praise," *The Plain Dealer*, May 12, 2013 http://www.cleveland.com/metro/index.ssf/2013/05/cleveland_casino_short_of_reve.html.

⁴⁰⁶ *Gambling in Connecticut*, p. 13.

⁴⁰⁷ Zach Lindsey, "Sands Casino linked to increase in DUIs by Northampton County report," *The Express-Times*, July 22, 2012 http://www.lehighvalleylive.com/bethlehem/index.ssf/2012/07/sands_casino_linked_to_increas.html.

such motorist was charged with manslaughter in March 2009 for allegedly causing a fatal accident by driving the wrong way on I-395.⁴⁰⁸

In what is considered one of the first empirical studies on the subject, Chad D. Cotti and Douglas M. Walker explored whether there is a link between casino expansion and alcohol-related fatal traffic accidents. They found that in urban areas, casinos actually reduce the rate of DUIs, while the rate for suburban and rural areas increases. They believe the difference may be that in urban areas the shorter driving distances, availability of public transportation, and substitution of gambling for bar-hopping might account for the decreased rate, while the rate increase in less populated areas is caused by the increase in distance driven by alcohol-impaired drivers.⁴⁰⁹

There are several ways in which governments respond to the problem of intoxicated driving. Public education campaigns can make people more aware of the dangers of drunk driving and the severe penalties for it. Strict enforcement and police tactics such as drunk driving check points are also effective. Ensuring that the proprietors of establishments that serve alcoholic beverage properly train their staff on how to detect and handle intoxicated patrons is also necessary to reduce the problem.

f. Social Service Costs

Legalized gambling is believed to impose higher costs on governments by attracting more people to the area who may sooner or later need assistance from government programs. These individuals may have come as patrons of the gaming facility or in search of work. The energy and 24-hour activity attendant with casino is a special attraction for the homeless or otherwise financially destitute. It offers opportunities to panhandle and to seek temporary respite and accommodation in the public areas of facilities that may be open 24 hours daily.

A survey conducted by the International Union of Gospel Missions found what they called “compelling evidence of a link between gambling and homelessness.” According to their survey, nearly 1 in 5 homeless men and women cited gambling as a cause of their condition.⁴¹⁰ A 2005 study found clear links between gambling and homelessness but acknowledged that other factors such as mental illness and drug and alcohol abuse may also be factors.⁴¹¹

⁴⁰⁸ *Gambling in Connecticut*, p. 13.

⁴⁰⁹ Chad D. Cotti and Douglas M. Walker, “The impact of casinos on fatal alcohol-related traffic accidents in the United States,” *Journal of Health Economics*, 2010, pp. 788-796.

⁴¹⁰ Duncan R. Moon, “New Statistics Suggest Link Between Gambling, Homelessness,” *Christian Science Monitor*, March 16, 1998 <http://www.csmonitor.com/1998/0316/031698.us.us.1.html>.

⁴¹¹ “An Exploration of the Link between Gambling and Homelessness,” Government of South Australia Department of Families and Communities, 2005. p. 2. <http://www.dcsi.sa.gov.au/pub/LinkClick.aspx?fileticket=aEsxvsvdVqsY%3D&tabid=607> (accessed May 19, 2013).

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The 1999 National Gambling Impact Study Commission found that individuals with gambling problems appeared to account for a higher percentage of the homeless population. The commission noted the Atlantic City Rescue Mission reported that 22 percent of its clients are homeless due to a gambling problem.⁴¹² The Atlantic City Rescue Mission says that half the state's homeless population turns to it for services. The homeless problem in Atlantic City, received widespread attention recently when a mentally ill homeless woman randomly killed two Canadian tourists in the city's shopping district.⁴¹³

The presence of a greater number of homeless individuals who are either attracted by, or adversely impacted by, a gambling facility may impose additional public costs for psychiatric and mental health counseling, public welfare, food stamps, emergency shelter operations, traveler assistance and indigent medical care. These costs would be in addition to any increase in any related law enforcement costs. The impact on the quality of life in a given area caused by vagrancy and aggressive panhandling is not readily quantifiable.

Atlantic City has begun to address its substantial homeless problems by adopting a "Single Point of Entry" model. All agencies that serve the homeless population collaborate and refer new clients to a single point of entry where they are evaluated, assigned a case manager and if appropriate, returned to their point of origin.

g. Schools

To the extent that legalized gambling and related economic development attracts more workers with families to an area, an impact on local schools is to be expected. Casinos will mostly hire service workers who will be lower paid and ethnically diverse.

In its Connecticut study, Spectrum found that in Norwich, CT, public school administrators identified annual cost of nearly \$2 million related to casinos. In order to handle the influx of immigrant workers attracted to casino jobs, the district had to create an "English for Speakers of Other Languages" program because students speak nearly 30 different languages. Students originated from Haiti, Peru, the Dominican Republic and Eastern Europe. In addition, thousands of Chinese-speaking workers were recruited from New York City in late 2001 to work at the casinos. Norwich Public Schools reported to Spectrum that in 1999 it enrolled 40 ESOL students.

Some jurisdictions address the impact on schools by requiring that a portion of casino revenues be dedicated to education. In 2009, Ohio voters amended the state constitution to allow casinos in Cleveland, Toledo, Columbus and Cincinnati. The state levies a 33 percent tax on

⁴¹² NGISC, p. 7-27.

⁴¹³ Lynda Cohen, "Woman charged with two Atlantic City slayings had history of mental illness," *The Press of Atlantic City*, May 24, 2012. http://www.pressofatlanticcity.com/communities/atlantic-city-pleasantville-brigantine/woman-charged-with-two-atlantic-city-slayings-had-history-of/article_b009679e-a427-11e1-a010-0019bb2963f4.html.

adjusted gross gambling revenue. School districts in Ohio will share 34 percent of that tax revenue.⁴¹⁴ However, some Ohio education officials think that any casino related funding, while still desirable, would be too small to have any meaningful impact.⁴¹⁵

h. Workforce Training

The workforce required by a new gambling establishment may vary depending on its size, nature and amenities. Casino development may spur other nearby development and create even more employment opportunities. To the extent that the local latent workforce may adequately possess the skills and training necessary meet the new demand, the project can be easily assimilated into the community with little or no governmental assistance. If the local workforce is inadequate, then training and importation of workers may be necessary.

A report to the Massachusetts Gaming Commission estimates the cost of developing and training a workforce for its new casino industry at \$9 million dollars.⁴¹⁶ Responsibility for workforce training usually comes under the local Workforce Investment Board. These entities were established throughout the United States by the Workforce Investment Act of 1998. Their role is to coordinate and direct state, local and federal funding into appropriate employment training programs.

35. Conclusion

Gambling is a reliable and predictable funding source for governments, except in times of pronounced recession and when competition arises in neighboring states. Five states in FY 2010 relied on gambling receipts for more than 5 percent of their own-source state budget revenue.

Gambling, however, costs governments in both direct and indirect ways in such areas as crime, public health, infrastructure, law enforcement and emergency services, social services, schools (in those areas with large, high-employment casinos) and workforce training. Whether the economic benefits brought by gambling receipts outweigh its economic and social costs has been the subject of considerable research – and considerable debate.

⁴¹⁴ Margo Rutledge Kissell, "Area schools to receive thousands in casino revenues," *Dayton Daily News*, November 23, 2012. <http://www.daytondailynews.com/news/news/area-schools-to-receive-thousands-in-casino-revenu/nTCZd/>.

⁴¹⁵ Ida Lieszkovszky, "School Officials Warn Casino Funds Don't Add Up to Much," *StateImpact Ohio*, January 21, 2013. <http://stateimpact.npr.org/ohio/2013/01/21/school-officials-warn-casino-funds-dont-add-up-to-much/>.

⁴¹⁶ Paul Tuthill, "Casino Industry Workforce Development Cost Put At \$9 Million," *WAMC Northeast Public Radio*, October 23, 2012. <http://wamc.org/post/casino-industry-workforce-development-cost-put-9-million>.

G. Impacts of Gambling: Social, Criminal, Personal, Fiscal

A general description of gambling impacts, including: Social, criminal, and personal; short- and long-term fiscal.

Legalized gambling can affect society in a variety of different ways, positive and negative. Among the most common forms of legalized gambling, including lottery, pari-mutuels such as horse and greyhound racing, and casinos, the spread of legal commercial casinos has generated the most interest, concern, and debate during the past two decades. Indeed, the introduction of casinos has been a controversial subject in Florida for years; as a result, the State endeavored to study casinos back in 1995.⁴¹⁷

In this section, we provide a general description of impacts from gambling, including moral/ethical concerns; social, criminal, and personal impacts; as well as long- and short-term effects of casinos development. As commercial casinos are the most controversial form of gambling expansion currently being considered in Florida, our analysis focuses on the literature and evidence on the impacts of casinos.

The economic and social impacts of legalized gambling have been widely written about and studied. Studies generally focus on the effects of gambling as they relate to quantifiable metrics such as employment, crime, tax revenues, and problem gambling. Analyzed less are impacts that are somewhat subjective and not readily quantifiable.

1. Moral and Ethical Issues

Some people oppose gambling in all its forms, such as lotteries, race tracks, and casinos. According to a May 2013 Gallop Poll survey, 64 percent of Americans find gambling morally acceptable.⁴¹⁸ From these results one may infer that 36 percent of Americans do not. Those morally opposed cite its negative impacts on a person's character and values. In their view, to the extent that more people gamble more readily, society's strength and vitality are undermined and weakened.

Irving Kristol, a Professor of Urban Values at New York University, articulated this point of view at a time when legalized gambling was just beginning its national proliferation in America. In 1974, he wrote an op-ed piece for *The Wall Street Journal* opposing the spread of legalized gambling. At the time, a movement to legalize gambling was underway in New Jersey. Kristol wrote that in a gambling environment, a person often succumbs to "fantasies of getting something for nothing." He felt that gambling undermined classical social virtues such as moderation, self-reliance, self-discipline, thrift, and diligence. At the same time, it encouraged

⁴¹⁷ "Casinos in Florida" (Tallahassee, FL: Office of Planning and Budgeting), 1995.

⁴¹⁸ Frank Newport and Igor Himelfarb, "In U.S., Record-High Say Gay, Lesbian Relations Morally," Gallup, May 20, 2013 <http://www.gallup.com/poll/162689/record-high-say-gay-lesbian-relations-morally.aspx>.

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classical vices such as extravagance, avarice and the lack of social responsibility.⁴¹⁹ Kristol believed that state supported gambling was antithetical to a capitalist society. It subverted the values capitalism needed to thrive.

The same year that Kristol wrote his op-ed, Congress established the first Commission on the Review of National Policy Toward Gambling. The purpose of the Commission was to study all aspects of gambling that existed in America at the time and to develop recommendations for the states to follow when establishing policies. In its final report, the Commission began with a direct, straightforward observation: “Gambling is inevitable.”⁴²⁰ Inevitability, however, did not mean that the Commission was insensitive to what it called the “invidious and emotional aspects” of the moral debate. The Commission acknowledged that to a significant number of Americans, “gambling ... is absolutely wrong on both religious and secular moral grounds.” They warned that in sanctioning gambling, “states may be intruding into areas of sincerely held theological and ethical convictions.”⁴²¹ However, moral concerns were “largely unsusceptible to objective analysis.” Therefore, the Commission, while recognizing religious perspectives, considered such issues somewhat beyond their purview.⁴²²

Kristol expressed the secular moral arguments against gambling. In testimony submitted to the Commission, clerical leaders expressed the religious arguments.⁴²³ They held gambling was wrong because it encouraged sloth and an obsession with money over one’s fellow man. It also fostered a desire to achieve wealth without work. It distracted one from pursuing activities that brought one closer to God.

As public acceptance of gambling as a leisure activity increased, arguments based on its moral costs lost ground. According to Rev. Tom Grey, spokesman for the National Coalition Against Legalized Gambling, church opposition to gambling has not been widely effective. Grey, who railed against gambling for years as a United Methodist pastor, said the argument that gambling is sinful does not adequately counter strong public unwillingness to restrict certain personal freedoms. Consequently, Grey’s anti-gambling coalition now avoids explicit mentions of religion, and presents more economically based arguments that focus on addiction, bankruptcy and crime.^{424,425}

⁴¹⁹ Irving Kristol, “Vice and Virtue in Las Vegas,” *The Wall Street Journal*, September 18, 1973, p. 20.

⁴²⁰ Commission on the Review of the National Policy Toward Gambling Final Report, Washington, DC, 1976, p. 1.

⁴²¹ Ibid.

⁴²² Ibid.

⁴²³ For example see “Gambling in America: Appendix 1, Staff and Consultant Papers, Model Statutes, Bibliography, Correspondence,” Committee on the Review of the National Policy Toward Gambling, Washington, D.C., 1976, pp. 208-210.

⁴²⁴ Greg Trotter, “Gambling Opponents Say Moral Argument No Longer a Trump,” *Christianity Today*, March 18, 2008. <http://www.christianitytoday.com/ct/2008/marchweb-only/112-22.0.html>

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Focus on the Family, a politically influential Christian organization dedicated to protecting and strengthening families, strongly opposes all forms of legalized gambling. In their official position statement they write: “Gambling is driven by and subsists on greed. For this reason, the activity is morally bankrupt from its very foundation. Gambling is also an activity which exploits the vulnerable – the young, the old and those susceptible to addictive behaviors. Further, gambling entices the financially disadvantaged classes with the unrealistic hope of escape from poverty through instant riches...gambling undermines the work ethic. It is based on the premise of ‘something for nothing,’ a concept that sanctions idleness rather than industriousness, slothfulness instead of initiative.”⁴²⁶

In Florida, the Ethics and Religious Liberty Commission of the Southern Baptist Convention has been a leading voice in warning about the effects of widespread gambling. The commission notes on its website:

“Among the arguments advanced to justify gambling is the one which says that all of life is a gamble or a risk. But risk-taking in gambling is different from the risks involved in the normal routine of life. The risks in gambling are artificially created. In other ventures, the risk is part of the creative process. For example, the contractor risks labor and capital to build a house and make a profit. Unlike the gambler, he assumes a risk that is necessary to society’s economic life, and he relies on more than chance in seeking to make a profit.

“It is also argued that some people like to spend their recreation money betting on horses or playing slot machines, just as others prefer to spend theirs for a round of golf or a movie. Gambling obviously provides a kind of recreational excitement for some, but the cost to individuals, families, the economy, and society is too high to justify it.

“Seen in this light, gambling is personally selfish, morally irresponsible, and socially destructive. Therefore, gambling must be vigorously resisted. Such resistance requires an understanding of the problem, a workable plan of attack, and a personal commitment to work against gambling.

“The gambling problem results from two interrelated factors: (1) Many people have a desire, often a compulsion, to gamble. (2) Most of these people have access to gambling opportunities. The ultimate goal of a plan of action is to control the desire to gamble and eliminate the access to gambling opportunities.

“When the desire to get something for nothing and the opportunity to gamble go hand in hand, resistance to one requires resistance to the other. To attempt to eliminate the desire

⁴²⁵ The National Coalition Against Legalized Gambling is now called Stop Predatory Gambling (<http://stoppredatorygambling.org/>).

⁴²⁶ “Our Position (Gambling),” Focus on the Family, <http://www.focusonthefamily.com/socialissues/social-issues/gambling/our-position.aspx> (accessed May 23, 2013).

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without abolishing the opportunity is to invite failure. It is a matter of record that as gambling becomes more accessible, more people gamble. Thus, legalization is not the answer to the gambling problem. Instead, it is one primary cause of the gambling problem.

“Any adequate plan to deal with gambling must be both extensive and comprehensive. It must be extensive enough to include the spiritual, educational, and legal approaches. It must be comprehensive enough to incorporate the family, the world of work, community clubs and organizations, the church, and government.”⁴²⁷

Moral opposition against gambling is not limited to the Christian community. In Maryland, both the Baltimore Jewish Council and the Baltimore Board of Rabbis officially came out against expanded gambling. Rabbi Gila Ruskin of the Harford Jewish Center and first vice president of the Baltimore Board of Rabbis stated she believes expanded gambling preys on the weak and encourages addiction. “You are exploiting people who don’t have expendable income all in the name of raising money for causes like education. But what do you tell those kids about where the money for their school came from? That we raised the funds by preying on people’s weaknesses and temptations.”⁴²⁸

The late William Eadington, who wrote extensively on the costs and benefits of gambling, noted that some opposition to legalized gambling is based on “straightforward moral disapproval” but does not examine that aspect further.⁴²⁹

Notably, the successful 1976 campaign to legalize casinos in Atlantic City, NJ included religious leaders in its army of proponents. A local rabbi and the monsignor of a parochial high school in the Atlantic City region were used in radio advertisements that claimed morality was on the side of increasing employment, reducing hunger and getting families off welfare. “Many religious leaders believe this is the real moral issue,” the two clergy leaders said in the radio ads.⁴³⁰

In sum, morality has historically been a factor in shaping public policy. Capital punishment, pornography and gay marriage are some examples where much weight is placed on moral perceptions and concerns when shaping policy. It is a challenging factor since it may be

⁴²⁷ The Ethics and Religious Liberty Commission, “Issues and Answers: Gambling” <http://erlc.com/article/issues-answers-gambling/#sthash.2TB94gsl.dpuf> (accessed June 21, 2013).

⁴²⁸ Ron Synder, “Debate over casinos in Maryland continues,” *Baltimore Jewish Times*, http://www.jewishtimes.com/index.php/jewishtimes/news/it/local_news/debate_over_casinos_in_maryland_continues/35921 (accessed May 21, 2013).

⁴²⁹ William R. Eadington, “The Economics of Casino Gambling,” *Journal of Economic Perspectives*, Vol. 13, No. 3, Summer 1999, p. 187.

⁴³⁰ Hostage to Fortune, p. 15.

difficult to reach an agreement on what is “moral” and concepts of acceptable morality may change from one community to another, as well as over time.

36.Opportunity Costs

In economics, an opportunity cost is defined as the cost incurred in forgoing the benefits of one course of action while pursuing the benefits of another. For example, one might decide to take a job right out of high school rather than go to college. In the short term, one reaps the benefits of not paying tuition costs and losing four years’ worth of salary, but in the long term, one might pay the cost of earning less income over a period of many working years.

Those opposed to legalized gambling sometimes argue that it is pursued as an economic development policy because it is easier and its financial benefits are more immediate. However, they argue that those benefits are offset by its social costs and may not be sustainable in the long term. According to opponents, while casino gambling might make local sense, especially in financially distressed communities that have few, if any, viable alternatives, the collective long term costs of its proliferation are significant and have a national impact. Thousands of workers and billions of dollars in capital are directed into investments that, they argue, do little to increase America’s overall economic strength and competitiveness in a global economy. Casino opponents argue that casinos invest little, if anything, to improve worker skills and training and capital could arguably be better invested in more productive industries.

The problem with assessing opportunity costs is that knowing the outcome of any course of action with any degree of certainty is not possible. A high-tech startup company may fail and leave a community less well off than if it had a stable, profitable casino. Ironically, choosing the best path to achieve desired economic goals is itself basically a gamble.

37.Social, Criminal, Personal Impacts

a. Negative Impacts

We now turn to a discussion of specific negative impacts that are often thought to accompany legalized gambling. The goal in this section is to provide a brief review of those impacts that have been studied and quantified in the academic literature.

Disordered Gamblers

Most of the negative socioeconomic impacts often associated with gambling, and casino gambling in particular, are the result of problematic behaviors by “disordered gamblers.” These are people who gamble to an extent beyond recreational gambling such that it disrupts their

career and/or personal/professional relationships.⁴³¹ Psychologists estimate the prevalence rate of disordered gamblers to be between 0.4 percent and 2.0 percent of the general population.^{432,433}

However, prevalence rates may be greater or lower in areas. In discussing this issue with representatives from the Florida Council on Compulsive Gambling (“FCCG”), it appears that the prevalence rate could be significantly higher, depending on where one attempts to identify problem gamblers. The 0.4 percent – 2.0 percent rate is based on the psychology literature, much of which is based on clinical diagnoses of problem gamblers. However, as noted by Laura Letson at the FCCG, “These questions should be asked at places other than the psychologist’s office.” One may see a much higher prevalence rate if the diagnosis was attempted at non-clinical settings, such as in homeless shelters, in social service environments, or at correctional facilities. Letson suggests that under the FCCG’s analysis, based on a preliminary, two-question problem gambling screen of the arrestee population, the prevalence rate may be over 15 percent. Other FCCG data indicate that prevalence rates for adults and adolescents may be in the same range (15 percent to 18 percent).⁴³⁴

Disordered gambling is a condition which is usually diagnosed in a clinical setting. The *Diagnostic and Statistical Manual* (“DSM”), published by the American Psychiatric Association, is the standard for the diagnosis of problem/disordered gambling. The DSM-IV (1994; 2000) lists a set of 10 criteria that are indicators of disordered gambling. A person may be diagnosed as a pathological gambler if they endorse at least five of the following indicators:⁴³⁵

1. Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
2. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
3. Has repeated unsuccessful efforts to control, cut back, or stop gambling
4. Is restless or irritable when attempting to cut down or stop gambling
5. Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)

⁴³¹ Walker, *Casinonomics*, 2013, p. 111.

⁴³² Ibid, p. 112.

⁴³³ Psychologists classify gambling problems into different categories, including problem gamblers, pathological gamblers, and the newest term, disordered gamblers. We do not differentiate among these different levels of severity in this overview of the impacts of gambling.

⁴³⁴ Laura Letson, Florida Council on Compulsive Gambling, phone interview, May 24, 2013.

⁴³⁵ American Psychiatric Association, *Diagnostic and Statistical Manual*, 4th edition, 2000.

6. After losing money gambling, often returns another day to get even (“chasing” one’s losses)
7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling
8. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
10. Relies on others to provide money to relieve a desperate financial situation caused by gambling

In the new edition of the DSM (“DSM-5”), to be published in summer 2013, the terminology changes from “pathological gambler” to “disordered gambler,” and the eighth criterion – related to illegal acts to finance gambling – has been dropped. The diagnosis will require at least four of the nine remaining indicators.⁴³⁶

Disordered Gambling and the Proximity of Casinos

One important question for any government jurisdiction considering the expansion of legalized casinos is whether the prevalence of disordered gambling is related to the proximity of casinos. In other words, is the introduction of casinos to an area likely to increase the prevalence of disordered gambling? Several studies have examined this issue. While the odds of a person being a disordered gambler are about 1 percent, for people within 10 miles of a casino the odds increase by 90 percent (to 1.9 percent), according to one study.⁴³⁷ However, it is unclear whether an increase in this risk is the result of new people in that area developing gambling problems, or whether a casino attracts existing disordered gamblers to the area. Another study on adolescents found that the number of different forms of legal gambling in a state is related to an increase in the proportion of problem gamblers in the state.⁴³⁸

Hence, the evidence suggests that the negative impacts from casinos that are associated with disordered gambling would likely be worse in Florida if casino gambling is expanded there. Indeed, representatives from the FCCG indicate that, since 2005, help-line calls in the state have increased over 50 percent. This is during a time period in which the amount and types of legalized gambling increased dramatically in the state – namely with the introduction of racetrack casinos in South Florida and the development of two Seminole Hard Rock destination

⁴³⁶ See Nancy M. Petry, “Editorial: Pathological Gambling and the DSM-V. *International Gambling Studies*, Volume 10, p. 113-115.

⁴³⁷ John W. Welte, et al., “The Relationship of Ecological and Geographic Factors to Gambling Behavior and Pathology,” *Journal of Gambling Studies*, Volume 20, 2004, p. 418.

⁴³⁸ John W. Welte, et al., “Legal Gambling Availability and Problem Gambling Among Adolescents and Young Adults,” *International Gambling Studies*, Volume 9, 2009, p. 94.

resort casinos. FCCG Executive Director Pat Fowler notes, “More than 50 percent of help-line callers identify slot machines as their primary problem.” Another 30 percent identified cards as their main problem; this has increased as no-limit poker has increased in availability.⁴³⁹

At the same time, however, psychologists have not found significant differences in prevalence rates across jurisdictions or across time. So, even though casinos have spread across the United States, the prevalence of disordered gambling has not increased at the same rate. Since Florida already has several legal types of gambling, including tribal casinos, it is unclear how the introduction of commercial casinos would affect the prevalence of problem gambling. But if help-line call data are an indication, gambling problems would likely increase with expanded gambling in Florida.

Negative Social Impacts Associated with Casinos (and Gambling)

Social scientists have been studying the economic and social impacts of legalized gambling, particularly casino gambling, since the early 1990s. Such research was frequently cited in debate over the expansion of casinos into new states, especially when the research offered a monetary estimate of the “social costs of gambling.” As an example of the importance of this area of research, the National Gambling Impact Study Commission discussed the various social costs of gambling, and the National Research Council’s *Pathological Gambling* discusses the academic research in detail, although these resources are somewhat dated now.⁴⁴⁰

Among the many studies that examine the negative social impacts that are often associated with gambling in general, and casino gambling in particular, the paper by Thompson, Gazel, and Rickman represents one of the most careful analyses.⁴⁴¹ These authors surveyed Gamblers Anonymous members, people who might be expected to be more likely than the general public to be diagnosed as disordered gamblers. Based on the survey responses, Thompson et al. estimate the annual social costs per disordered gambler to be around \$9,500. This amount includes the following types of social cost: employment (including lost work hours, unemployment compensation, and lost productivity and unemployment; \$2,941), bad debts (\$1,487), civil court (\$848), criminal justice (including thefts, arrests and trials, and incarceration; \$3,498), therapy (\$361), and welfare (\$334).

There is no doubt that disordered gamblers sometimes engage in socially costly behaviors. However, such monetary social cost estimates have been criticized in the literature.⁴⁴² One of the key problems with estimating the monetary value of social costs is that most

⁴³⁹ Pat Fowler, Florida Council on Compulsive Gambling, phone interview, May 24, 2013.

⁴⁴⁰ National Research Council, *Pathological Gambling*, 1999.

⁴⁴¹ William N. Thompson, Ricardo C. Gazel, and Dan Rickman, “The Social Costs of Gambling,” *Gaming Law Review*, Volume 1, p. 81-89.

⁴⁴² See, for example, Douglas M. Walker and A. H. Barnett, “The Social Costs of Gambling: An Economic Perspective,” *Journal of Gambling Studies*, Volume 15, 1999, p. 181-212.

disordered gamblers also have other behavioral problems, such as alcohol or drug use problems.⁴⁴³ Yet, most social cost studies simply attribute all of the social costs created by these individuals to the gambling problem. There is no research that successfully partitions the costs among the various behavior problems experienced by the individual.⁴⁴⁴

While it is not possible to offer an objective social cost monetary estimate without making a variety of arbitrary assumptions, it is informative to discuss the different types of problems that are most commonly associated with disordered gambling. In other words, a qualitative, rather than quantitative, discussion of social costs is more useful.

Casinos and Crime Rates

One of the most common concerns people have with the expansion of gambling is that it may cause an increase in crime rates. Such concerns are often voiced by members of the law enforcement community. For example, Sarrah Carroll of the Florida Sheriff's Association indicates that she believes there is a link between gambling and crime. Her organization is opposed to any expansion of gambling in Florida because of concerns that crime problems would be exacerbated.⁴⁴⁵ Certainly each community may have different experiences with gambling-related crime, depending on the types of gambling available and other characteristics of the community in question.

Over the past three decades numerous researchers have examined the relationship between casino gambling and crime rates. One of the most commonly cited studies is the 2006 study by Grinols and Mustard.⁴⁴⁶ These authors examined county-level crime data from 1977 through 1996. As do most studies on the subject, Grinols and Mustard focus on the FBI's *Uniform Crime Reports* Index I crimes, which include "street crimes": aggravated assault, rape, robbery, murder, larceny, burglary, and auto theft. They argue that approximately 8 percent of casino county crime can be attributed to the existence of casinos. Several studies confirm the Grinols and Mustard results; yet others find no relationship between casinos and crime rates.

Although the Grinols and Mustard paper received a lot of attention, it has also received a significant amount of criticism because the authors calculated the crime rate in a way which overstates the impact of casinos. Crime rates should reflect the risk of an individual being victimized by crime.⁴⁴⁷ In a county with no tourism, for example, calculating the crime rate is

⁴⁴³ James R. Westphal and Lera Joyce Johnson, "Multiple Co-occurring Behaviours Among Gamblers in Treatment: Implications and Assessment," *International Gambling Studies*, Volume 7, 2007, p. 73-99.

⁴⁴⁴ Douglas M. Walker, *Casinomics*, 2013, p. 178-181.

⁴⁴⁵ Sarrah Carroll, Florida Sheriff's Association, phone interview, May 23, 2013.

⁴⁴⁶ Earl Grinols and David Mustard, "Casinos, Crime, and Community Costs," *Review of Economics and Statistics*, Volume 88, 2006, p. 28-45.

⁴⁴⁷ Jay S. Albanese, "Casino Gambling and Crime," testimony before the NGISC, September 10, 1998, p. 191-198. <http://govinfo.library.unt.edu/ngisc/meetings/10sept98/p230910.pdf>.

simple; it is the number of crimes committed divided by the population at risk (or county residents). But if there is significant tourism in a county, then the crime rate should be calculated as the total number of crimes committed divided by county residents plus tourists. Since Grinols and Mustard divided crimes by county population only – and excluded tourists from their population measure – their calculations almost certainly overstate the effect of casinos on crime.

The 2010 study by Reece⁴⁴⁸ significantly improved on the Grinols and Mustard study, as Reece controlled for the number of tourists and also the number of casino customers – two critical adjustments absent in the Grinols and Mustard study. Although Reece's analysis is much more thorough than the Grinols and Mustard analysis, he examined only Indiana. Nevertheless, his findings are an important contribution to the overall understanding of casinos and crime. In summary, Reece finds that burglaries increase in a county a few years after a casino opens. However, car thefts and aggravated assaults decreased. Increased casino volume reduces larceny, car theft, aggravated assault, and robbery.⁴⁴⁹

A recent, fairly comprehensive review of the casino-crime literature shows that almost all studies that find a relationship between casinos and crime calculate the crime rate by excluding the tourists from the population at risk. Those studies that do include the tourists in the population measure find no casino effect on crime rates.⁴⁵⁰ Given the best available evidence, it seems unlikely that the existence of casinos causes an increase in crime rates, properly calculated. There *may be* a relationship between casinos and crime, but there is no good evidence, as yet, to support such claims.

Problem Gambling and Crime

There is solid evidence that disordered gamblers are more likely than non-gamblers to engage in crime. This connection makes intuitive sense. For example, a person who has difficulty controlling his gambling may have to take drastic actions to obtain money to satisfy a gambling habit. A variety of studies that rely on Gamblers Anonymous members confirm that these individuals are more likely to commit crimes. For example, the study by Meyer and Stadler finds that 89 percent of their sample of pathological gamblers admitted to having committed at least one crime in their lifetime.⁴⁵¹ This rate is much higher than for the general population.

Even when analyzing a sample of people from the general population, the link between gambling behaviors and crime seems to exist. In one study of adolescents, researchers found that individuals who indicated gambling behaviors consistent with those from the DSM were

⁴⁴⁸ William S. Reece, "Casinos, Hotels, and Crime," *Contemporary Economic Policy*, Volume 28, 2010, p. 145-161.

⁴⁴⁹ Reece (2010), quoted in Douglas M. Walker, *Casinonomics*, 2013, p. 212.

⁴⁵⁰ Douglas M. Walker, "Casinos and Crime in the U.S.A.," in Bruce Benson and Paul Zimmerman (editors), *Handbook on the Economics of Crime*, p. 488-517.

⁴⁵¹ Gerhard Meyer and Michael A. Stadler, "Criminal Behaviour Associated With Pathological Gambling," *Journal of Gambling Studies*, Volume 15, 1999, p. 29-43.

significantly more likely to indicate that they had also engaged in crime, compared to individuals who did not exhibit disordered gambling behaviors.⁴⁵² However, the study also found that it was not casino gambling that is most linked to crime – rather, it was gambling on horse racing, sporting events, and card games that were found to have the link to crime.

It is difficult to predict whether or not the increased crime committed by disordered gamblers has a meaningful impact on overall crime rates, since disordered gamblers make up such a small portion of the population. Aside from that, as noted above, results from crime rate studies are inconclusive as a group. Nevertheless, the literature seems to confirm that problem gamblers are more likely to engage in crimes than non-problem gamblers.

Casinos and White-Collar Crime

Over the past two decades, there have been numerous suggestions in the academic literature and in political debate that gambling is associated with white-collar crimes, such as embezzlement, forgery and fraud. The motivation for such crimes, especially on the part of disordered gamblers, seems obvious. If one is accumulating significant losses at a casino, one way to finance such losses would be to use one's position of trust to commit a financial crime.

A link between casinos and gambling and white-collar crime has been cited in countless reports, newspaper articles, and even in the Congressional Record. A typical quotation is: "The American Insurance Institute estimates that 40 percent of white-collar crime has its root in gambling."⁴⁵³ The problem is, as explained by Joseph Kelly, the American Insurance Institute does not exist. The citation to this statistic often appears in anti-casino writings, some dating back to 1980, even though no one has apparently ever seen the report from which this statistic is said to come.⁴⁵⁴ Nevertheless, there is likely a motivation for individuals, particularly with gambling problems, to engage in white-collar crime to finance their gambling. The FCCG's Fowler suggests that white-collar crime is a problem associated with gambling in Florida, although it has not received adequate research attention to date.⁴⁵⁵

Indeed, there has been very limited research on a link between white-collar crime and casinos (or gambling, generally). A review of the literature finds one recent study. The 2008 study by Jay Albanese specifically examines the impact of the introduction of casinos on certain white-collar crime arrests. Albanese provides national arrest data for embezzlement, forgery, and fraud, between 1988 and 2005. (He excluded juvenile arrests from his data.) Embezzlement

⁴⁵² Christopher Clark and Douglas M. Walker, "Are Gamblers More Likely to Commit Crimes? Evidence From a Nationally Representative Survey of U.S. Young Adults," *International Gambling Studies*, Volume 9, 2009, p. 119-134.

⁴⁵³ Joseph M. Kelly, "The American Insurance Institute, Like THAT Bunny, Keeps Going and Going and Going ...," *Gaming Law Review*, Volume 1, 1997, p. 209-212.

⁴⁵⁴ Ibid.

⁴⁵⁵ Pat Fowler, Florida Council on Compulsive Gambling, phone interview, May 24, 2013.

arrests increased by about 20 percent over the period, forgery arrests increased by 19 percent, and fraud arrests decreased by about 11 percent.⁴⁵⁶

Since casino gambling, particularly by disordered gamblers, may be a motivation to engage in white-collar crimes (for example, in order to gain money with which to gamble), Albanese also examines arrest rates before and after the introduction of casinos in several markets: Atlantic City, NJ; Connecticut; Detroit, MI, and St. Louis, MO. Albanese also considers Las Vegas; even though casino gambling has existed there since the 1930s, Las Vegas grew dramatically during the 1990s. Albanese summarizes his findings on these markets:

“The pre- and post-casino arrest trends in these large casino jurisdictions were remarkably consistent, but unexpected. Embezzlement arrests increased in Connecticut (and nationwide), but declined in the other casino jurisdictions. Forgery arrests dropped in the casino jurisdictions despite a general increase in forgery arrests nationwide. Fraud arrests also dropped in casino jurisdictions, reflecting nationwide trends. These results indicate that there have been mostly net decreases in average annual arrests for these white collar offenses in these large casino jurisdictions.”⁴⁵⁷

There are limitations to Albanese’s data. For example, his data are presented as absolute arrest counts, not arrest rates (i.e., they are not per capita arrest rates). However, given the large number of tourists that visit casinos, this omission is likely to cause an overstatement of the crime rates in casino jurisdictions. In addition the picture may look different if convictions, rather than arrests, were considered. Finally, as Albanese notes (p. 342), it is impossible to determine whether gambling was the motivation for these crimes.

Albanese focuses his discussion of the causes of white-collar crime on embezzlement, since those arrest numbers increased nationwide during the period he studied. He cites evidence from interviews of prisoners who were convicted of embezzlement. Although there is a variety of stated causes for embezzlement, gambling is not one of the more common suggested causes. Rather, Albanese summarizes, “...females appear to embezzle primarily to keep a family or relationship together when threatened with financial problems, whereas men engage in status-seeking or status-maintaining behavior resulting in financial problems that they do not feel they can share with others.”⁴⁵⁸

Although evidence from prisoner interviews may not seem entirely convincing, evidence that supports Albanese’s doubt of a link between white-collar crime and casinos can be found in the fact that the DSM has dropped the diagnostic criterion that the person “has committed illegal

⁴⁵⁶ Jay S. Albanese, “White Collar Crimes and Casino Gambling: Looking for Empirical Links to Forgery, Embezzlement, and Fraud,” *Crime, Law and Social Change*, Volume 49, 2008, p. 339.

⁴⁵⁷ Ibid., p. 341-342.

⁴⁵⁸ Ibid., p. 344.

acts such as forgery, fraud, theft, or embezzlement to finance gambling.” This criterion is “rarely endorsed” in attempts to diagnose disordered gambling.⁴⁵⁹

Political Corruption

Aside from crimes that may be committed by disordered gamblers, or others who may be seeking money to fund their gambling, historically there has been a concern about gambling and political corruption. The late US Senator Paul Simon wrote of gambling, “We have an industry ... that is growing rapidly. It is an industry...that [I think] has more of a history of involvement in corruption than any other industry.”⁴⁶⁰ Casinos may have a reputation for being “mob-run” because of Las Vegas in the early days. However, as most casinos in Las Vegas and elsewhere are now corporate owned and rigorously regulated at the state level, it raises doubt as to whether the mob has any involvement in the industry, and whether politicians systematically engage in corrupt activities with respect to the casino industry.

As with white-collar crime and street crime, there may seem to be an obvious motivation for corruption related to the gambling industry, and casinos in particular. First, the casino industry is growing very rapidly and is largely a cash business. Perhaps this would make it easier for the industry to corrupt the casino industry. More importantly, the casino industry needs politicians’ consent to exist. Since state governments control almost every aspect of the casino industry perhaps the spread of casinos across the United States is due, in part, to corrupt politicians. Alternatively, there could be a link whereby, once casinos are legal and operating, they contribute to the corruption of politicians in an attempt to win favorable regulatory changes.

Spectrum has significant experience in New Jersey, where the possibility of political corruption was first addressed in the Casino Control Act of 1977, in which Sec. 138 includes the following language: “No applicant for or holder of a casino license, nor any holding, intermediary or subsidiary company thereof, nor any officer, director, casino key employee or principal employee of an applicant for or holder of a casino license or of any holding, intermediary or subsidiary company thereof nor any person or agent on behalf of any such applicant, holder, company or person, shall directly or indirectly, pay or contribute any money or thing of value to any candidate for nomination or election to any public office in this State, or to any committee of any political party in this State, or to any group, committee or association organized in support of any such candidate or political party.”⁴⁶¹

In our experience, that provision was designed to help ensure public confidence in the governance of gaming, and was not – nor could it have been – expected to hermetically seal the

⁴⁵⁹ Nancy N. Petry, “Editorial: Pathological gambling and the DSM-V,” *International Gambling Studies*, Volume 10, 2010, p. 113.

⁴⁶⁰ Paul Simon, testimony in “Charge to the Commission,” *National Gambling Impact Study Commission*, 1997, p. 31 <http://govinfo.library.unt.edu/ngisc/meetings/june2097/june20con.html>.

⁴⁶¹ New Jersey Casino Control Act <http://www.state.nj.us/casinos/actreg/act/>.

industry from politics, or vice versa. Indeed, as noted earlier, the provision did not prevent corruption, but it might have reduced it, and arguably achieved its principal goal of fostering confidence in the governance of gaming.

Since 2006, the casino/gambling industry has spent roughly \$30 million per year on lobbying federal politicians; it employs over 400 lobbyists.⁴⁶² Of course, it is legal for individuals or groups to make contributions to politicians, but such figures raise questions about the industry's influence on the government that regulates it.

It would be incredibly time-consuming to analyze individual corruption arrests to determine whether they are directly linked to casinos. However, there have been some high-profile arrests that were linked to gambling. Former Illinois governor Rod Blagojevich was convicted for a variety of crimes; one was for wire fraud in an attempt to shake-down a racetrack owner in return for the governor's support of a 2008 law that taxes casinos 3 percent to subsidize the racetracks.⁴⁶³ The paper by Martz provides a description of the anecdotal evidence that purports to show a link between casinos and corruption.⁴⁶⁴

We are aware of only one empirical analysis of the link between casinos and political corruption in the United States. The recent paper by Walker and Calcagno analyzes federal corruption convictions and casino adoptions/revenues using data from 1985 to 2000. Their statistical analysis focuses on whether changes in one variable (e.g., corruption convictions) improve the prediction of the other variable (e.g., casino revenues), and vice versa. If there is such a relationship, it is called "Granger causality" in the economics literature.⁴⁶⁵

The authors explain that their analysis lends little evidence to support a "culture of corruption" explanation whereby corruption leads to the introduction of casinos. Rather, they find evidence that predicted casino adoptions lead to corruption convictions. This suggests that casinos may be complicit in "regulatory capture" during the period studied. The implication is that regulators are "captured" by the industry they are supposed to regulate. Anecdotal evidence of regulatory capture by the casino industry can be seen in a variety of states. For example, several states that initially had casino loss limits (for example, \$500 per casino cruise) have since eliminated those limits. Some states which used to require casinos to be on boats no longer do.⁴⁶⁶

⁴⁶² Center for Responsive Politics <http://www.opensecrets.org/lobby/indusclient.php?id=N07&year=2012> (accessed May 10, 2013).

⁴⁶³ Associated Press, "Blagojevich Verdict: The Breakdown," CBS Chicago.com, June 27, 2011. <http://chicago.cbslocal.com/2011/06/27/blagojevich-verdict-the-breakdown/>.

⁴⁶⁴ Stephanie A. Martz, "Legalized Gambling and Public Corruption: Removing the Incentive to Act Corruptly, or, Teaching an Old Dog New Tricks," *Journal of Law and Politics*, Volume 13, 1997, p. 453-492.

⁴⁶⁵ Douglas M. Walker and Peter T. Calcagno, "Casinos and Political Corruption in the United States: A Granger Causality Analysis, *Applied Economics*, in press.

⁴⁶⁶ *Ibid*, p. 25-26.

While such examples of regulatory changes favorable to the casino industry may be examples of regulatory capture, it should also be noted that the regulators themselves may benefit when regulations benefit the industry, as many state casino regulatory agencies are funded directly from taxes on casinos' operations. Although the study by Walker and Calcagno is the first empirical analysis to suggest a statistical link between casinos and corruption, one could criticize the study because it does not directly link casinos or the gambling industry to particular corruption convictions. In any case, a carefully designed regulatory framework for the casino industry can be the best way of preventing any corruption associated with casinos.

Bankruptcy

Non-business bankruptcy filings increased dramatically during the 1990s, doubling between 1990 and 1998.⁴⁶⁷ Yet, the US economy did relatively well throughout this period. The trend in bankruptcies coincided with the expansion of commercial casinos outside of Nevada and New Jersey during the early 1990s, so the increased availability of casinos and spike in bankruptcies could be related. Several studies have been published that examine this relationship. Key findings of these studies are described.

Nichols et al. studied bankruptcies from 1989 through 1998 in eight casino jurisdictions and control jurisdictions without casinos. They found that personal bankruptcy rates increased in seven of the eight casino communities they studied.⁴⁶⁸ The study by de la Viña and Bernstein examined 100 counties in 36 states, from 1989 through 1994; they did not find a relationship between the introduction of casinos and county bankruptcy rates.⁴⁶⁹ However, their lack of results may be because their study only went to 1994, only five years after casinos began to spread outside of Nevada and New Jersey. A more recent study found that bankruptcy rates in casino counties are initially higher than non-casino counties, but then casino-county rates actually fall below non-casino counties four to eight years after casinos are introduced. But rates again start to rise, and thirteen years after the introduction of casinos, bankruptcy rates in casino counties are 15 percent higher than in non-casino counties.⁴⁷⁰

Barron et al. examined data for over 3,000 US counties. Their results suggest that bankruptcy rates are higher closer to casinos, and that if casinos were eliminated there would be

⁴⁶⁷ John M. Barron, Michael E. Staten, and Stephanie M. Wilshusen, "The Impact of Casino Gambling on Personal Bankruptcy Filing Rates," *Contemporary Economic Policy*, Volume 20, 2002, p. 441.

⁴⁶⁸ Mark W. Nichols, B. Grant Stitt, and David Giacomassi, "Casino Gambling and Bankruptcy in new United States Casino Jurisdictions," *Journal of Socio-Economics*, Volume 29, 2000, p. 247-261.

⁴⁶⁹ Lynda de la Viña and David Bernstein, "The Impact of Gambling on Personal Bankruptcy Rates," *Journal of Socio-Economics*, Volume 31, 2002, p. 503-509.

⁴⁷⁰ Ernie Goss, Edward A. Morse, and John Deskins, "Have Casinos Contributed to Rising Bankruptcy Rates?" *International Advances in Economic Research*, Volume 15, 2009, p. 456-469.

a 5 percent decline in 1998 filing rates in casino counties.⁴⁷¹ Finally, the study by Garrett and Nichols indicates that individuals who visit out-of-state casinos have a 10 percent higher chance of filing for bankruptcy back in their home states, compared to individuals who did not visit out-of-state casinos.⁴⁷²

There have been several other journal articles that examine bankruptcy rates and their relationship to casinos. Considering those studies discussed above and the others in the literature, the majority of the evidence suggests that the existence of casinos does cause an increase in personal bankruptcy rates, especially in close proximity to casinos. It is likely that disordered gamblers are disproportionately responsible for the bankruptcy effect, as they are more likely than others to experience financial problems because of their gambling.

Drunk Driving Fatalities

Many casinos provide their patrons with free alcoholic beverages as long as they are gambling. Indeed, like bars, casinos represent an increasingly popular form of nighttime entertainment. To the extent that alcohol is relatively cheap at many casinos, then one might expect there to be a link between casinos and drunk driving.

There has not been published work that has studied the relationship between casinos and DUI arrests in the United States. However, one study examined casinos and alcohol-related traffic fatalities (“ARFAs”). The 2010 study by Cotti and Walker examined data from 1990 to 2000, a period that covers much of the recent US commercial casino expansion outside of Nevada and New Jersey. Their findings indicate that there is indeed a relationship between the existence of casinos and ARFAs.⁴⁷³ However, the relationship appears to be related to miles driven. In short, the study finds that ARFAs increase by 9.2 percent for casino counties with average population. However, the effect declines as county population increases. Specifically, they write:

“[R]ural or moderately sized counties will likely see an increase in alcohol-related fatal traffic accidents when casinos are present, but urban or greater-than-average populous counties may be expected to see a decrease in alcohol-related fatal traffic accidents when casinos are present.”

This relationship is explained to be the result of “miles driven.” That is, the reason drunk driving fatalities are likely to increase in rural casino counties is that the average patron must drive more miles to get to and from the casino. This increases the likelihood that an individual

⁴⁷¹ John M. Barron, Michael E. Staten, and Stephanie M. Wilshusen, “The Impact of Casino Gambling on Personal Bankruptcy Filing Rates,” *Contemporary Economic Policy*, Volume 20, 2002, p. 441.

⁴⁷² Thomas A. Garrett and Mark W. Nichols, “Do Casinos Export Bankruptcy?” *Journal of Socio-Economics*, Volume 37, 2008, p. 1481-1494.

⁴⁷³ Chad D. Cotti and Douglas M. Walker, “The Impact of Casinos on Fatal Alcohol-Related Traffic Accidents in the United States,” *Journal of Health Economics*, Volume 29, 2010, p. 788-796.

will be in a traffic accident. At the same time, in urban or more populated casino counties, patrons do not have to drive as far, and they often have alternatives to driving, such as taking a cab, bus, or other public transportation. In addition, the authors suggest that urban casinos may serve as a substitute for bars and nightclubs, at which the average patron may consume more alcohol than at casinos.⁴⁷⁴

Negative Personal/Professional Impacts from Gambling

Much of the discussion in this section thus far has focused on potential negative impacts associated with gambling for which there are solid, publicly available data. Such data facilitate academic studies on the effects. Yet, a variety of negative social impacts from problem gambling are not easily quantifiable as they often occur in a person's career or personal life. Recall that the definition provided earlier of "disordered gambling" focuses on gambling having a negative impact on a person's career, professional relationships, and/or personal relationships. Then there are a variety of potential professional and personal problems that may result from a gambling disorder which are not well-documented in public statistics.

Nevertheless, there is solid anecdotal evidence that such problems exist. For example, the National Gambling Impact Study Commission discusses suicide, divorce, and homelessness rates, among other social problems often attributed to gambling.⁴⁷⁵ The NGISC describes a variety of individuals who testified that their lives had been shattered because of their own gambling problem or because of a family member's or spouse's gambling problem. Earl Grinols dedicates 21 pages in his book to reproducing newspaper headlines and quotations that provide anecdotal evidence of social problems and gambling.⁴⁷⁶ However, such cases may grab the attention of newspaper reporters and readers precisely because they are unusual or extraordinary cases.

One must look at academic research to determine whether a statistical link between gambling problems and these other problems exists. The National Research Council provides a review of research, prior to 1999, on many of the social impacts of gambling.⁴⁷⁷ Even then, however, the research on these issues was still relatively sparse.

As with the crime discussion from above, there is quite likely to be a distinction between the results from research that examines individuals (such as through survey research on Gamblers Anonymous members) and research that examines aggregates (such as studies on divorce or crime rates at the county- or state-level). We review some of the evidence from each of these types of studies.

⁴⁷⁴ Ibid, p. 795.

⁴⁷⁵ NGISC, p. 25-28.

⁴⁷⁶ Earl L. Grinols, *Gambling in America: Costs and Benefits*, p. 146-167.

⁴⁷⁷ National Research Council, *Pathological Gambling: A Critical Review*, 1999.

The study by Thompson et al. (1997) examined data collected from a survey of 98 Gamblers Anonymous members in Wisconsin.⁴⁷⁸ They report that 21 of their respondents indicated they had lost or quit their jobs, and attributed it to gambling. Of this group, 18 reported being unemployed for an average of over 12 months. Sixty-four of the respondents indicated missing work because of gambling. Thirty-eight of the respondents had been arrested, only 14 of which were attributed directly to gambling. Among the 98 respondents, 57 had sought professional help for their gambling problem; 15 had been hospitalized. Many of the survey respondents had other behavioral problems: 30 were alcoholics; 25 were compulsive shoppers; 22 compulsive overeaters; and 14 drug addicts.

Twelve of the respondents indicated they had marriage and family problems. Among the 30 respondents who were separated or divorced, 70 percent indicated that gambling was a cause. These effects of gambling are likely to have a significant impact on children. Problem gamblers are also probably more likely than the general population to consider or commit suicide. The survey of Gamblers Anonymous members indicated that 69 respondents had thought about suicide, 59 indicated they planned how they would commit suicide, and 23 had actually attempted suicide.

The survey statistics reported by Thompson et al. are indeed startling. However, as they represent GA members, they perhaps represent the extreme end of the distribution of individuals in society with the most serious gambling problems. A variety of other studies reports on similar social impacts of disordered gambling. The National Gambling Impact Study Commission and the National Research Council⁴⁷⁹ provide comprehensive discussions of many of these social impacts. The following table illustrates some problems commonly associated with disordered gambling. The table indicates the percentage of individuals among those surveyed who experience such issues, sorted by their gambling classification.

⁴⁷⁸ William N. Thompson, Ricardo C. Gazel, and Dan Rickman, "The Social Costs of Gambling," *Gaming Law Review*, Volume 1, p. 81-89. Data reported in the following paragraphs are from p. 86-87.

⁴⁷⁹ National Research Council, *Pathological Gambling: A Critical Review*, 1999.

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Figure 48: Percentage of individuals reporting various problems associated with gambling

Problem	Non-Gamblers		Low-Risk Gamblers		At-Risk Gamblers		Problem Gamblers		Path. Gamblers	
	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year	Lifetime	Past Year
Health poor/fair, past year	22.8	21.0	14.0	12.3	15.7	13.2	16.3	22.6	31.1	29.6
Mentally troubled (currently) (RDD only)	10.7	14.6	15.9	17.1	26.5	28.5	42.3	24.2	41.9	66.5
Mental health tx, past year	5.1	6.9	6.8	6.3	6.4	10.1	12.8	5.4	13.3	12.9
Emotionally harmful family argument about gambling	NA	0.5	0.1	0.3	0.8	6.8	15.8	10.5	53.1	65.6
Manic symptoms, ever	NA	0.7	NA	1.6	11.3	17.6	16.8	13.4	32.5	40.1
Depressive episode, ever (RDD only)	NA	0.1	NA	1.0	8.6	17.4	16.9	5.2	29.1	20.0
Alcohol/drug dependent, ever (RDD only)	1.1	0.9	1.3	1.8	5.6	13.3	12.4	13.9	9.9	20.0
Drug use 5+ days, past year	2.0	2.4	4.2	5.1	9.2	13.5	16.8	16.1	8.1	13.9
Any job loss, past year	2.6	4.8	3.9	3.6	5.5	2.1	10.8	0.0	13.8	25.0
Bankruptcy, ever	3.9	3.3	5.5	6.4	4.6	10.9	10.3	13.8	19.2	10.7
Arrested, ever	4.0	7.0	10.0	11.9	21.1	25.7	36.3	25.0	32.3	26.4
Incarcerated, ever (RDD only)	0.4	—	3.7	—	7.8	—	10.4	—	21.4	—

Source: National Gambling Impact Study Commission, Table 7-2, p. 7-21.

Other studies confirm the variety of personal, family, and career problems that often accompany a gambling problem. For example, the study by Shaw et al. (2007) discusses “collateral effects” of pathological gambling, including “divorce, domestic abuse, financial instability, friendship/ family loss, and the psychological and educational development of the children included in those families.”⁴⁸⁰

Studies that focus on disordered gamblers find that such individuals often have other behavioral problems and issues. Similar results have been found with respect to crime, although there is not clear evidence that casinos affect crime rates. There is an important distinction between “micro” studies which examine problem gamblers specifically, and “macro” studies which look at aggregate statistics. Although the studies cited above point to a variety of problems experienced by disordered gamblers and their surrounding society, these results do not always hold at an aggregate level. For example, one study examined county-level rates of suicide and divorce in eight new casino jurisdictions, comparing them to similar non-casino control jurisdictions.⁴⁸¹ The results are summarized:

“Suicide rates are not statistically different between casino and control communities. Divorce rates are lower in three casino counties, higher in one, and not statistically

⁴⁸⁰ Martha C. Shaw, et al., “The Effect of Pathological Gambling on Families, Marriages, and Children,” *CNS Spectrums: The International Journal of Neuropsychiatric Medicine*, Volume 12, 2007, p. 615-622.

⁴⁸¹ Mark W. Nichols, B. Grant Stitt, and David Giacomassi, “Changes in Suicide and Divorce in New Casino Jurisdictions,” *Journal of Gambling Studies*, Volume 20, p. 391-404.

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different in four. Overall, the results suggest no widespread, statistically significant increase in either suicide or divorce.”⁴⁸²

These results could be interpreted as meaning that casinos do not contribute to suicide and divorce. However, since the study relies on county-level data, one may not expect statistically significant results, especially since only about 1 percent of the population is likely to have a gambling disorder.⁴⁸³

Despite the lack of results in macro studies of the negative impacts of gambling, jurisdictions should be aware that such problems are likely to occur, even if they affect a relatively small number of people.

NIMBY

One final general concern that many people have with respect to legal gambling (and expanded gambling) is that it changes a community’s “feel.” Many times a person’s opposition to gambling can simply be summarized as NIMBY (“not in my back yard”). For example, a casino brings with it more traffic, perhaps more crime, and a variety of other changes that may fundamentally change a community. A person may not necessarily be opposed to the activity of gambling, but they would prefer that it not be located near their home.

More generally, and with respect to Florida, as Bill Lupfer of the Florida Attractions Association noted earlier in the report, expanded gambling would damage “the Florida brand” of wholesome, family-oriented tourism.

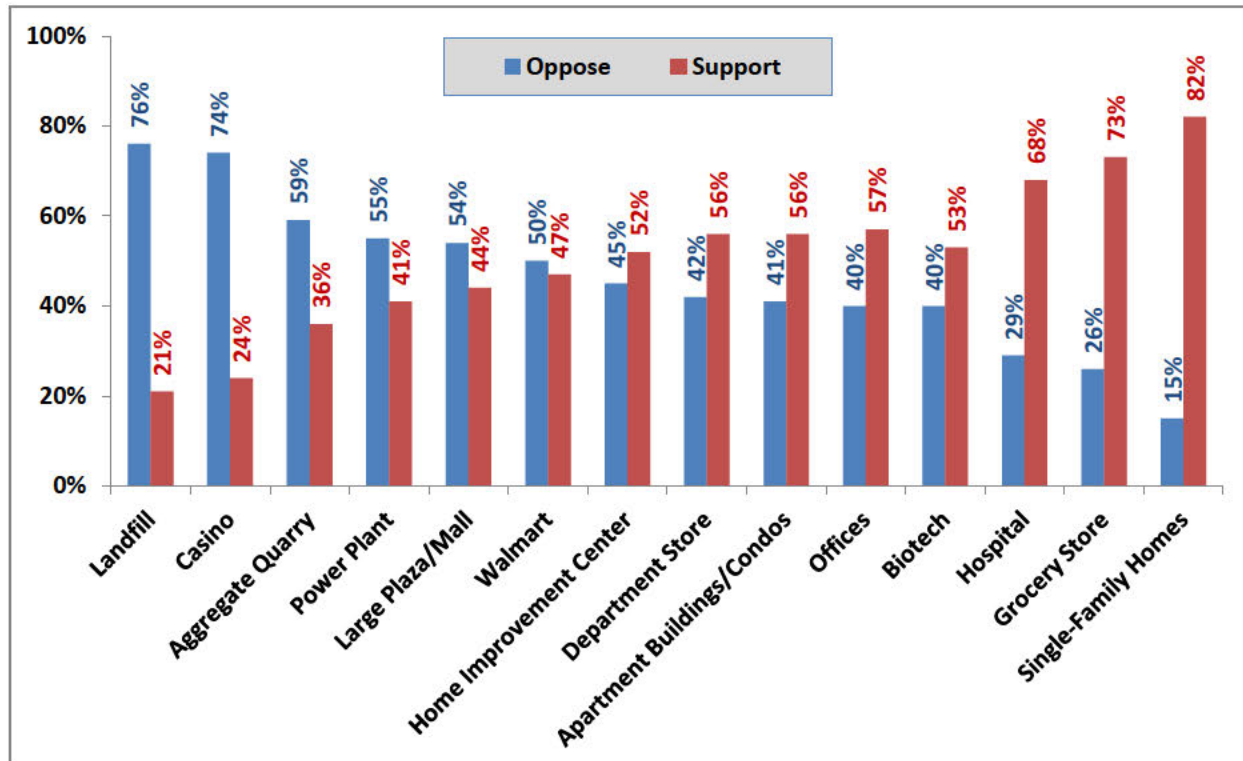
According to one poll, most Americans do not support having a casino in their own community. The Saint Consulting Group, a Hingham, MA, consultancy that specializes in land-use politics, every year or two conducts a nationwide poll (“The Saint Index”) asking Americans whether they would support a certain type of facility or land use in their community. “Casino” routinely ranks among the second- or third-most opposed category. This stands in contrast to the American Gaming Association’s annual poll, which in 2012 showed that 85 percent of Americans say that casino gambling is acceptable for themselves or others⁴⁸⁴ – demonstrating the NIMBY factor. The following chart shows the results of the most recent Saint Index:

⁴⁸² Ibid, p. 391.

⁴⁸³ However, this is not necessarily to say that divorce and suicide only happen among the population of disordered gamblers.

⁴⁸⁴ *State of the States* 2013, p. 32.

Figure 49: Saint Index 2011: Support and opposition to land use in respondent's own community, nationwide



Source: The Saint Consulting Group

b. Positive Impacts

Legalized gambling has expanded in the United States quite dramatically since the 1960s. The lottery was introduced in New Hampshire in 1964, and now 43 states have a state-operated lottery. Horse and greyhound racing are also very common. Casinos, which began to spread outside of Nevada and New Jersey in the late 1980s, are now legal in 42 states.

State governments and voters tend to approve the legalization of commercial casinos for economic reasons. That is they expect significant economic benefits from the introduction of casinos. These benefits may include increased employment and an increase in average wages, economic growth (i.e., increases in per capita income), and increased tax revenues. These effects are discussed in much more detail in other parts of this report; here we provide a brief introduction to the literature on these economic benefits, particularly from casinos.

Employment and Wages

The casino industry promotes itself by publicizing employment data. Casinos can generate employment through the construction of their facilities and then through their day-to-day operations. The casino industry is very labor-intensive. As an example of this, the American Gaming Association's *State of the State* annual report lists the number of casino employees in

each state with commercial casinos.⁴⁸⁵ The report also lists “casino employee wages” as a state-level aggregate. There is certainly an effect on local labor markets when a new casino is built and operating. In general, one can think of the new casino as causing an increase in the demand for labor. As a result average wages should increase as employment increases.

However, casino critics often argue that casino jobs are low-quality, low-paying jobs. There are no academic studies of which we are aware that confirm this contention. Perhaps the most comprehensive, best analysis of the labor market effects of casinos was written by Chad Cotti in 2008.⁴⁸⁶ Cotti analyzes US county-level data, comparing counties with and without a casino. He finds that casino counties see an increase in employment after a casino opens. Further, his analysis shows that casinos create modest benefits to both employment and wages, but that the employment growth is negatively related to county population. (That is, there is a smaller impact on employment growth in more populous casino counties.)

Since Cotti’s analysis compares all casino counties to all non-casino counties, and because he controls for other economic variables in his analysis, we can be confident that his analysis isolates the impact of casinos. What his analysis does not show is the net effect of casinos compared to some other specific non-casino industry. In order to analyze the effects of gambling in Florida, jurisdictions in which casinos or pari-mutuels are operating should be compared to other non-gaming jurisdictions, while controlling for other economic variables.

These results should not be surprising, as a casino represents new economic activity in a local economy. As with other new businesses, one should expect that a new casino will create jobs. However, measuring the impact of casinos on employment requires a consideration of the *net impact*. That is, simply because a casino employs 1,000 workers does not necessarily mean that the casino created 1,000 new jobs. Some jobs may have been lost in other competing industries. Nevertheless, the available empirical evidence suggests that casinos have a positive impact on the labor markets in which they operate.

Economic Growth⁴⁸⁷

The casino industry does not typically promote itself as generating economic growth. This is probably because, as a political matter, how a casino would generate economic growth is a more abstract concept than, say, the creation of jobs. However, politicians often claim that casinos can be used as a tool for redevelopment. (See the discussion later in this section of the report.)

Casinos can lead to economic growth simply because they represent new economic activity in a region. Joseph Schumpeter discussed “the introduction of a new good” as one

⁴⁸⁵ 2013 *State of the States*, p. 12-22.

⁴⁸⁶ Chad D. Cotti, “The Effect of Casinos on Local Labor Markets: A County Level Analysis,” *Journal of Gambling Business and Economics*, Volume 2, 2008, p. 17-41.

⁴⁸⁷ This section draws from Douglas M. Walker, *Casinonomics*, 2013, chapters 2-6.

possible source of economic development.⁴⁸⁸ This proposition has been tested with respect to casinos.

The most recent evidence on the issue uses Granger causality analysis. Basically, what this statistical test does is determine whether the use of one variable (casino revenues) can improve the prediction of another variable (per capita income). If it can, then it is said to “Granger cause” the other variable. This is as close as economics can come to showing “causality” among two variables. The Granger causality analysis uses data from US states with commercial casinos, from 1990 through 2010. The analysis indicates strong statistical evidence that casino revenues do Granger cause economic growth.⁴⁸⁹

If we step back and consider what causes economic growth (increases in per capita income) to occur, it boils down to mutually beneficial transactions. That is, whenever a market transaction occurs between buyer and seller, both parties are expecting to benefit as a result of the transaction; otherwise they would not agree to trade.

The benefits of such transactions can be easily seen, especially for the sellers. Profit is simply the difference between the selling price and cost of production. This is the net benefit to the seller, which is the amount of money that remains after paying for the inputs to production. On the buyer’s side of the market, there is a similar benefit from the transaction, but it is a little more abstract. Consumers typically receive more in benefits from consumption than they had to pay for it. For example, if a person is so thirsty that he would be willing to pay \$5 for a soda, but he has to pay only \$2 at the neighborhood grocery, he receives a \$3 net benefit from the transaction. In a sense, the consumer has a “profit” analogous to the seller’s profit.

Any business that provides a good or service for which people are willing to pay helps to foster this process of mutually beneficial exchange. This is simply economic activity, which is the basis of economic growth. It matters little what type of business it is, as long as the customers receive benefits from the product at least as great as the amount they must pay.

As new businesses are formed, workers must be hired to produce the goods and services. This creates increased competition for workers; that is, there is greater demand for workers, and wages are likely to be pushed up as a result. The new firm must offer a salary and/or benefits in excess of workers’ next-best option; otherwise the new firm will not be able to find suitable employees. It is possible that the new firm would simply hire individuals who are currently unemployed. In this case, the new job still presumably represents an improvement over the unemployed worker’s current situation.

⁴⁸⁸ Joseph A. Schumpeter, *The Theory of Economic Development*, 1993, p. 66.

⁴⁸⁹ Walker, *Casinonomics*, 2013), p. 54-56. It should be noted that a similar study performed in 2007 did not find a Granger causal relationship between casinos and economic growth. However, as noted above, the most recent evidence suggests there is such a relationship.

Tax Revenues

Legalized gambling, in general, and casinos, in particular, can have a significant impact on state government budgets. Yet, the effect is not as large as many observers believe. In 2004, legalized gambling accounted for less than 2 percent of state revenues in most states. In Nevada, casino taxes represented 10.4 percent of state revenues. In Florida, the lottery represented about 1.7 percent of state government revenues during 2004.⁴⁹⁰ (We discuss this in more detail in Chapter III.)

Although legalized gambling is usually taxed at relatively high rates, this does not necessarily mean that the existence of a gambling industry necessarily results in a net increase of state tax revenues. For example, if there is a large “substitution effect”⁴⁹¹ away from other consumption, legalized gambling could actually result in a decrease in tax revenues. This result is unlikely in most jurisdictions, however, since tax rates on gambling are typically much higher than tax rates on other goods and services. For example, the “lottery tax” is about 40 percent. The effective tax rate on gross casino revenue ranges from 7 percent in Nevada to over 50 percent in several states.

Several researchers have examined the impact of legalized casinos and lotteries on state government revenues. For example, Siegel and Anders (1999) examine how Missouri county sales tax revenues were affected by the introduction of riverboat casinos.⁴⁹² They studied 1994-96 data, and found that a 10 percent increase in gambling tax revenue leads to about a 4 percent decrease in taxes from other amusement and recreation sources. The study by Borg et al. (1993) found that \$1 in lottery revenue has a cost of 15-23 cents in other types of government revenue.⁴⁹³ However, the lottery still leads to a net increase in state tax receipts; the “substitution effect” from the lottery is not very great.

The study by Walker and Jackson (2011) is probably the most comprehensive tax study in the United States, to date.⁴⁹⁴ They found statistical evidence that lotteries do lead to an increase in state net tax receipts, but that the positive effect diminishes as sales increase. Their casino result was interesting, that casinos have a mildly negative impact on state tax receipts. However, their analysis also finds a positive impact on state tax revenues from increases in per capita income (i.e., economic growth) and hotel employees (as a proxy for tourism). If casinos generate economic growth and are a significant component of a state’s tourism sector, then

⁴⁹⁰ Ibid, p. 68.

⁴⁹¹ This effect is discussed in more detail in Section IV of the report.

⁴⁹² Donald Siegel and Gary Anders, “Public Policy and the Displacement Effects of Casinos: A Case Study of Riverboat Gambling in Missouri, *Journal of Gambling Studies*, Volume 15, 1999, p. 105-121.

⁴⁹³ Mary Borg, Paul Mason, and Stephen Shapiro, “The Cross Effects of Lottery Taxes on Alternative State Tax Revenue,” *Public Finance Quarterly*, Volume 21, 1993, p. 123-140.

⁴⁹⁴ Douglas M. Walker and John D. Jackson, “The Effect of Legalized Gambling on State Government Revenue,” *Contemporary Economic Policy*, Volume 29, 2011, p. 101-114.

casinos may still have a positive impact on state-level tax receipts. So, although their analysis suggests that the direct effect of casinos on taxes is probably not positive, the overall impact of casinos may be positive when the economic growth and tourism effects of casinos are accounted for.⁴⁹⁵

38. Gambling-Specific vs. Non-Gambling Impacts (Job Creation and Wage Changes)

For any of the impacts discussed in the previous section, understanding the specific effects of gambling is more complicated than it may initially seem. This is because the relevant comparison for understanding the changes in society caused by gambling is not just between the situations before and after gambling is introduced. Rather, the relevant comparison is between the situation with gambling and *what otherwise would have happened*, called the “counterfactual.”

Consider an example in which there is a single plot of vacant land in a city, and the land owner is deciding whether to allow a casino or a shopping mall to be built. Let’s suppose the casino is eventually built. Then there will be employment and wage effects, for example, resulting from the building and opening of the casino. The jobs created by the casino, the wages paid, and taxes paid will likely be reported as the effect of the casino on the local/regional economy. The reported benefits of the casino are those compared to the situation prior to the casino being built. But this assumes that if the casino had not been built, nothing else would have been. But in our scenario, a shopping mall would have been built. Then to determine the net impact of a new casino, the effects of the casino should be compared to what would have likely happened had the shopping mall been built instead.

For the practical analysis of the impacts of casinos, it is difficult to always know what would have otherwise happened. One way of isolating the impact of casinos is to compare the situation in casino communities with those in non-casino communities. As an analysis of aggregates, this type of analysis can isolate the marginal impact of casinos, as long as other variables are controlled for in the analysis.

Perhaps more importantly, in considering the impacts of casinos, it is important to distinguish those effects that are specific to the nature of gambling (such as crime committed by problem gamblers), and those that also result from a casino, but are simply economic impacts caused by a new firm/industry entering a local economy.

By way of example, if wages increase in a community because some of its previously unemployed and under-employed adults are working at a casino, that would increase spending power in that region. That increased spending power could potentially result in increased investment by non-gaming businesses.

⁴⁹⁵ Walker, *Casinonomics*, p. 84.

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Hypothetically, such investments could include, say, a regional supermarket chain or a national pharmacy outlet in an area that previously did not warrant such investments. This economic growth would be casino-related, but it is not the result of gaming, in particular. Alternatively, consider if a local food store or local pharmacy is adversely impacted and hypothetically goes out of business, it is clearly an impact of the casino. But it is not necessarily gaming-related, but is rather related to general economic growth. Moreover, such an impact is adverse to that pharmacy owner, but may not be adverse to the community.

Similarly, if a casino raises the prevailing wage in an area, particularly for unskilled or semi-skilled work, that could have an adverse impact on a number of small businesses, such as small hotels, restaurants or fast-food franchises. Some may find that they cannot afford to pay the prevailing wage rate and still be profitable. That is an impact of casinos, but is not related to the specific nature of gambling, nor is it clear whether that is adverse or beneficial to the larger community.

Historically, Atlantic City and the Miami region, particularly Miami Beach, have had much in common, starting with their histories as East Coast tourist destinations. At various times, both endured economic downturns and experienced rebounds – sometimes with the same results – but clearly the catalysts were different. Atlantic City’s economic catalyst was the legalization of casinos, while Miami’s rebound has had multiple catalysts. Still, some of the same effects can be detected, as noted in a 2012 blog:

“There is a flip-side to Miami's rebound. While the super-rich are buying, locals continue to suffer. Wages and income levels are low, and the metro has a high level of income inequality. Miami's housing market and broader economy remains highly uneven and divided. While South Beach and the downtown corridor may be booming, the area inland is rife with housing misery, foreclosures and homelessness. The economic and social distance between the global super-rich and suffering locals is substantial and growing.”⁴⁹⁶

Atlantic City clearly offers parallels, as noted in this excerpt from “Hostage to Fortune: Atlantic City and Casino Gambling”:

“In the pre-casino world, Atlantic Avenue was Main Street USA, where the appliance dealer knew the insurance broker and both knew the barber and the shoe salesman. George Babbitt would have been quite at home in that Atlantic City.

“What casino gambling did to that world was turn it upside down by injecting the world of Wharton econometrics and advanced marketing techniques into its major arteries.

“Prior to casinos, the hotels and utilities, along with a few other companies ... were the only employers of more than a handful of people.

⁴⁹⁶ Richard Florida, “Why Miami’s Real Estate is Booming Again,” *The Atlantic Cities*, March 6, 2012
<http://www.theatlanticcities.com/jobs-and-economy/2012/03/why-miamis-real-estate-booming-again/1396/>

“Before gambling became a component in the economy, all the workers in the region who bore the title of vice president could have squeezed into the laundry room of the Marlborough-Blenheim hotel.

“Now, the Marlborough-Blenheim is gone, and Atlantic City has a banquet room full of vice presidents – real vice presidents who grew up in a world of competition. Now, they manage big banks and casino firms and national drug store chains, and they often outclass and outdistance their local counterparts.

“Most of the fast-food outlets and the new drug stores and appliance dealers opened in the suburbs. To the city came new law offices and new bank branches and other businesses that would likely not have considered Atlantic City as an ideal location in its pre-casino days have opened up. ...

“There are only so many ways to spend or save a single dollar, and the brokerage firms and the banks, and the haberdasheries, and the restaurants are in competition with each other for that dollar.

“The available outlets for the dollars, it seems, expanded as rapidly as the supply of dollars.”⁴⁹⁷

The economic patterns are the same, but the causes – and arguably any potential solutions – would be different, yet it must be noted that, while the presence of casinos was the proximate cause of Atlantic City’s disruption, the nature of this industry has no particular relevance to that disruption.

39.Short- and Long-Term Fiscal Impacts of Government Policies

In an increasingly competitive global economy, casino gambling is seen as a quick and easy way to create jobs, increase convention and tourism business and stimulate development of additional visitor attractions and amenities. However, to maximize the economic benefits of casino development and to minimize any potential negative impacts, it is vital that state and local policy makers have a clear understanding of how different implementation scenarios and community variables may affect short and long term outcomes.

Land-use planning and zoning power is the most effective tool that state and local governments have to plan for and control development related impacts. Casinos are unlike other types of development projects such as an office park or a shopping center. Casino development may potentially have a greater impact on traffic, housing stock, the labor force and municipal services. Newer, more sophisticated planning tools such as geographic information systems and economic modeling enable government planning to have a better understanding of the potential impacts of projects and thereby plan more appropriately.

⁴⁹⁷ Michael Pollock, *Hostage to Fortune: Atlantic City and Casino Gambling*, 1987, p. 160-161.

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A study of the impact of casino gambling in Connecticut by Spectrum found that the absence of regional planning had significantly impeded state and local officials in their efforts to address the impact of two Indian casinos on traffic, public safety and education.⁴⁹⁸

Atlantic City is a classic example of how poor land use planning, particularly in the formative period immediately following the passage of casino gaming, greatly impeded orderly development and the city's potential.⁴⁹⁹ Rampant, unchecked real estate speculation became an immediate and enduring problem for the city. The phenomenal success of Atlantic City's first casino made potential casino developers willing to pay almost any price to get their projects started. Slum neighborhoods suddenly took on new value. To real estate speculators, only the land had value. Buildings and businesses did not. Thousands of lives were disrupted when buildings were sold and tenants evicted. Once-stable neighborhoods suddenly became vacant and desolate.

Atlantic City government did little to tame speculation and in many ways encouraged it. Its master plan was deemed unrealistic and local officials did little to adhere to whatever guidelines it did offer. Nearly everyone who applied for a variance got one. In effect, everywhere in the city was a potential casino site.⁵⁰⁰

The national experience with legalized gaming has matured to the point where policy makers have a much better idea of what may or may not work effectively in a particular community.

Prior to 1978, casino gambling was only legal in Nevada, where it was implemented in 1931. In 1976, New Jersey became the nation's second state to approve legalized gambling. In New Jersey, legalized gambling was specifically intended to be "a unique tool of urban redevelopment."⁵⁰¹ According to its enabling legislation, "a limited number of casino rooms in major hotel convention complexes, permitted as an additional element in the hospitality industry of Atlantic City, will facilitate the redevelopment of existing blighted areas and the refurbishing and expansion of existing hotel, convention, tourist, and entertainment facilities."⁵⁰² The state constitution limited casino gambling solely to Atlantic City, one of the state's most economically distressed communities.

For a number of years, Atlantic City was the only legal casino gaming venue in the eastern United States during a period when the public's interest in casino gambling was

⁴⁹⁸ "Gambling in Connecticut: Analyzing the Economic and Social Impacts," *Spectrum Gaming Group*, June 22, 2009.

⁴⁹⁹ By D.W. Nauss, "Atlantic City Planning Does Not Pass Go," *New Jersey Reporter*, Volume 9, No. 10, 1981, p. 6-13.

⁵⁰⁰ *Ibid.*

⁵⁰¹ New Jersey Casino Control Act, N.J.S.A. 5:12-1.

⁵⁰² *Ibid.*

heightening. The spectacular profitability of Atlantic City's first casinos, their initial success in creating construction and permanent jobs that paid good salaries and provided good benefits, fostered widespread interest in casino gambling as an economic development tool. Although the urban redevelopment aspects of New Jersey's casino experiment were debatable, other states took note of casino gambling's economic impact and wanted to get in the game. In 1989, South Dakota and Iowa approved legalized gambling, initiating a new era of casino expansion. Currently, commercial casinos (non-Indian gaming) operate in 23 states.⁵⁰³

By 2008, Atlantic City's remarkable financial performance began to slip, due largely to the national recession and, more ominously, to growing competition from nearby states with new casinos. In 2012, among all states with casino gaming, New Jersey experienced the largest drop in both gross gaming win and gaming tax revenue.⁵⁰⁴ One of its newest and largest casinos, the \$2.4 billion resort, Revel, which opened in May 2012, filed for bankruptcy less than a year later.⁵⁰⁵ As one recent observer noted, "The Revel is a hulking reminder of big dreams going wrong and gambles not paying out. ... City planners and state legislators looking to casinos as sure ways of generating revenue should take note of this cautionary tale."⁵⁰⁶

The financially ailing Revel is not alone. The \$2.3 billion Foxwoods Casino Resort, owned by Mashantucket Pequot Tribal Nation in Connecticut, is also struggling financially.⁵⁰⁷ Like Atlantic City, with new competition coming on line in Massachusetts, Connecticut too can expect to see declining revenues and a more competitive gaming environment.

The dramatic rise and fall of Atlantic City's casino industry holds important lessons for other jurisdictions considering casino gambling. Casinos must be right sized and properly integrated into their host communities. Neither exists in a vacuum and both must be able to respond quickly to changing consumer tastes and market conditions. By establishing itself largely as a convenience destination, failing to plan for gaming competition elsewhere, and failing to responsibly incorporate casinos into the social and economic fabric of the city, the prognosis for both Atlantic City and its casino industry is an open question.

Workforce development is another area where proper planning can have positive short- and long-term impacts. Casino resorts are labor intensive and require a variety of skill levels to operate efficiently and meet the expectations of their patrons. Depending on the magnitude of

⁵⁰³ 2013 *State of the States*, p.2.

⁵⁰⁴ Ibid.

⁵⁰⁵ Donald Wittkowski, "Revel takes steps to restructure finances, ownership," *The Press of Atlantic City*, May 8, 2013, http://www.pressofatlanticcity.com/business/revel-takes-steps-to-restructure-finances-ownership/article_8e43888d-9b71-5f9d-a2d8-f14fe62018e8.html.

⁵⁰⁶ Luke Barley, "Atlantic City's Incredibly Bad Gamble on the Revel Casino," *The AtlanticCities.com*, May 9, 2013, <http://www.theatlanticcities.com/jobs-and-economy/2013/05/atlantic-citys-incredibly-bad-gamble-revel-casino/5541/>.

⁵⁰⁷ Michael Sokolove, "Foxwoods is fighting for its life," *New York Times Magazine*, March 14, 2012, http://www.nytimes.com/2012/03/18/magazine/mike-sokolove-foxwood-casinos.html?pagewanted=all&_r=1&.

their workforce demands, a new casino could cause a major disruption in the regional labor market. Getting unskilled and low skilled workers into the workplace can be a challenge.

In Massachusetts, where casino development was recently enacted, it is anticipated that over 30,000 individuals will need to be considered for employment in order to fill the 10,000 jobs that are expected. To meet this objective, the state recently ramped up its workforce recruitment process and employment infrastructure. To accomplish this, a collaboration of workforce stakeholders joined together. These include one-stop career centers, community based organizations, organized labor, community colleges and other public and private educational entities.⁵⁰⁸

The past three decades provide policy makers with an abundance of data and first-hand examples of how casino gambling impacted a community and what the role of policy makers should be. However, a clear, compelling understanding of the costs and benefits remains elusive and the academic literature is contradictory.

The 1999 National Gambling Impact Study Commission Report noted that social and economic impacts are not as easily severable as those responsible for policy making would prefer.⁵⁰⁹ Quantifying gambling related social costs and benefits can be extremely difficult. The Commission went on to note that the economic benefits of casino gambling appeared most powerful in more financially distressed communities where economic development opportunities were fewer.

In a 2005 study, Phineas Baxandall and Bruce Sacerdote compared the experience of counties in the United States that have casinos with counties that do not. They found that casino development appears to produce both modest positive effects as well a modest negative effects as well no statistically significant effects at all in some areas. They analyze the effects of casinos at the county level rather than the state level because entire states are simply too large to discern a casino's influences on outcomes such as employment or crime.⁵¹⁰ In *Gambling in America: Costs and Benefits*, Earl Grinols found that when all relevant factors were considered, the social benefits of casino gambling were outweighed by the social costs.⁵¹¹

The national experience with casino gambling has led policy makers, urban planners, social scientists and casino developers to recognize that a casino's chance of success increases if

⁵⁰⁸ Massachusetts Gaming Commission, "Workforce Development and Diversity," <http://massgaming.com/about/diversity/> (accessed May 20, 2013).

⁵⁰⁹ NGISC.

⁵¹⁰ Phineas Braxandall and Bruce Sacerdote, "Betting on the Future: The Economic Impact of Legalized Gambling," *Rappaport Institute for Greater Boston- Policy Briefs*, January 13, 2005 http://www.hks.harvard.edu/var/ezp_site/storage/fckeditor/file/pdfs/centers-programs/centers/rappaport/policybriefs/betting_final.pdf.

⁵¹¹ Earl L. Grinols, *Gambling in America: Costs and Benefits*, 2004.

it is properly sized and blended into the host community. The type, scale and format of a casino will inevitably be a factor in what impact it has upon the community.

Iowa was an early adopter of casino gambling and Dubuque is often cited as a community where casino gambling has been a successful component of an overall economic development strategy. A 2011 report noted that one would be hard pressed to find someone opposed to casinos among local residents.⁵¹² Dubuque Assistant Chief of Police Terry Tobin noted that his department does not have any concerns about organized crime, prostitution, robbery or other predatory crimes. City Manager Michael Milligen stated that poverty was not a problem and that local wages have increased.⁵¹³ Iowa is unique among states with casino gambling. In every county that has a casino, voters must pass a referendum approving casino gambling to continue.⁵¹⁴ In Dubuque, the last such referendum passed four years ago with 70 percent of county voters approving.⁵¹⁵

David G. Schwartz, Director of the Center for Gaming Research at the University of Nevada, Las Vegas, notes how casino resorts have undergone significant transformations since they first appeared in Nevada in 1931. In their early form, they consisted of low-rise motel buildings with 200 to 800 rooms centered around a casino/theater/restaurant area. Other design elements included spacious grounds and swimming pools. Beginning in the mid-1950s, casino operators developed larger, thousand-plus room hotel towers atop vast, low-rise buildings containing the casino, lounges, theaters, convention facilities and restaurants. All the amenities were integrated into a casino resort complex. In the 1990s, casino operators took these design elements further by developing elegantly appointed 3,000-room plus hotel complexes. These facilities, often costing \$1 billion or more, had distinctive architectural designs, elegant spas and pool areas, gourmet restaurants associated with world recognized chefs and high-end retail. They also placed a greater emphasis on the non-gaming aspects of the facility.⁵¹⁶

Eadington of University of Nevada, Reno wrote extensively on the social and economic impacts of casinos and is credited for almost singlehandedly establishing the economics of gambling as a field of study.⁵¹⁷ He noted that it is commonplace in a community considering casino gambling that the forces for and against actively debate the pros and cons of the proposal

⁵¹² "Casino Impact in Dubuque, Iowa," WFIR.com, posted June 9, 2011, http://www.wfir.com/home/headlines/Casino_Impact_in_Dubuque_Iowa_123594769.html (accessed May 9, 2013).

⁵¹³ Ibid.

⁵¹⁴ Iowa Gaming Association, "Public Policy - Referendum Vote Process," IowaGaming.org, <http://www.iowagaming.org/about-us/public-policy.aspx> (accessed May 6, 2013).

⁵¹⁵ Ibid.

⁵¹⁶ David G. Schwartz, Ph.D., "Casino Resort Evolution: The four stages, 1941-2005," UNLV Center for Gaming Research, October 2005. http://gaming.unlv.edu/media/Casino_Resort_Evolution.pdf.

⁵¹⁷ Kahlil S. Philander, Ph.D. and Douglas M. Walker, Ph.D., "William R. Eadington and the Economics of Gambling," UNLV Gaming Research & Review Journal, Volume 16 Issue 2, 2012, p. 9.

by focusing on the impacts they believe it will have on the community. Such debates are usually extremely emotional and contentious. However, according to Eadington, such debates too often reflect little or no understanding of the different types of casinos models and legislative frameworks and how these factors may affect desired community outcomes.⁵¹⁸

a. Different Casino Models

Eadington believed that in terms of increasing the economic potential of casino gaming while minimizing the costs, the modern integrated resort casino (another term for a destination casino resort) model offers the greatest potential. Many jurisdictions have “gaming centric” casinos. These are places where one mostly goes to play slot machines and table games. This type of facility generally will provide limited food and beverage options along with limited hotel accommodations, or none at all. Usually, 80 percent or more of their revenues come from gaming activities.⁵¹⁹

Conversely, integrated resort casinos offer a wide variety of leisure and entertainment options other than just gambling. They all have iconic architecture and require significant capital investment. By offering superior dining, entertainment and shopping, they often become popular attractions that appeal to both domestic and international tourists. They appeal to a broader market and compete more effectively for the high-end visitor dollar than gambling-centric casinos. The employment potential of integrated resort casinos is also greater. Their 24-hour operations, diversity of offerings and specialized services, require that they employ substantially more highly skilled and professionally trained employees than gaming-centric casinos.⁵²⁰

Integrated resort casinos pose more potential for convention related growth. Convention and conference organizers prefer to have their event in a venue that attendees will find attractive and appealing in order to achieve maximum attendance. Convention goers often want adult forms of entertainment. Integrated casino resorts with their vibrant nightlife, ample room supply, conference facilities and host of amenities can help fulfill that need.

Gary Loveman, Caesars Chairman and CEO, identified a hybrid model, discussed earlier in this report. He contends that the conventional view of casinos being either convenient neighborhood based slot parlors or as integrated resort casino destinations is incomplete. He states that over the past decade another model has emerged for policy makers to consider which he calls “the city integrated model.”⁵²¹ According to Loveman, its defining feature is integration with its community’s pre-existing businesses and attractions. In this model, the casino serves as a

⁵¹⁸ William R. Eadington and Meighan R. Doyle, “Everything to Everyone,” *Global Gaming Business Magazine*, February 3, 2010. <http://ggbmagazine.com/issue/vol-9-no-2-february-2010/article/everything-to-everyone>.

⁵¹⁹ Ibid.

⁵²⁰ Ibid.

⁵²¹ Gary Loveman, “Heart of the City,” *Global Gaming Business Magazine*, April 30, 2013. <http://ggbmagazine.com/issue/vol-12-no-5-may-2013/article/heart-of-the-city1>.

hub whose spokes extend out beyond its own amenities to established restaurants, shops, hotels and cultural organizations in the adjoining area. Its outward, rather than inward, focus renders it distinct from the integrated resort casino model while capturing many of that model's benefits.

In May 2012, a city integrated-style casino, Horseshoe Casino Cleveland, opened in Cleveland, OH, and may offer helpful insights to policy makers. Financially, its first year has produced mixed results. Profits have been lower than anticipated and the city will only receive \$13.4 million in gaming taxes, well below earlier estimates that assumed additional construction and ranged as high as \$29 million. However, the city's share is offset by the \$3.1 million in additional expenses related to the police department, which had to triple staffing in its downtown unit. Overall the casino's impact on the downtown area is considered positive with business owners saying the area is far more active and livelier. Crime did not soar as some predicted and the casino did not cause any adverse impact on local bars and restaurants. The casino employs 1,600 locals.⁵²²

The new Horseshoe Casino in downtown Cincinnati, OH, is following the same model. The casino, which does not have its own hotel, has entered into partnership agreements with several nearby hotels and restaurants.⁵²³

40. Conclusion

The academic research reviewed here suggests that casinos can have a variety of significant social and economic impacts, both positive and negative. Perhaps the most important question is whether casinos generate more benefits than costs. Unfortunately, the answer to this question is not obvious, and probably depends on the jurisdiction under consideration. Certainly in some jurisdictions, casinos have had a large positive impact, such as in Las Vegas and in the Gulf Coast of Mississippi. But casinos may bring their own problems. Most of the negative social impacts studied in the literature come from "disordered gamblers," who psychologists estimate represent about 1 percent of the general population. These individuals experience a variety of problems, including marital and career problems. They also sometimes engage in crime in order to deal with the financial problems caused by their excessive gambling.

It is important that any jurisdiction carefully consider these possible impacts prior to introducing or expanding legalized gambling. Although there may be obvious benefits from casinos, such as job creation and a new source of tax revenues, research confirms that there are some social harms that accompany the economic benefits of casinos.

⁵²² Thomas Ott, "Cleveland casino short of revenue projections but draws praise," *The Plain Dealer*, May 12, 2013, http://www.cleveland.com/metro/index.ssf/2013/05/cleveland_casino_short_of_reve.html

⁵²³ Alexander Coolidge, Cincinnati casino allies with 7 hotels," *Cincinnati Enquirer*, February 7, 2013. http://news.cincinnati.com/article/20130206/BIZ/302060087/Cincinnati-casino-allies-7-hotels?nclink_check=1.

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When considering the economic and social impacts of a casino, we must consider the effects of the casino relative to what otherwise would have happened (or what business might have otherwise opened). In addition, we must consider whether the observed effects are related to economic changes, in general, or are due to the nature of gaming specifically.

The experiences in a variety of casino jurisdictions confirm that careful planning is important for the success of the casino industry. Casinos should be integrated with their surrounding communities; they should be introduced in appropriate sizes and numbers for the current and potential future markets. The benefits of introducing casinos can be maximized, and the negative impacts minimized, if their development and regulation is carefully considered.

III. Economic Assessment of Florida's Existing Gambling Industry

As discussed throughout this report, Florida has an extensive gambling industry, principally through its state lottery, Native American casinos and pari-mutuel facilities. Each of these gambling sectors generates revenue that contribute to the Florida economy through tax payments, direct employment, indirect employment and induced employment. This chapter of the report quantifies the economic impact of the industry.

A. Gambling Sectors: Size and Importance

An analysis of gaming subsectors and their size and economic importance.

In Chapter II(B) we discuss the size and extent of Florida's primary gambling sectors, including the revenues. Here we provide more detail as to the revenue performance of each sector and, where available, the annual employment and wages, as well as purse, handle and attendance data for the pari-mutuel sectors. Spectrum endeavored to obtain, on a sector basis the desired data going back to 1990, but only the pari-mutuel performance data were available going back that far.

1. Pari-Mutuel

The Division of Pari-Mutuel Wagering does not collect the number of people employed at pari-mutuel facilities but upon request we did receive 2012 data showing that the industry's wages, exclusive of payroll taxes and benefits and compensation paid to directors, were \$148.8 million. Following are analyses of key performance and economic indicators for each pari-mutuel sector. It is important to note that wages and jobs for the racing sectors represent direct facility employment only; they do not account for the jockeys, trainers and others who provide economic impact but are not track employees.

a. Racetrack Slots

As of 2012, the six Florida racinos collectively had 3,319 employees – or an average of 553 employees per racino in both gaming-related and non-gaming capacities.⁵²⁴ The following table shows slot-machine-related operating results for the six racinos for year ended 2012.

⁵²⁴ 2013 State of the States.

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Figure 50: Florida racino slot performance (2012)

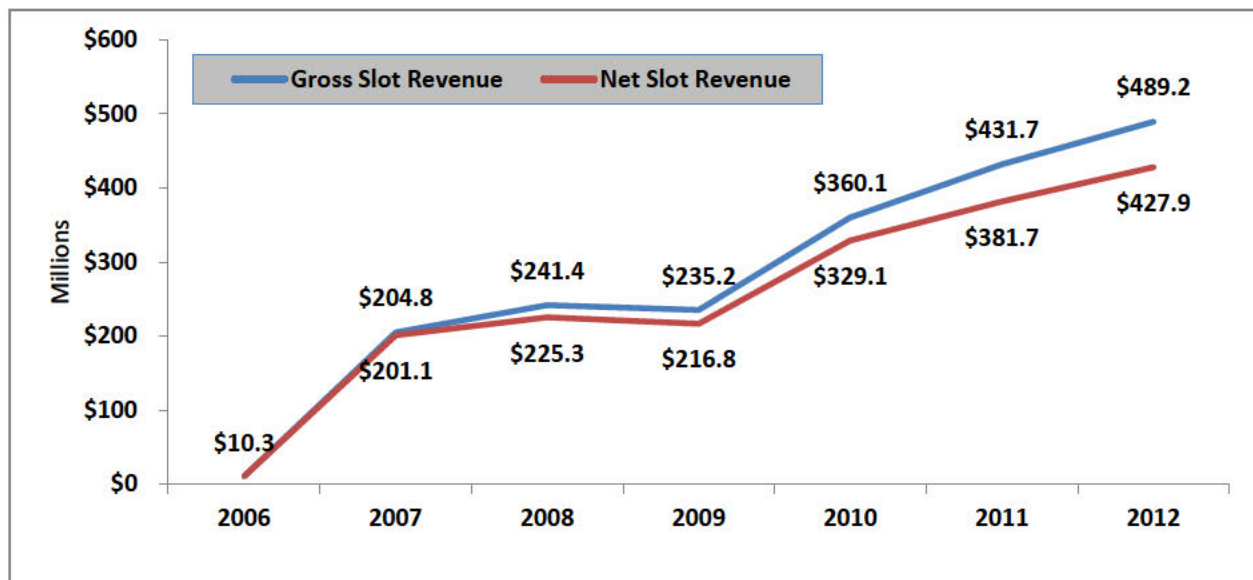
Racino	Casino Miami	Magic City	Calder	Gulfstream Park	Mardi Gras	Pompano Park	FL TOTAL
Slot Revenue	\$59.3	\$79.0	\$90.2	\$59.9	\$61.9	\$138.9	\$489.2
Promo Credits	(\$6.4)	(\$2.2)	(\$17.8)	(\$9.0)	(\$8.8)	(\$17.2)	(\$61.4)
Net Slot Revenue	\$53.0	\$76.8	\$72.4	\$50.9	\$53.1	\$121.7	\$427.9
Promo Credits, % of Slot Rev.	10.7%	2.7%	19.7%	15.0%	14.2%	12.4%	12.5%
Slot Rev. Unit / Day	\$165	\$273	\$204	\$194	\$161	\$261	\$211
Net Slot Rev. Unit / Day	\$147	\$266	\$164	\$165	\$138	\$229	\$185

Source: Florida Department of Business and Professional Regulation

As illustrated, Florida's six racinos generated slot revenue of \$489.2 million in 2012. Net slot revenue for Florida's six racinos was \$427.9 million in 2012, as \$61.4 million of revenue was in form of promotional credits. Promotional credits averaged 12.5 percent of slot revenue for the six racinos. The average daily win per slot was \$211; however, netting promotional credits reduced this average to \$185 over the annual period.

The following chart shows annual slot revenue (both gross and net) from inception through calendar year ended 2012.

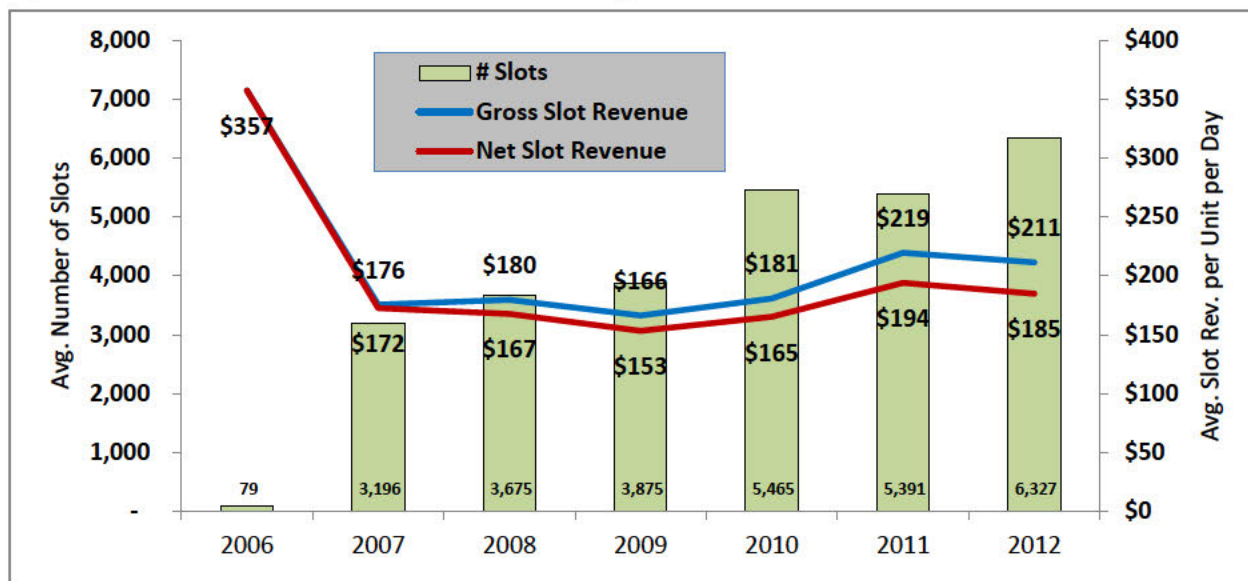
Figure 51: Florida racino slot performance, 2006-2012



Source: Florida Department of Business and Professional Regulation

From inception through 2012, Florida's racinos have generated \$1.97 billion in gross slot revenue and \$1.79 billion in net slot revenue. The following chart shows annual average slot revenue per slot machine per day (both gross and net) through 2012, along with average number of slots in operation annually.

Figure 52: Florida racino slot revenue/machine/day and counts, 2006-2012



Source: Florida Department of Business and Professional Regulation

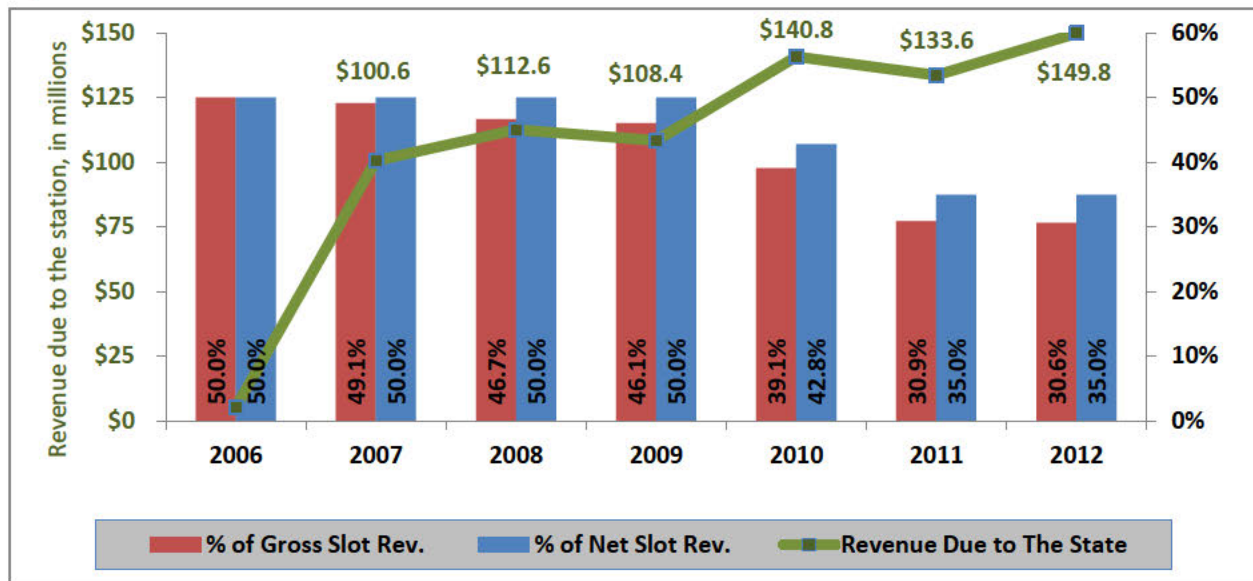
The current tax on slot revenue is 35 percent (or “revenue due to the state”), while this is imposed on net slot revenue (i.e., net of promotional credits and unclaimed tickets).⁵²⁵ However, at inception the applicable tax rate was 50 percent and has since been reduced. In addition to the tax on slot revenue, each pari-mutuel location having slot machines is subject to \$2 million annual Slot License Fee, along with an annual \$250,000 Compulsive or Addictive Gambling Prevention Program Fee.⁵²⁶

The following chart shows annual revenue due to the state from inception through calendar year ended 2012, along with effective tax rate by year (expressed as a percentage of gross and net slot revenue).

⁵²⁵ Florida Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, 81st Annual Report Fiscal Year 2011-2012.

⁵²⁶ Ibid.

Figure 53: Florida racino direct tax on slots, 2006-2012



Source: Florida Department of Business and Professional Regulation

From inception through calendar year ended 2012 Florida's racinos have generated \$750.9 million in revenue due to the state, from the direct tax on slot revenue.

b. Greyhound

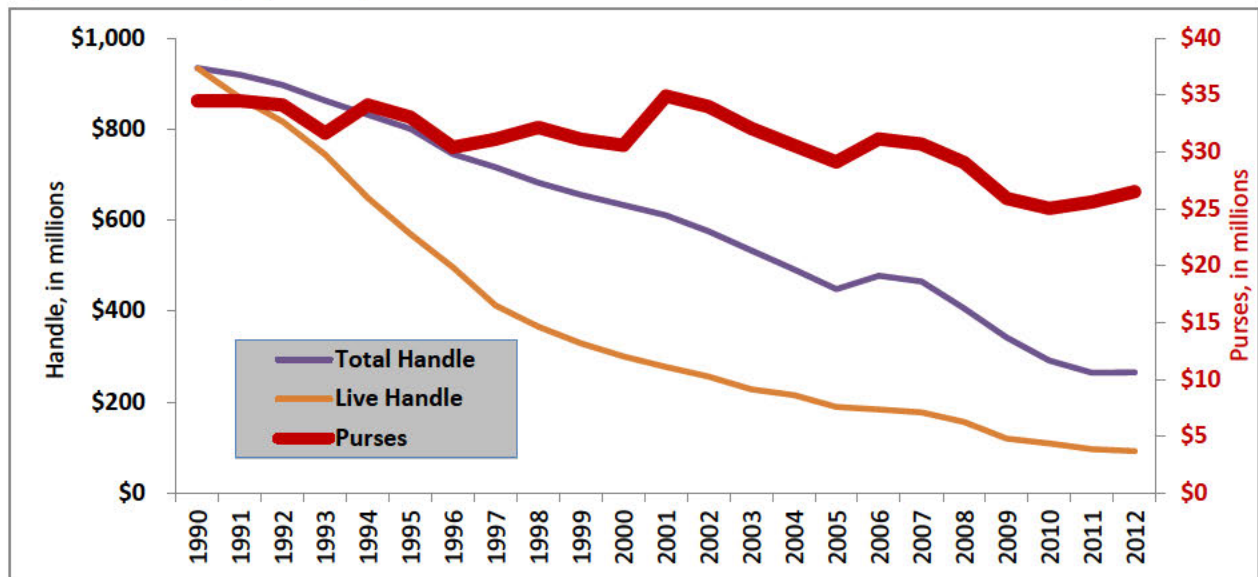
Greyhound racing, which is Florida's most widespread form of pari-mutuel racing, is clearly in serious decline. In the following two charts, note that the numbers of performances and purses have held relatively steady despite dramatic decreases in handle and attendance. Also note that most tracks no longer charge for admission.

Nonetheless, the greyhound tracks spent more than \$70 million in 2009 on goods and services purchased and had more than 5,400 employees on their payroll that was in excess of \$98 million. They paid direct state taxes of more than \$26 million.⁵²⁷

Jack Cory, a lobbyist for the greyhound owners, told Spectrum that the greyhound industry has an estimated overall economic impact of more than \$50 million when the spinoff costs of caring for the dogs is included, a claim that Spectrum could not independently verify. Those spinoff costs would include veterinary care, transportation, and feeding the dogs.

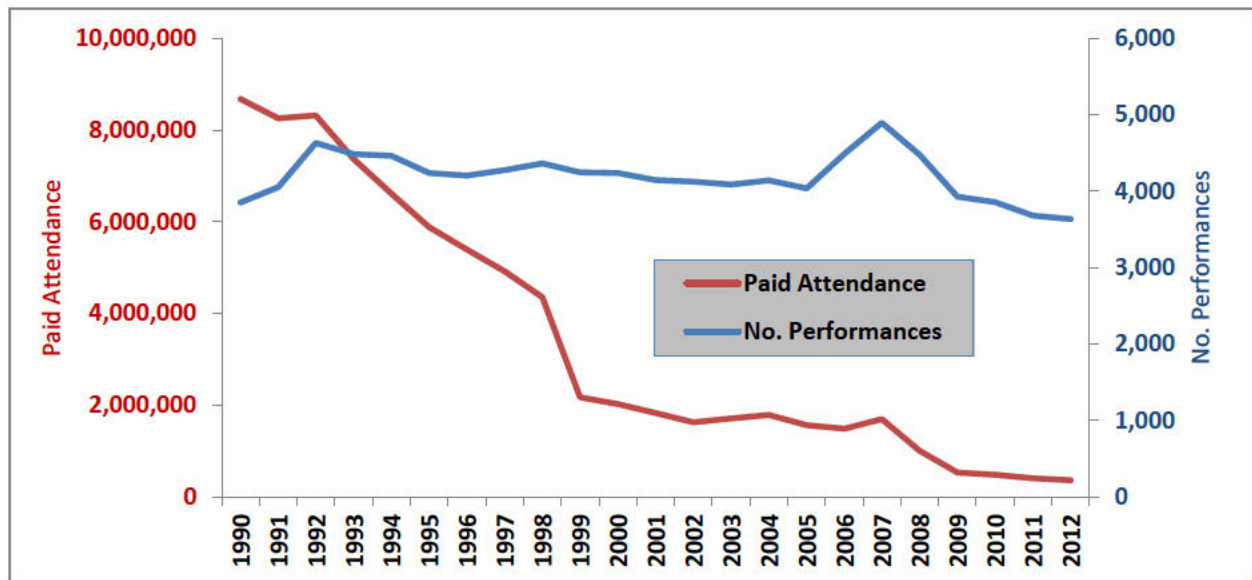
⁵²⁷ Innovation Group, "Florida Pari-mutuel Gaming Venues Market Assessment," p. 8, October 2009.

Figure 54: Florida greyhound purses and handle, 1990-2012



Source: Division of Pari-Mutuel Wagering **Note:** Total handle numbers are understated as PMW does not collect data on out-of-state generated handle, which is the single largest component of handle.

Figure 55: Florida greyhound paid attendance and performances, 1990-2012



Source: Division of Pari-Mutuel Wagering. Note: Most tracks no longer charge for admission.

c. Thoroughbred

There were 6,487 Florida-licensed thoroughbred owners from 1,352 Florida-licensed stables that participated in Florida racing during 2012-2013. These owners employed more than 1,467 thoroughbred trainers at Florida's three thoroughbred tracks. In turn, these trainers employed about 4,000 backside (stable) employees consisting of foremen, exercise people,

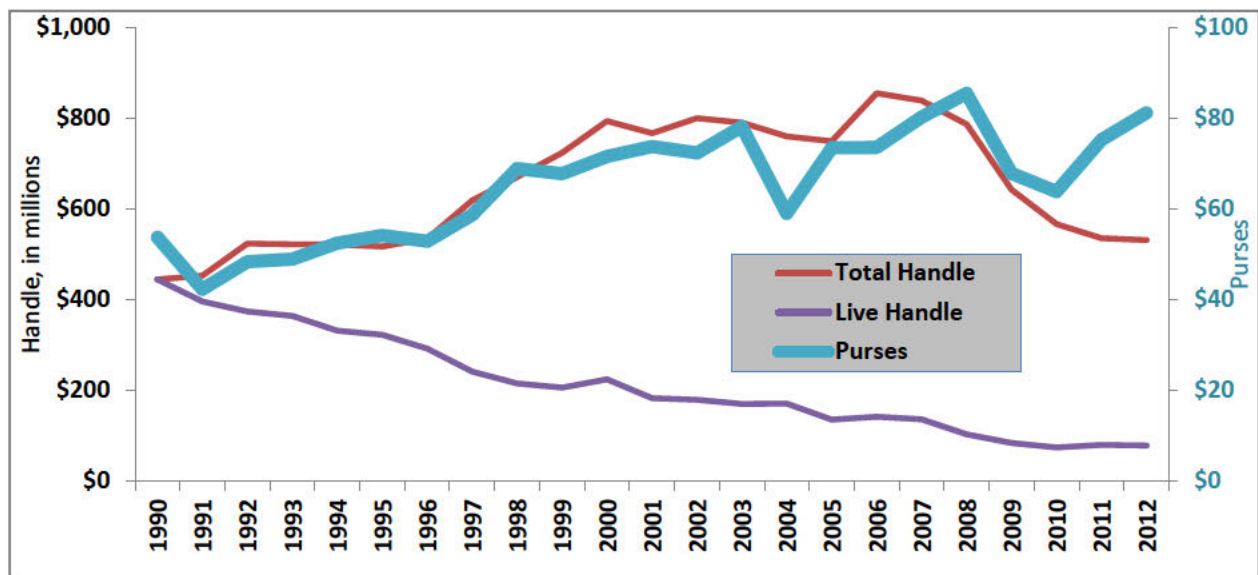
grooms, hot walkers and others. It is estimated that the equivalent of about 3,000 thoroughbred horses reside full-time in Florida and that each horse generates about \$25,000 in expenditures, resulting in an economic impact of \$75 million. Some of those costs include money spent on horse transport, stall bedding, grooming, and vet services.⁵²⁸

Florida is home to more than 600 thoroughbred farms and training centers covering 70,000 acres of land. More than 75 percent of the horse farms are located near Ocala in Marion County. Ocala is also home to the Ocala Breeders' Sales Company, which stages major bloodstock auctions for thoroughbreds throughout the year. It operates a training facility that includes a one-mile racetrack. It had net sales of \$14.8 million and a payroll of \$2.3 million in FY 2012.⁵²⁹ Ocala Breeders' also operates a simulcast parlor where patrons wager on horse and dog races.

The economic impact of the thoroughbred industry in Marion County is more than \$1.3 billion. Investment in operations is \$3.5 billion.⁵³⁰

For thoroughbred racing, note in the following charts that the numbers of performances and purses have held relatively steady despite dramatic decreases in handle and attendance.

Figure 56: Florida thoroughbred racing handle and purses, 1990-2012



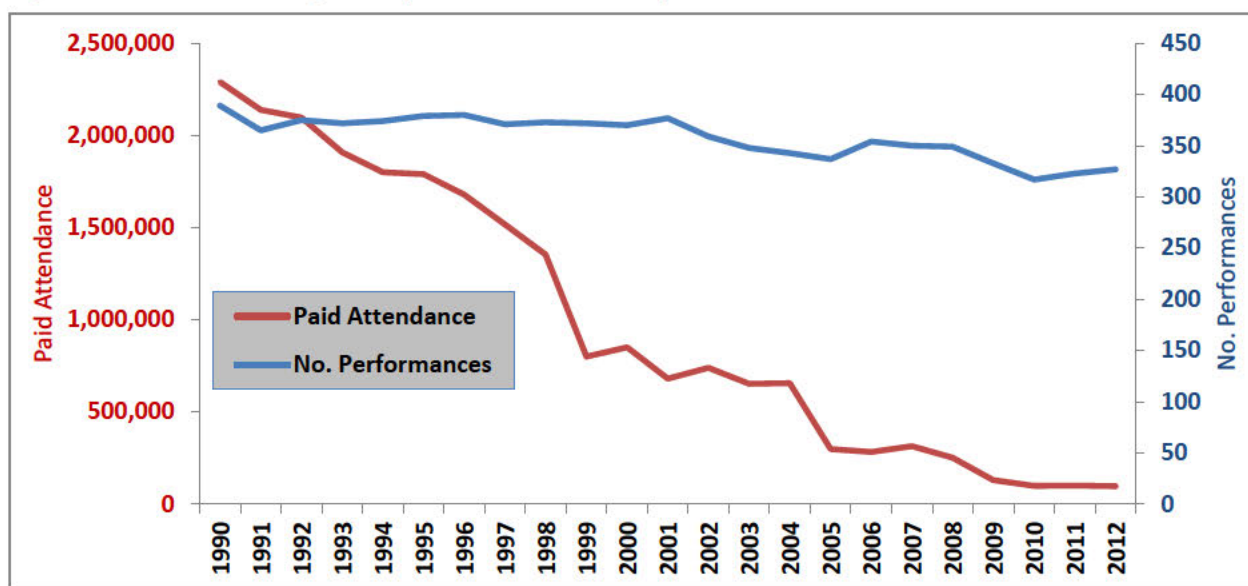
Source: Division of Pari-Mutuel Wagering. **Note:** Total handle may be understated as PMW does not collect data on out-of-track generated handle, the single largest component of handle.

⁵²⁸ Ibid.

⁵²⁹ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders*, FY 2012.

⁵³⁰ Florida Thoroughbred Breeders' and Owners' Association, <http://www.ftboa.com/about-us/why-florida-bred> (accessed May 23, 2013).

Figure 57: Florida thoroughbred paid attendance and performances, 1990-2012



Source: Division of Pari-Mutuel Wagering

d. Harness

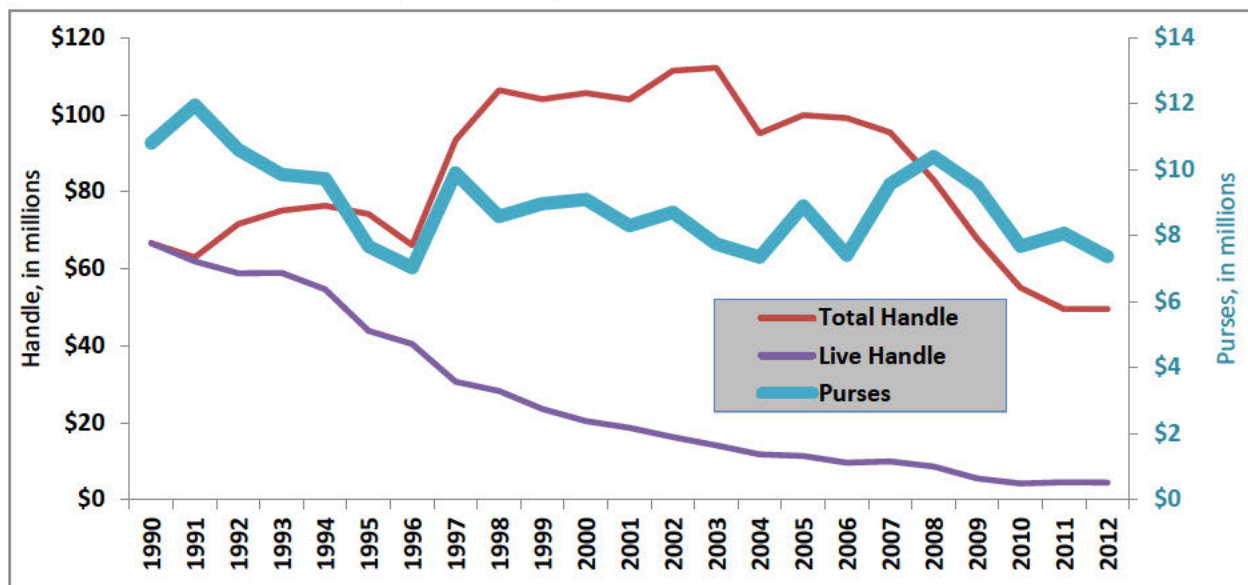
In harness (or standardbred) racing, as seen in the following charts, the purses and number of performances have been relatively steady while the live handle has declined. Isle Casino at Pompano Park, the only track where harness racing takes place, has stopped charging for admission. Its 2012 payroll was \$19.1 million. Pompano had a payroll of \$19.1 million in FY 2012. It had an operating profit of \$1.9 million but sustained a loss of \$2.4 million from its pari-mutuel operations while it had an operating profit of \$4.3 million from slot machines and \$90,000 from cardroom operations.⁵³¹

Purses have declined slightly, by 0.5 percent, from FY 2006 (the last full fiscal year that Pompano did not have a casino) to FY 2012. The failure to increase purses has put Pompano in a position where it is not competitive with other racino states, Pennachio said, noting that breeding has seen a significant reduction in activity. In 2011, there were 40 foals. In 2006, there were 163, according to Joseph Pennachio, president of the Standardbred Breeders and Owners Association.

⁵³¹ Florida PMW, *Independent Auditor's Report for Pari-Mutuel Permitholders, FY 2012*.

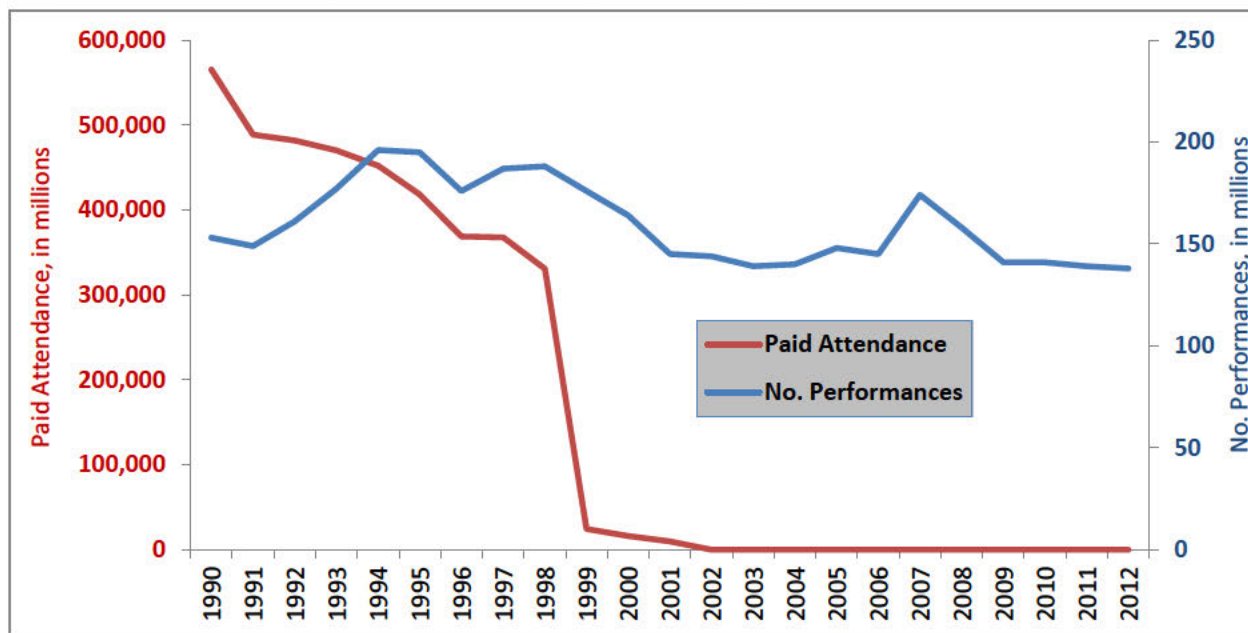
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Figure 58: Florida harness racing handle and purses, 1990-2012



Source: Division of Pari-Mutuel Wagering. Note: Total handle may be understated as PMW does not collect data on out-of-track generated handle, the single largest component of handle.

Figure 59: Florida harness paid attendance and performances, 1990-2012



Source: Division of Pari-Mutuel Wagering. Note: Pompano has not charged an admission fee since 2002.

e. Quarter Horse

Steve Fisch, president of the Florida Quarter Horse Racing Association, reported that more than 2,300 horses have raced at Hialeah since it reopened as a quarter horse track in 1992. Fisch's organization has set up an accredited breeding program with the state Department of

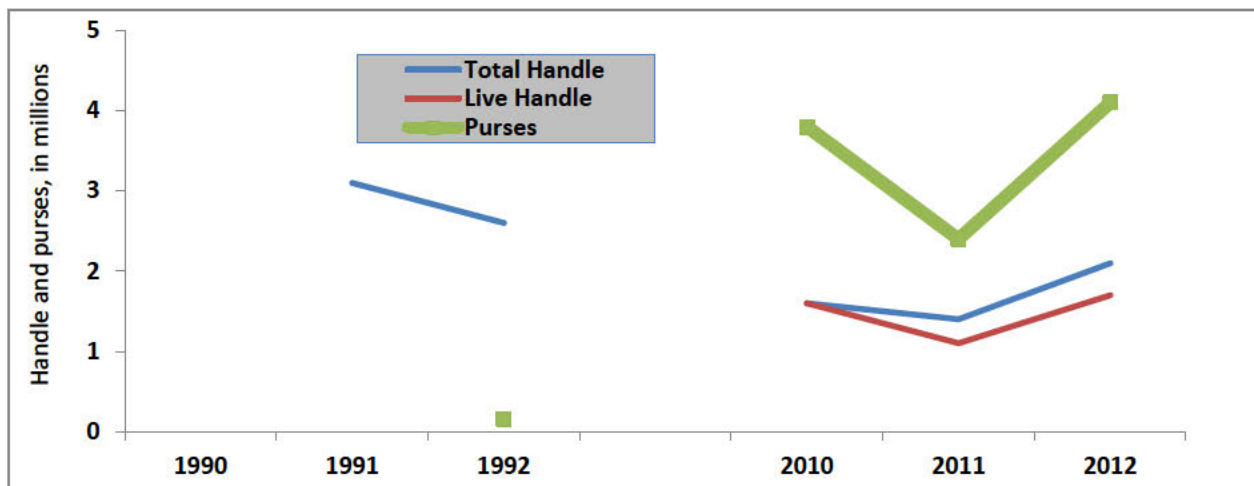
Agriculture, which rewards Florida-bred quarter horses with additional purse awards for finishing anywhere from first through fourth in races.

Already, Florida has seen some significant impact in breeding activity from the return of quarter horse racing. The number of starters foaled in the state in 2008 was 24. In 2012, the number increased to 96. During the same period, the number of owners of starters who reside in Florida increased from 68 to 247.⁵³² Each horse contributes nearly \$35,000 to the GDP in Florida, according to Fisch. Eventually, Fisch expects quarter horse racing to expand to other tracks. The result would be year-round racing. When and if that happens, he envisions a significant increase in breeding activity, handle and purses. Florida, he said, will become one of the top breeding states of quarter horses in the country. The number of starters foaled could exceed more than 2,000, he said.

Fisch noted that in just a few years, the Florida quarter horse industry has gained a reputation for quality race horses and breeding stock, so much so that owners have begun to export mares and stallions to Brazil and Australia. He expects that with the expansion of quarter horse racing to other tracks, the export of quarter horses to foreign countries will become a major industry.

Quarter horse racing returned to Florida in 2010 after a 17-year absence. There are limited data points from 1991-92, as seen in the following chart:

Figure 60: Florida quarter horse racing handle and purses, 1990-2012



Source: Division of Pari-Mutuel Wagering. Note: Quarter horse racing was halted in 1992 and returned to Hialeah in 2009 after it received permission to open a slot machine casino.

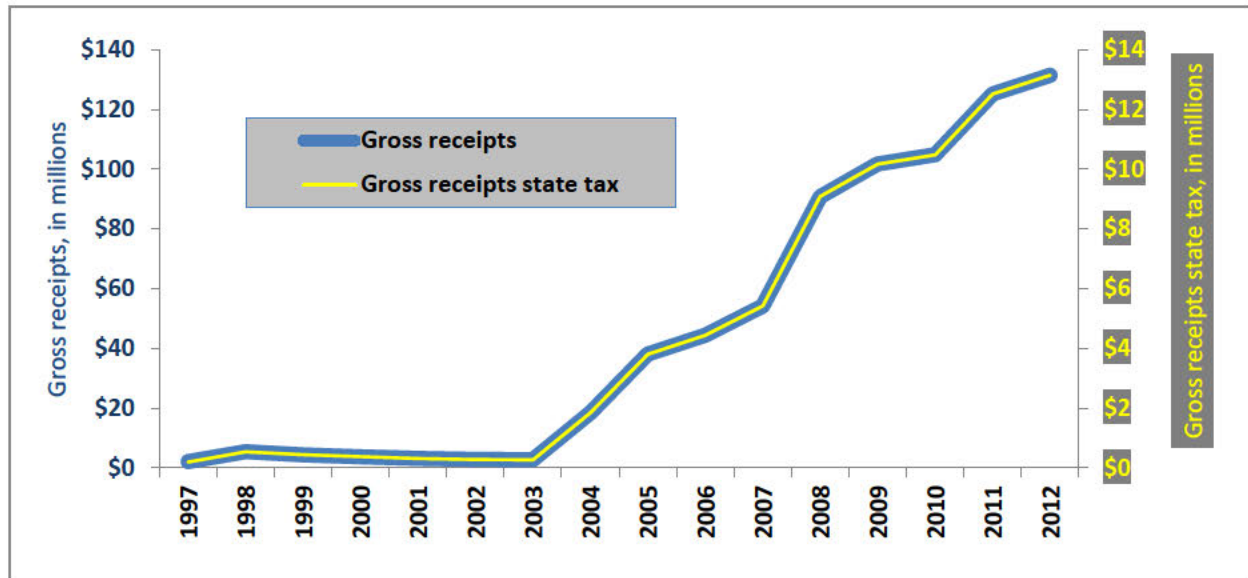
Quarter horse racing attracted paid attendance of nearly 36,000 in each of 1991 and 1992, but upon its return in 2010 did not charge for admission. The number of performances statewide for the last three years were 40 in 2010, 24 in 2011, and 76 in 2012.

⁵³² American Quarter Horse Association, custom report, May 21, 2013.

f. Cardrooms

The following chart shows cardroom receipts, along with the state's share from the 10 percent tax. Cardroom laws were changed in 2003 and then again in 2010 that encouraged professional poker players to play in Florida. The result, as the table shows, was a significant increase in gross receipts and tax revenue. Note that the revenue and tax lines follow identical paths, as the tax rate has stayed the same since inception.

Figure 61: Florida cardroom receipts and state tax, 1997-2012

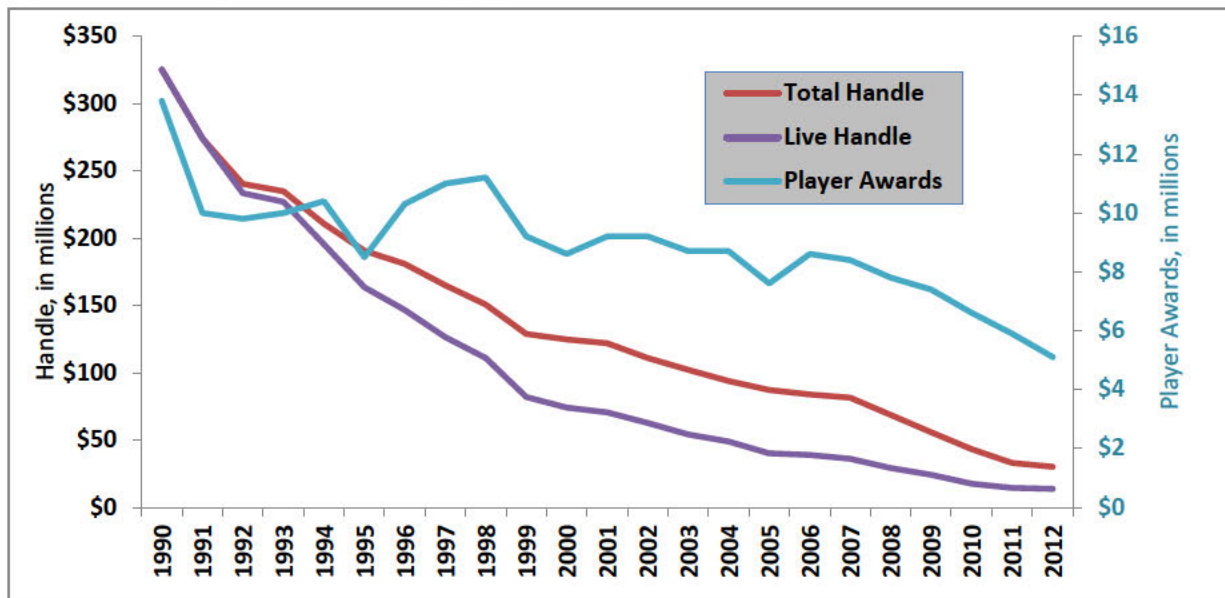


Source: Division of Pari-Mutuel Wagering

g. Jai Alai

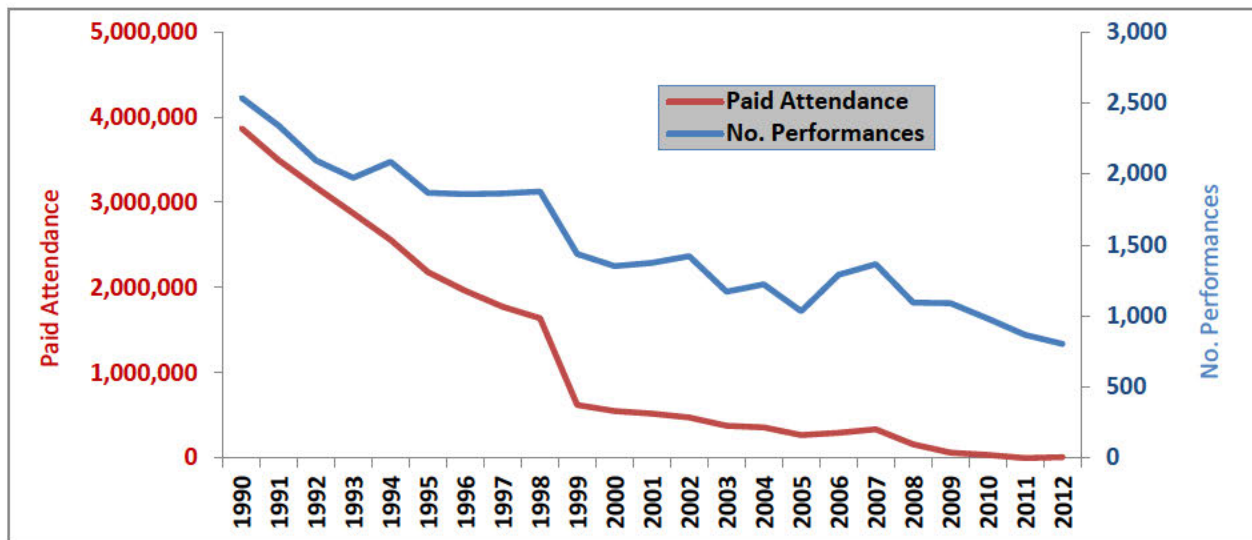
Jai alai is in rapid decline and, effective in 2012, stopped counting admissions. Its 2012 payroll was \$14.2 million, with 70 percent of it at two frontons, Fort Pierce and Miami.

Figure 62: Florida jai alai handle and player awards, 1990-2012



Source: Division of Pari-Mutuel Wagering

Figure 63: Florida jai alai paid attendance and performances, 1990-2012



Source: Division of Pari-Mutuel Wagering

41. Indian Casinos

Through 2011, the Native American casinos collectively had approximately 8,358 employees in both gaming-related and non-gaming capacities – or an average of nearly 1,200 employees per location.⁵³³ This estimate was reported by a third party, although we know this figure may be considerably greater today due to various facility-related expansion activities that

⁵³³ Alan Meister, *Casino City's Indian Gaming Industry Report*, 2012 Edition.

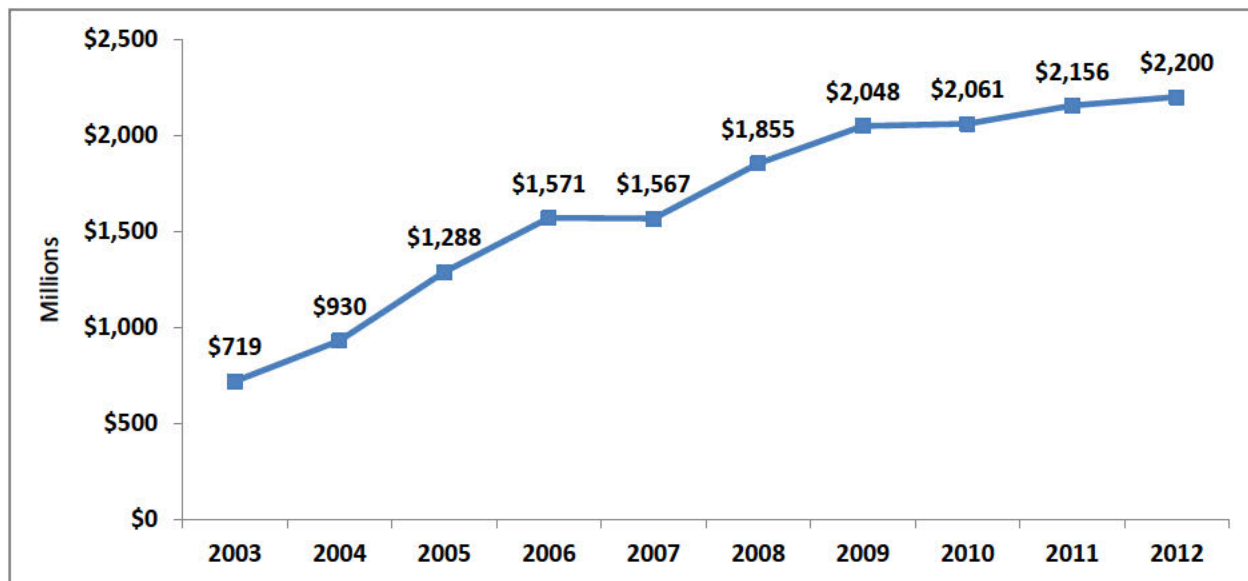
have occurred since 2011. In fact, the Seminole Tribe of Florida advised Spectrum that in 2012 its gaming facilities employed 9,562, or 7,725 full-time-equivalent employees. Another 4,000 are employed by Seminole casino tenants, such as retailers who operate on-site outlets.⁵³⁴ The operator of Florida's other Native American casino, the Miccosukee Tribe, declined to participate in this study, though an employee there advised us that the Miccosukee casino resort employs "over 800."

We estimate that Native American casinos in Florida had \$2.2 billion of GGR in calendar year ended 2012. We estimate GGR comprised approximately 94.8 percent of total revenue; therefore, we estimate total non-gaming revenue of \$120 million in 2012.⁵³⁵

We note that the Seminole Gaming enterprise, which operates six Florida casinos, generated \$1.96 billion in GGR⁵³⁶ and, based on Spectrum's estimates, more than \$1.1 billion in EBITDA annually, an estimate that was confirmed in our interviews with management.

The following table shows estimated GGR results for Native American casinos in Florida over the last 10 calendar years, through 2012.

Figure 64: Florida Native American casino GGR, 2003-2012



Source: Casino City's *Indian Gaming Industry Report*, 2013 Edition. Newton: Casino City Press.

Over this 10-year span, Native American casinos in Florida have generated nearly \$16.4 billion of GGR.⁵³⁷ Additionally, and even with the emergence of racinos in South Florida, year-

⁵³⁴ Interview with Seminole Gaming CEO James Allen, May 1, 2013.

⁵³⁵ The average from 2009-2011 as reported in *Casino City's Indian Gaming Industry Report*, 2013 Edition.

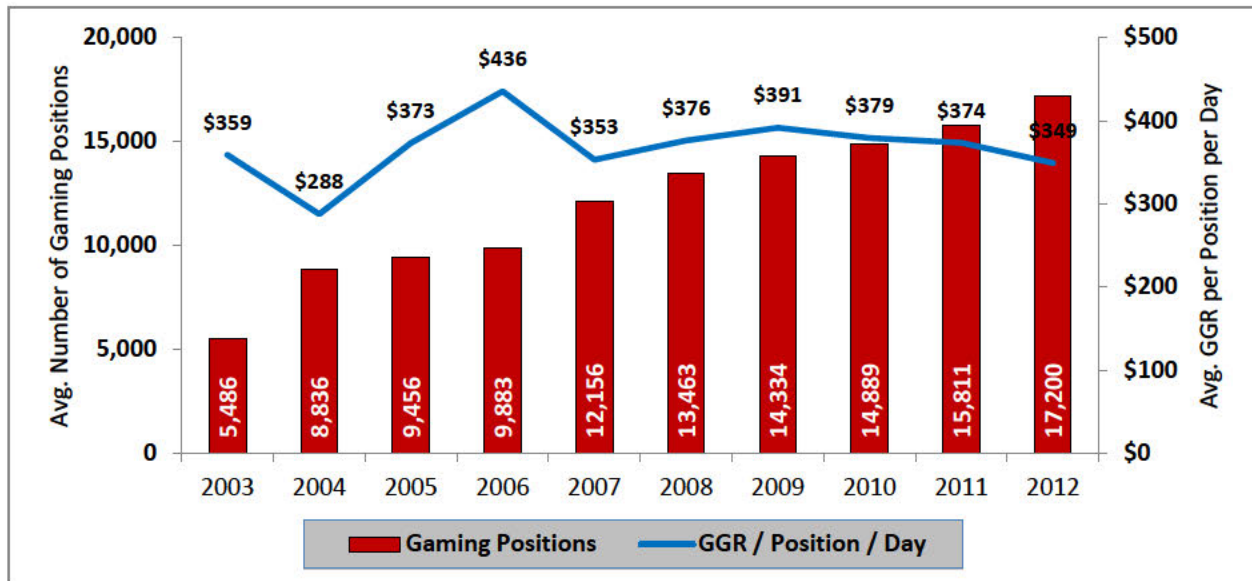
⁵³⁶ Figure provided by Seminole Gaming.

⁵³⁷ Alan Meister, *Casino City's Indian Gaming Industry Report*, 2012 Edition.

over-year GGR growth occurred in nine of the 10 periods illustrated (with exception of 2007 when GGR was down 0.3 percent).

The following chart shows annual average GGR per gaming position per day (estimated) from calendar year ended 2003 through calendar year ended 2012, along with an estimated average number of gaming positions in operation annually.

Figure 65: Florida Native American casino GGR/position/day and counts, 2003-2012



Source: Casino City's *Indian Gaming Industry Report*, 2013 Edition.

The following is excerpted from Casino City's *Indian Gaming Industry Report*, 2013 Edition, and provides an explanation of the taxes and/or payments associated with Native American casinos in Florida:

"In November 2007, the Seminole Tribe and the Governor of Florida entered into a tribal-state gaming compact. Upon federal approval in January 2008, the Tribe began making required compact payment to the State. However, the compact was challenged by the State Legislature, and in July 2008, the Florida Supreme Court ruled that the Governor did not have the authority to enter into the Seminole gaming compact without the ratification of the State. Following this ruling, the Tribe entered into a new gaming compact with the State on April 7, 2010. This compact was ratified by the State Legislature, and became effective when published in the Federal Register on July 6, 2010. The 2010 compact calls for several types of payments by the Tribe to the State (note that the State also kept all payments the Tribe made under the original 2007 compact). The new payments consist of (i) annual revenue sharing payments, 97 percent of which goes to the State and 3 percent goes to local governments; (ii) an annual oversight assessment not to exceed \$250,000 per year (indexed for inflation); and (iii) an annual donation to the Florida Council on Compulsive Gambling in the amount of not less than \$250,000 for each of its seven gaming facilities. The revenue sharing payments,

which are made in exchange for exclusivity within the local region, are as follows in the first five years: Years 1 and 2 – \$150 million per year; Years 3 and 4 – the greater of \$233 million per year or a percentage payment based on Class III net win (i.e., amounts wagered minus prizes/payouts and free play/promotional credits); and Year 5 – \$234 million or a percentage payment based on Class III net win. Percentage payments are based on a sliding scale: 12 percent on net win up to \$2 billion; 15 percent on net win over \$2 billion and up to \$3 billion; 17.5 percent on net win over \$3 billion and up to \$3.5 billion; 20 percent on net win over \$3.5 billion and up to \$4 billion; 22.5 percent on net win over \$4 billion and up to \$4.5 billion; and 25 percent on net win over \$4.5 billion. The Seminole Tribe also makes fixed annual local revenue sharing payments to the City of Coconut Creek.”

The same report indicated total direct payments in 2011 (from the Seminole Tribe) were \$154.4 million, of which \$147.3 million (or 95.4 percent) was for state revenue sharing.⁵³⁸ We note for the most recent fiscal year (ended June 2012) the state collected \$150 million in revenue sharing from the Seminole Tribe, of which \$3.75 million was distributed to local governments, including both counties and municipalities.⁵³⁹ The State subsequently collected \$163.8 million from the Seminole Tribe in FY 2012 and for FY 2013 through June 15, 2013, collected \$174.8 million.

Any assessment of the economic impact of Indian gaming should also consider the alternative: In the absence of this revenue stream, how would tribes such as the Seminoles be able to provide necessary services and funding for their families? Seminole General Counsel Jim Shore told Spectrum that the 3,800 members of his tribe would be living in abject poverty with little hope of escape.⁵⁴⁰

42.Lottery

The Florida Lottery supplies substantial economic benefits and is dedicated to providing assistance to education throughout Florida. The Lottery’s mission, as defined in the 2012 annual report, is “To maximize funding for the Educational Enhancement Trust Fund by responsibly providing innovative and entertaining Lottery products and promotions to Florida’s citizens and visitors.” The Florida Lottery has also been remarkably successful as a gambling business. In 2012 the Lottery’s sales totaled \$4.45 billion, surpassing the previous year by 11 percent,⁵⁴¹ and

⁵³⁸ Meister.

⁵³⁹ Florida Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, 81st Annual Report Fiscal Year 2011-2012, p. 5 <http://www.myfloridalicense.com/dbpr/pmw/documents/AnnualReport2011-2012--81st--revised2013-03-29.pdf>.

⁵⁴⁰ Interview with Jim Shore, May 1, 2013

⁵⁴¹ Florida Lottery, “Brighter Than Ever,” Annual Report, 2011-2012 <http://www.flalottery.com/exptkt/annualreport11-12.pdf>.

ranking the Florida Lottery third in the nation in total sales revenue (FY 2011), behind New York and Massachusetts.⁵⁴² This record beating performance enabled the Lottery to transfer \$1.32 billion to the Educational Enhancement Trust Fund (“EETF”). The Florida Lottery is also one of the more efficient state lotteries in the US, ranking consistently in the top quartile by the measurement ratio of administration as a percentage of ticket sales.⁵⁴³

The Florida Lottery’s contributions to education are considerable. Since its inception, the Lottery has provided a total of \$24 billion to the EETF.⁵⁴⁴ In the past fiscal year the EETF has allocated \$317 million for construction bonds, provided \$271 million for public school finding, \$130 million for state colleges, and \$254 million for state universities.⁵⁴⁵ Since 1997 the Florida Lottery has also provided scholarships to more than 600,000 students through the Bright Futures Scholarship Program, funded primarily through Lottery financial transfers. These contributions yield subsequent results, tangible and intangible, in the quality of Floridian’s lives which are impossible to fully quantify yet undeniable nonetheless.

Beyond sales revenue, and transfers to educational assistance the economic impact of the Lottery within the state of Florida is substantial. The Florida Lottery directly employs 420 full-time-equivalent employees. The Lottery is a critical partner to the widespread sales network of 13,300 lottery retailers. Most of these retailers are small independent businesses employing thousands of Florida citizens and providing essential goods and services to local communities. As part of its recent work with the Massachusetts State Lottery, Spectrum conducted a survey among lottery retailers which showed that, on average, each of the 7,400 retailers in the Commonwealth employs two or three people, often at the entry level, in a very wide range of small business enterprises.⁵⁴⁶ From an economic perspective, lottery revenue was estimated by retail sales agents to account for a median 25 percent of total business revenues.⁵⁴⁷ In Florida, retail lottery sales are generated primarily from convenience stores with gas pumps (48 percent), supermarkets (27 percent), convenience stores without gas pumps (17 percent), package liquor stores (3 percent), small grocery markets (1.5 percent), dollar/discount stores (1 percent), and newsstand/ tobacconist/sundries (1 percent).⁵⁴⁸ With the exception of supermarkets, the great majority of these establishments are local small business enterprises.

⁵⁴² Teresa Markle La Fleur, Byron la Fleur, *La Fleur’s 2012 World Lottery Almanac*, p. 259.

⁵⁴³ Lottery Revenue and Design by State, National Conference of State Legislatures, 2006, <http://www.ncsl.org/issues-research/econ/lottery-payouts-and-state-revenue.aspx>.

⁵⁴⁴ Florida Lottery, “Brighter Than Ever,” Annual Report, 2011-2012 <http://www.flalottery.com/exptkt/annualreport11-12.pdf>.

⁵⁴⁵ Ibid.

⁵⁴⁶ Spectrum Gaming Group, *Facing The Lottery’s Future*, December 4, 2012, Amended January 8, 2013.

⁵⁴⁷ Ibid.

⁵⁴⁸ Florida Lottery, “Brighter Than Ever,” Annual Report, 2011-2012 <http://www.flalottery.com/exptkt/annualreport11-12.pdf>.

43.Charitable Bingo

As discussed in Chapter II (B)(9), bingo conducted for charitable purposes is regulated at the county or municipal level and no state agency or organization aggregates the gross or net bingo revenue. Spectrum is unaware of even credible estimates as to the dollar size of the Florida charitable bingo market. As noted, there is no direct employment associated with charitable bingo, as the activity is operated by volunteers who are members of the recipient charity. In the bingo halls we observed, the facility's owner/operator and any other compensated employees are paid by revenues derived from facility's food concessions. Thus charitable bingo is captured in the fundraising and grant-making activities of the recipient charities, which is outside of our gaming-impact analysis model.

IV. The "Substitution" Effect

The introduction or expansion of legalized gambling, in particular casino gambling, raises a variety of concerns. Although casinos are often introduced in order to raise tax revenues, create jobs, and spur economic development, many observers have a concern for the potential "substitution effect" of casinos. That is, they are concerned that the expenditures at the new casino(s) will be redirected from other local or regional businesses, with the end result that the casinos have no real net benefit on the local economy. As an example, a quick review of "Stop Predatory Gambling" shows a variety of concerns about the casino industry's impacts on other industries.⁵⁴⁹

Fundamentally, the substitution effect is not unique to the casino industry. Indeed, anytime any new business opens, there is the potential that an addition to the local economy will be harmful to incumbent firms and industries. This is because the substitution effect is essentially synonymous with market competition. As such, from an economic perspective, the substitution effect is not necessarily a cause for concern. Casinos compete for a share of discretionary incomes within their respective markets, as would be expected from any segment of the entertainment or leisure industries. When adults elect to visit a casino, rather than the theater or a museum, the casino wins and the alternative loses. Quite often, however, the reverse is true – and the number of precise alternatives competing for a share of discretionary spending is so vast, even in smaller markets, that it would defy any efforts to track precise winners and losers.

Such efforts are further complicated because, not only are there many options for discretionary dollars, we point out that overall discretionary spending also competes against savings. A dollar saved is a dollar not spent, and vice versa.

Notably, Spectrum suggests there is a potential negative correlation between the savings rate and gaming spending. For example, in 2006, a pre-recession period that was at or near the

⁵⁴⁹ <http://stoppredatorygambling.org/blog/category/research-center/economic-impacts/> (accessed June 13, 2013)

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high-water mark for gaming revenue in both Atlantic City and Nevada, the national savings rate had sunk to a seven-decade low, as reported in early 2007 in *The New York Times*:

“Americans once again spent everything they made and then some last year, pushing the personal savings rate to the lowest level since the Great Depression more than seven decades ago.

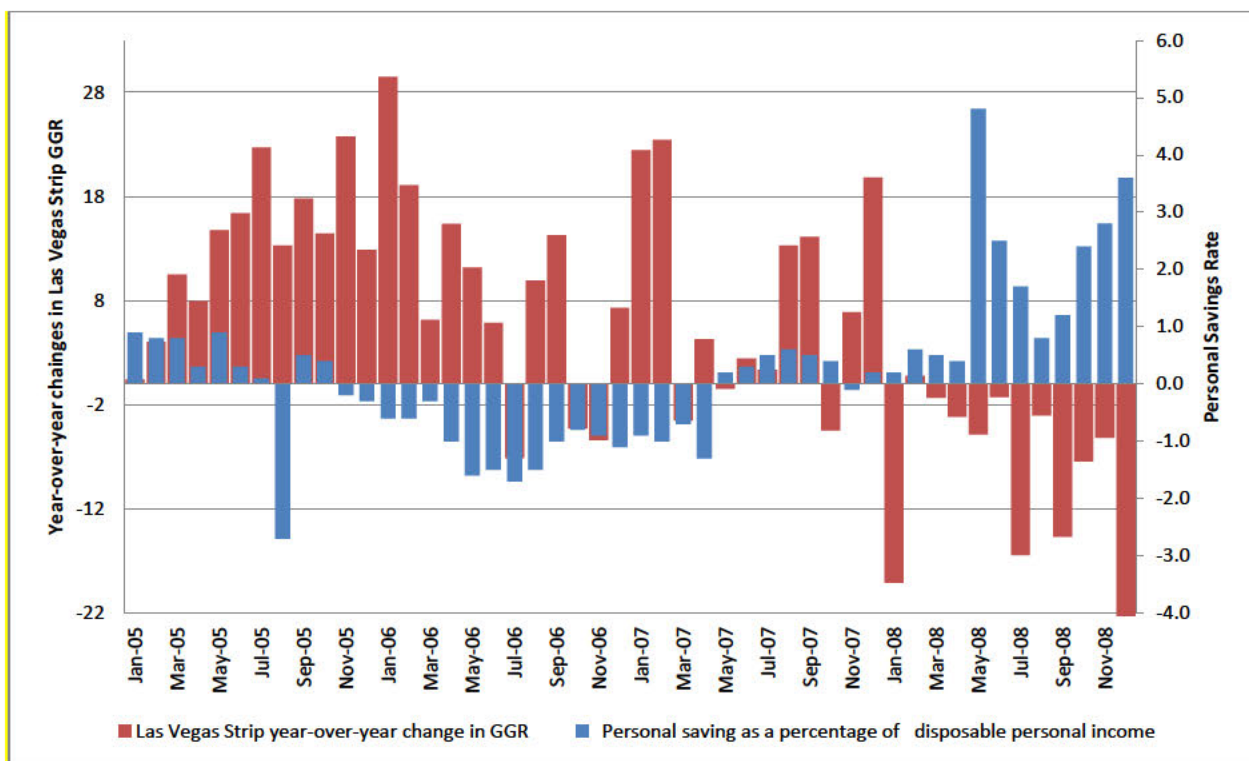
“The Commerce Department reported ... that the savings rate for all of 2006 was a negative 1 percent, meaning that not only did people spend all the money they earned but they also dipped into savings or increased borrowing to pay for purchases.

“The 2006 figure was lower than a negative 0.4 percent in 2005 and was the poorest showing since a negative 1.5 percent savings rate in 1933 during the Great Depression.”⁵⁵⁰

Our analysis and experience suggests that the success of gaming in destination markets such as Las Vegas during periods of low savings is not coincidental. This was generally a period in which both the stock and housing markets were robust, creating a general feeling of well-being in which household net worth was increasing by itself, without the need for additional savings, and much of that increased spending – the flip side of decreased savings – benefited the casino industry, as evidenced in the following chart, which tracks data in Las Vegas through the period of low savings, right through the first, most traumatic months of the Great Recession:

Figure 66: Personal saving as a percentage of disposable personal income vs. Las Vegas Strip Revenue

⁵⁵⁰ “U.S. savings rate sinks to lowest since Great Depression,” *New York Times*, Feb. 1, 2007
<http://www.nytimes.com/2007/02/01/business/worldbusiness/01iht-save.4436274.html>



Source: Nevada Gaming Control Board, U.S. Department of Commerce

As the chart shows, an increase in the savings rate shrinks the pie of discretionary dollars, which affects the gaming industry and, presumably, other leisure industries as well, further complicating any analysis regarding substitution.

Spectrum's 2008 report for Massachusetts noted the following:

"We note a very important point that was articulated rather well by Michael E. Porter who makes the point that substitution is an omnipresent issue that must be viewed in a much larger context:

" 'Substitutes are always present, but they are easy to overlook because they may appear to very different from the industry's product: To someone searching for a Father's Day gift, neckties and power tools may be substitutes. It is a substitute to do without, to purchase a used product rather than a new one, or to do it yourself (bring the service or product in-house).' " ⁵⁵¹

"With that in mind, we caution that any analysis of the substitution effect defies simplification. If a casual dining establishment loses customers to casino restaurants, it is easy to identify a competitive culprit. But what if patrons of high-end restaurants decide

⁵⁵¹ "The Five Competitive Forces that Shape Strategy," by Michael E. Porter, *Harvard Business Review*, January 2008, p. 84.

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to alter their spending patterns, and shift more dollars to casual restaurants to free up more discretionary income to visit a spa at a destination casino. Who benefits? Who suffers? What if income levels rise in a community, thus allowing more households to spend less money at supermarkets to prepare home-cooked meals while they increase spending at area restaurants? Again, in such situations, it is difficult to identify the competition.”⁵⁵²

Casino advocates might argue that casinos should not be treated differently than other businesses; as long as they generate a profit, it implies the casino is satisfying the wants of consumers and is a “productive” industry. Indeed, to the extent to which consumers redirect their expenditures away from other industries to casinos, this is an indication that the casino’s product is of higher value than alternative products; otherwise – according to such economic logic – consumers would not have changed their spending patterns. Two exceptions to this may be argued:

- To some extent, casinos derive a portion of their revenues from problem or disordered gamblers, who do not really exercise free choice if they have a gambling problem.
- Casino licensure is largely viewed as a privilege that often comes with some level of exclusivity. As such, casinos have a concomitant obligation to act in the public interest, which can translate into policies that minimize substitution and focus more on attracting business from outside the region or state.

There have been a few academic papers that have addressed the substitution effect, either directly or in a round-about way. Figure 2 summarizes some of these studies. Most of the studies examine data from the 1990s.

Figure 2. Review of literature on interindustry relationships

Paper	Years	States/ counties	Findings ^a
Anders, Siegel, and Yacoub ⁵⁵³	1990–96	1 county (AZ)	Indian casinos harm other entertainment
Elliot and Navin ⁵⁵⁴	1989–95	All states	Casinos and pari-mutuels harm lotteries
Kearney ⁵⁵⁵	1982–98	All states	Lotteries do not harm other forms of gambling

⁵⁵² Comprehensive Analysis: Projecting and Preparing for Potential Impact of Expanded Gaming on Commonwealth of Massachusetts, p. 155

⁵⁵³ Gary Anders, Donald Siegel, and Munther Yacoub, “Does Indian Casino Gambling Reduce State Revenues? Evidence from Arizona,” *Contemporary Economic Policy*, Volume 16, 1998, p. 347-355.

⁵⁵⁴ Donald Elliott and John C. Navin, “Has Riverboat Gambling Reduced State Lottery Revenue?” *Public Finance Review*, Volume 30, 2002, p. 235-247.

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Mobilia ⁵⁵⁶	1972–86	All racing states	Lotteries harm horse and dog racing
Popp and Stehwien ⁵⁵⁷	1990–97	33 counties (NM)	Indian casinos harm other entertainment
Ray ⁵⁵⁸	1991–98	All dog racing states	Horse racing and casinos harm dog racing
Siegel and Anders ⁵⁵⁹	1994–96	1 state (MO)	Casinos harm other entertainment
Siegel and Anders ⁵⁶⁰	1993–98	1 state (AZ)	Slots harm the lottery; horse and dog racing do not affect the lottery
Thalheimer and Ali ⁵⁶¹	1960–87	3 tracks (OH,KY)	Lottery harms horse racing

Note: ^a “Other entertainment” refers to non-gambling industries, such as restaurants, hotels, and bars.
Source: Douglas M. Walker, *Casinonomics* (New York: Springer, 2013), p. 236.

The 2008 paper by Walker and Jackson is the most comprehensive study to date on gambling inter-industry relationships.⁵⁶² They studied data on all states for 1985-2000. Their results indicate that casinos and lotteries are substitutes, that lotteries complement pari-mutuel racing (and vice-versa), and that horse racing and casinos are complementary. Their inter-industry (intra-state) results are summarized in Figure 3.

For example, the “Casino” row indicates that increases in casino revenues within a state have a negative impact on dog racing and lottery revenues/handle within a state, but a positive impact on horse racing handle within the state. Since Indian casino revenue data are generally not public, Walker and Jackson instead use the square footage of Indian casinos in a state as a proxy for Indian casino revenues.

⁵⁵⁵ Melissa S. Kearney, “State Lotteries and Consumer Behavior,” *Journal of Public Economics*, Volume 89, 2005, p. 2269-2299.

⁵⁵⁶ Pamela Mobilia, “Trends in Gambling: The Pari-Mutuel Racing Industry and Effect of State Lotteries, a New Market Definition,” *Journal of Cultural Economics*, Volume 16, 1992, p. 51-62.

⁵⁵⁷ Anthony Popp and Charles Stehwien, “Indian Casino Gambling and State Revenue: Some Further Evidence,” *Public Finance Review*, Volume 30, 2002, p. 320-330.

⁵⁵⁸ Margaret Ray, “How Much on That Doggie at the Window? An Analysis of the Decline in Greyhound Racing Handle,” *Review of Regional Studies*, Volume 31, 2001, p. 165-176.

⁵⁵⁹ Donald Siegel and Gary C. Anders, “Public Policy and the Displacement Effects of Casinos: A Case Study of Riverboat Gambling in Missouri,” *Journal of Gambling Studies*, Volume 15, 1999, p. 105-121.

⁵⁶⁰ Donald Siegel and Gary C. Anders, “The Impact of Indian Casinos on State Lotteries: A Case Study of Arizona,” *Public Finance Review*, Volume 29, 2001, p. 139-147.

⁵⁶¹ Richard Thalheimer and Mukhtar M. Ali, “The Demand for Parimutuel Horse Race Wagering and Attendance,” *Management Science*, Volume 41, 1995, p. 129-143.

⁵⁶² Douglas M. Walker and John D. Jackson, “Do U.S. Gambling Industries Cannibalize Each Other?” *Public Finance Review*, Volume 36, 2008, p. 308-333.

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Figure 3. Summary of intrastate industry relationships in the United States

Model Variable	Casino	Dog racing	Horse racing	Lottery
Casino		—	+	—
Dog racing	(—)		—	+
Horse racing	+	—		+
Lottery	—	+	+	
Indian square footage	+	(+)	+	—

Note: () indicates statistically insignificant at normal levels.

Source: Douglas M. Walker and John D. Jackson, "Do U.S. Gambling Industries Cannibalize Each Other?" *Public Finance Review*, Volume 36, p. 325.

Walker and Jackson also examined the relationship between an industry in one state and the availability of gambling in neighboring states. Figure 4 illustrates these relationships. Figure 4 shows that, for example, the greater the availability of casinos in neighboring states, the lower the casino revenue and lottery revenue in the particular state.⁵⁶³

Figure 4: Summary of adjacent-state competition

Model Variable	Casino	Dog racing	Horse racing	Lottery
Adjacent Casinos	—	(+)	+	—
Adjacent Dog racing	(—)	+	+	—
Adjacent Horse racing	+	—	+	+
Adjacent Lottery	(—)	—	+	—

Note: () indicates statistically insignificant.

Sources: Douglas M. Walker and John D. Jackson, "Do US Gambling Industries Cannibalize Each Other?" *Public Finance Review*, Volume 36, 2008, p. 322; Spectrum Gaming Group, "New York Gaming Analysis: Potential Impact of Commercial Casinos on New York Lottery Ticket Sales and Video Gaming Machine Revenues (Linwood, NJ, June 2013), p. 16.

As shown in the above table, not all industries appear to act as substitutes across state lines. However, the availability of casinos tends to harm casinos and lotteries in neighboring states. Lotteries also harm lotteries in neighboring states.

Three other studies offer some insight into the substitution effect. One is a county-level study that examines the labor market effects (employment and wages) of casinos. The 2008 study by Cotti analyzes the effects on labor of counties that have a casino (or casinos), relative to

⁵⁶³ "Availability of casinos" is measured as the percentage of neighboring states that allow casinos in a particular year. Hence, this measures the ease of access to casinos in nearby states, rather than the casino revenues in neighboring states.

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those that do not.⁵⁶⁴ Cotti finds that, generally, casino counties fare better, in terms of employment and wages, relative to non-casino counties. Cotti summarizes his results, “On average, casinos play a significant role in increasing both employment, earnings, and promoting economic development in a county” (p. 15). The results are more significant in rural casinos, relative to urban ones, since a casino represents a relatively large business in a smaller community. The evidence suggests that, on net, there is no net negative impact of casinos on employment or wages. This is not to say, however, that some industries may not see a negative impact from the introduction of casinos.

Another study examines the effect of casinos on retail property values. In their 2011 paper, Wiley and Walker examine how casinos in Detroit have affected property values, based on commercial property sales data.⁵⁶⁵ Their results suggest that the casinos tend to have a positive impact on property values, particularly for some sectors related to tourism (e.g., service stations, restaurants) and on “general freestanding” retail properties. This evidence from Detroit is one of the only published papers to directly examine the effect of casinos on other non-casino businesses. Of course, not every community will see the same relationship to casinos that Detroit does.

Finally, the 2007 paper by Wenz examined the impact of casinos on residential property values.⁵⁶⁶ Wenz found that casinos have a net positive impact on housing prices, of about 2 percent, in the same geographic area as a casino. At the same time, property values in bordering areas see an even greater effect, of about 6 percent. Notably, most of the casino areas analyzed are tribal casinos, so Wenz’s results may be due partially to the fact that tribal casinos may be more likely to be located in relatively depressed local economies. Indeed, Wenz finds that the positive impacts of casinos decline as population density increases.⁵⁶⁷ Several other studies (one on Atlantic City, and one on Windsor, Ontario) suggest, when the effect of crime is considered, the net impact of casinos on property values may be negative.⁵⁶⁸

We caution that such studies, no matter how rigorous they may be in developing their models or assumptions, should never be taken at face value, particularly as authors rarely take into account the full complexity of issues. In Atlantic City, the notion that casinos had a negative

⁵⁶⁴ Chad D. Cotti, “The Effect of Casinos on Local Labor Markets: A County Level Analysis,” *Journal of Gambling Business and Economics*, Volume 2, 2008, p. 17-41.

⁵⁶⁵ Jon A. Wiley and Douglas M. Walker, “Casino Revenues and Retail Property Values: The Detroit Case,” *Journal of Real Estate Finance and Economics*, Volume 42, 2011, p. 99-114.

⁵⁶⁶ Michael Wenz, “The Impact of Casino Gambling on Housing Markets: A Hedonic Approach,” *Journal of Gambling Business and Economics*, Volume 1, 2007, p. 101-120.

⁵⁶⁷ Douglas M. Walker, *Casinomics* (New York: Springer, 2013), p. 219. This discussion of Wenz’s study is based on Walker’s discussion.

⁵⁶⁸ Andrew J. Buck, et al., “A Von Thünen Model of Crime, Casinos and Property Values in New Jersey,” *Urban Studies*, Volume 28, p. 673-683. Alan G. Phipps, “Crime and Disorder, and House Sales and Prices Around the Casino Sties in Windsor, Ontario, Canada,” *The Canadian Geographer*, Volume 48, 2004, p. 403-432.

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effect on property values might comport within the parameters of a specific model, but we would respectfully point out that, in 1978 when the first casino opened, the entire assessed valuation of all property in Atlantic City was \$308 million, a number that actually been declining in tandem with Atlantic City's downward spiral in the years preceding gambling.⁵⁶⁹ Within two years, the assessed valuation grew by more than 182 percent,⁵⁷⁰ a phenomenon that we would attribute almost entirely to the presence of this new industry. That growth, of course, did not dispel concerns about the impact of casinos, and created new sets of problems for those property owners that faced steeper tax bills.

When dealing with complex issues such as substitution, both facts and perceptions must be considered and addressed. In the case of casino gambling, it becomes an understandable concern for business owners, voters, politicians, and others because the introduction of casinos requires a positive act by government. Therefore, while there may be relatively little interest in, say, the economic impacts of opening a new restaurant in a particular neighborhood, that would not be the case with casinos.

Nevertheless, we can begin to identify the impacts of a new casino in Florida by considering the possible sources of spending at the new casino. Those revenues would come from a combination of these sources:

(1) New spending from Floridians

(2) New spending from out-of-state tourists

(3) Existing spending on other Florida non-gambling industries (by Floridians and tourists)

(4) Existing spending on other Florida gambling industries (by Floridians and tourists)

(5) Existing spending by Floridians on out-of-state purchases, including gambling

The evidence suggests that casinos are likely to have negative impact on lotteries, and some other businesses may see decreased revenue as a result of a casino's opening. But this is no different from what happens when any other business opens. Certainly some of the revenues for a new casino would come at the expense of other, existing gambling firms in Florida. Revenues are likely to come from all five of the sources identified above, but it is very difficult to predict the exact percentage from each source. In any case, the substitution effect is relevant for any new business that opens.

⁵⁶⁹ George Sternlieb and James W. Hughes, *The Atlantic City Gamble*, Twentieth Century Fund, 1983, p. 97

⁵⁷⁰ Ibid.

B. Conclusion

To be sure, new casinos create a substitution effect, but it is much less clear what the significance of it will be and which industries would be most affected by it. The academic studies that have been performed suggest that, at least for non-gambling industries, casinos are more likely to act as complements than substitutes. This suggests that the concern over the substitution effect may be greater than is justified. After all, the casino industry has expanded across the United States over the past two decades, and there is no evidence to suggest that this expansion has led to any long-term negative economic impacts for casino-hosting regional economies.

Still, we do not discount the importance of concerns regarding substitution, nor do we dismiss the notion that casinos compete. Indeed, they compete against any other option that seeks a share of discretionary income. While it is difficult to determine with any level of precision which businesses will win and which will lose in such competitive battles, there is one overarching certainty with respect to substitution, and that holds true for tourism in general, as well as for gaming: The dollar-for-dollar substitution with local businesses will be less pronounced and less impactful if new businesses – be they casinos or other attractions – help attract visitors and dollars from outside Florida.

V. Assessing Florida’s Existing Economic Base, Now and Future

As noted in the Introduction, Spectrum is working with Regional Economic Models Inc. (“REMI”) to calculate the economic impacts of Florida’s gambling industry. The existing gambling industry spans across three sectors within the REMI model: Amusement, Gambling, Recreation Industries (North American Industry Classification System [“NAICS”] 713), Accommodation (NAICS 721), and Retail Trade (NAICS 44-45). The following tables show five main economic indicators of these three aggregate sectors between calendar year 2000 and 2060, in five-year increments.

Figure 67: Past, present, future economic indicators of Amusement, Gambling, Recreation Industries (including racinos, pari-mutuel, lottery)

NAICS 713	Units	2000	2005	2012	2015	2020	2025	
Employment	Jobs	139.944	157.519	175.462	184.931	198.716	208.514	
Output	Billions of Fixed (2012) Dollars	11.993	11.779	12.028	12.824	14.077	15.257	
Value Added	Billions of Fixed (2012) Dollars	8.071	7.576	7.596	8.089	8.946	9.805	
Wage & Salary	Billions of Current Dollars	3.14	4.078	5.269	6.129	7.763	9.967	
Compensation	Billions of Current Dollars	3.617	4.69	6.019	7.014	8.982	11.559	
NAICS 713	Units	2030	2035	2040	2045	2050	2055	2060

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NAICS 713	Units	2000	2005	2012	2015	2020	2025	
Employment	Jobs	216.153	221.982	224.191	224.105	221.768	218.112	213.268
Output	Billions of Fixed (2012) Dollars	16.338	17.332	18.078	18.659	19.057	19.331	19.48
Value Added	Billions of Fixed (2012) Dollars	10.497	11.052	11.433	11.697	11.834	11.886	11.853
Wage & Salary	Billions of Current Dollars	12.374	15.118	18.125	21.485	25.124	29.193	33.655
Compensation	Billions of Current Dollars	14.377	17.59	21.111	25.041	29.288	34.028	39.218

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 68: Past, present, future economic indicators of Accommodation (including Indian casinos)

NAICS 721	Units	2000	2005	2012	2015	2020	2025	
Employment	Jobs	162.766	167.140	177.415	184.386	189.593	191.554	
Output	Billions of Fixed (2012) Dollars	15.755	18.85	22.056	24.01	26.708	29.508	
Value Added	Billions of Fixed (2012) Dollars	9.465	11.064	14.686	15.988	17.954	20.079	
Wage & Salary	Billions of Current Dollars	3.566	4.585	5.382	6.156	7.431	9.158	
Compensation	Billions of Current Dollars	4.078	5.312	6.273	7.186	8.767	10.828	
NAICS 721	Units	2030	2035	2040	2045	2050	2055	2060
Employment	Jobs	195.676	200.905	203.795	205.729	207.060	208.440	210.048
Output	Billions of Fixed (2012) Dollars	32.977	37.06	41.156	45.487	50.112	55.192	60.811
Value Added	Billions of Fixed (2012) Dollars	22.425	24.99	27.482	30.041	32.702	35.556	38.637
Wage & Salary	Billions of Current Dollars	11.176	13.623	16.372	19.561	23.22	27.566	32.695
Compensation	Billions of Current Dollars	13.236	16.155	19.433	23.23	27.577	32.732	38.806

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 69: Past, present, future economic indicators of Retail Trade (including retail lottery)

NAICS 44-45	Units	2000	2005	2012	2015	2020	2025	
Employment	Jobs	1,071.790	1,149.132	1,153.883	1,199.357	1,244.712	1,228.356	
Output	Billions of Fixed (2012) Dollars	65.668	83.901	85.927	95.702	111.673	125.167	
Value Added	Billions of Fixed (2012) Dollars	44.918	57.692	62.064	69.026	81.117	91.933	
Wage & Salary	Billions of Current Dollars	21.183	27.006	29.526	33.752	41.068	49.285	
Compensation	Billions of Current Dollars	24.856	32.663	35.253	40.358	49.633	59.681	
NAICS 44-45	Units	2030	2035	2040	2045	2050	2055	2060
Employment	Jobs	1,204.670	1,174.574	1,123.288	1,060.127	990.560	920.639	848.663
Output	Billions of Fixed (2012) Dollars	139.374	154.272	167.443	179.274	189.930	200.043	208.829
Value Added	Billions of Fixed (2012) Dollars	102.344	112.439	121.063	128.511	134.910	140.717	145.392
Wage & Salary	Billions of Current Dollars	57.483	66.200	74.607	82.881	90.824	98.982	106.767
Compensation	Billions of Current Dollars	69.704	80.353	90.608	100.668	110.283	120.119	129.465

Source: Regional Economic Models Inc., Spectrum Gaming Group

Combined with data from the County Business Patterns (“CBP”) by the US Census Bureau and an assessment of the gambling industry in Florida by Spectrum Gaming Group, REMI was able to estimate the historical and current share of gambling industry within the three aggregate sectors. The CBP publishes paid employees and payroll data for both Gambling Industries (NAICS 7132), Casino Hotels (NAICS 72112), Food and Beverage Stores and Convenience Stores (NAICS 445 and NAICS 445120, respectively), which we categorized as

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subsectors of Amusement, Gambling, Recreation Industries, Accommodation, and Retail Trade, respectively. REMI and Spectrum divided the casino gaming industry into four main groups: racinos/pari-mutuels, lottery, retail lottery, and Native American casinos. *The racinos/pari-mutuels and lottery⁵⁷¹ have been assigned to the Amusement, Gambling, Recreation Industries, the Native American casinos to Accommodation, and retail lottery⁵⁷² to Retail Trade, based on the nature of the subsectors.*

The Census Bureau withholds data for certain industries to avoid disclosing data for individual companies and casino hotels in Florida is one of the industries heavily affected by nondisclosure. The following tables show historical data for the gaming industries.

Figure 70: Historical data for Gambling Industries (including racinos, pari-mutuel, lottery)

NAICS 7132	Units	2000	2001	2002	2003	2004	2005
Employment	Thousands (Jobs)	3.582	4.474	4.861	5.079	5.754	6.691
Payroll (Wage and Salary)	Thousands of Current Dollars	72,448	99,951	98,203	108,508	140,762	166,403
NAICS 7132	Units	2006	2007	2008	2009	2010	2011
Employment	Thousands (Jobs)	6.286	6.134	4.284	3.984	3.271	3.071
Payroll (Wage and Salary)	Thousands of Current Dollars	182,141	185,584	109,674	106,806	88,094	95,493

Source: Regional Economic Models Inc., Spectrum Gaming Group, US Census Bureau, County Business Patterns (NAICS) 2000-2011

Figure 71: Historical data for Casino Hotels (including Indian casinos)

NAICS 72112	Units	2000	2001	2002	2003	2004	2005
Employment	Thousands (Jobs)	0.004	a	a	b	c	g
Payroll (Wage and Salary)	Thousands of Current Dollars	114	D	D	D	D	D
NAICS 72112	Units	2006	2007	2008	2009	2010	2011
Employment	Thousands (Jobs)	g	g	4.392	6.374	i	i
Payroll (Wage and Salary)	Thousands of Current Dollars	D	D	174,224	249,294	D	D

Source: Regional Economic Models Inc., Spectrum Gaming Group, United States Census Bureau, County Business Patterns (NAICS) 2000-2011.

Note: D: Withheld to avoid disclosing data for individual companies; data are included in higher level totals. a: 0-19 employees; b: 20-99 employees; c: 100-249 employees; f: 500-999 employees; g: 1,000-2,499 employees; i: 5,000-9,999 employees

Figure 72: Historical data for Food & Beverage Stores and Convenience Stores (including retail lottery)

NAICS 445 and NAICS 447110	Units	2000	2001	2002	2003	2004	2005
Employment	Thousands (Jobs)	248.085	243.538	236.07	240.927	238.916	242.212
Payroll (Wage and Salary)	Thousands of Current Dollars	3,618,168	3,715,863	3,711,384	3,893,294	4,088,928	4,484,231
NAICS 445 and NAICS 447110	Units	2006	2007	2008	2009	2010	2011
Employment	Thousands (Jobs)	245.601	232.16	224.011	214.701	215.802	217.032

⁵⁷¹ The "Lottery" in this report represents the Florida Lottery established by the Florida Legislature

⁵⁷² The "Retail Lottery" in this report refers to the retailers selling lottery tickets

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NAICS 445 and NAICS 447110	Units	2000	2001	2002	2003	2004	2005
Payroll (Wage and Salary)	Thousands of Current Dollars	4,549,470	4,379,388	4,434,397	4,401,704	4,359,217	4,326,674

Source: Regional Economic Models Inc., Spectrum Gaming Group, United States Census Bureau, County Business Patterns (NAICS) 2000-2011.

The Spectrum casino gaming assessment provides payroll data and gross gaming revenues at racinos/pari-mutuels in 2012; payroll data, gross gaming revenues and employees are available for Native American casinos in 2012; payroll, revenue, and employee data the lottery in 2012; as well as estimated employment and revenue data for retail lottery in 2012. The Florida Department of Business Professional Regulation also provided the FY 2012 regulatory costs for pari-mutuels (includes pari-mutuels, slots, and gaming compact oversight expenditures).

We estimated the number of employee in racinos/pari-mutuels through dividing the total payroll amount by the average annual wage and salary in the Amusement, Gambling, Recreation Industries. Having both the gross gaming revenue and employee number allows us to calculate a baseline for the labor productivity (output per employee) for racinos, lottery, retail lottery, and Native American casinos. The following tables show the various data collected and estimated for the gaming industry in 2012.

Figure 73: Racino employees, gross gaming revenue, wage and salary, and regulatory costs 2012

Racinos/Pari-Mutuels (NAICS 713290)	Units	2012
Racinos/Pari-Mutuels Employees	Thousands (Jobs)	4.954
Racinos/Pari-Mutuels Gross Gaming Revenue	Millions of Fixed (2012) Dollars	527.6
Racinos/Pari-Mutuels Wage & Salary	Millions of Fixed (2012) Dollars	148.777
Racinos/Pari-Mutuels Regulatory Costs (FY 2012)	Millions of Fixed (2012) Dollars	17.927

Source: Regional Economic Models Inc., Spectrum Gaming Group, Florida Department of Business Professional Regulation.

Note: Wage and salary is exclusive of payroll taxes, benefits, etc.

Figure 74: Lottery employees, gross gaming revenue, and compensation, 2012

Lottery (NAICS 713290)	Units	2012
Lottery Employees	Thousands (Jobs)	0.408
Lottery Gross Gaming Revenue	Millions of Fixed (2012) Dollars	4449.896
Lottery Compensation	Millions of Fixed (2012) Dollars	25.164

Source: Regional Economic Models Inc., Spectrum Gaming Group.

Note: Compensation is inclusive of payroll taxes, benefits, etc.

Figure 75: Retail lottery employees and revenue, 2012

Retail Lottery (NAICS 445 & NAICS 447110)	Units	2012
Retail Lottery Employees	Thousands (Jobs)	39.900*
Retail Lottery Revenue	Millions of Fixed (2012) Dollars	247.690

Source: Regional Economic Models Inc., Spectrum Gaming Group.

Note: Lottery retail network totals 13,300 establishments. Massachusetts retailer survey (n=3,976) reported median number of employees as 3. $13,300 \times 3 = 39,900$.

Figure 76: Native American casino employees, gross gaming revenue and compensation, 2012

Native American Casinos (NAICS 72112)	Units	2012
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Native American Casinos (NAICS 72112)	Units	2012
Native American Casinos Employees	Thousands (Jobs)	10.387
Native American Casinos Gross Gaming Revenue	Millions of Fixed (2012) Dollars	2,200
Native American Casinos Compensation	Millions of Fixed (2012) Dollars	348.986

Source: Regional Economic Models Inc., Spectrum Gaming Group

With this information, we were able to establish the gambling industry's share within the three aggregate sectors. This information is essential to the following section as we carry out a counterfactual analysis that involves removing the employment and its associated wages and output to determine the total economic and fiscal contribution of the gambling industry. The gambling industry is unique because it typically has higher labor productivity than its aggregate sector. This is evident in the following table, showing the Racinos/Pari-mutuels employment is approximately 2.8 percent of the total employment and wage and salary in the Amusement, Gambling, Recreation Industries. However, the Racinos/Pari-mutuels output is 4.4 percent of the total Amusement, Gambling, Recreation Industries output. We had to take into account this higher labor productivity of the gaming subsectors when we do the counterfactual analysis.

The Casino Hotels shows a similar pattern where the employment and associated compensation make up about 5.5 percent of the Accommodation sector, but its output is over 10 percent of the Accommodation output.

The Lottery sector (excluding retailers) has uniquely high labor productivity due to its operation design. The total Lottery output makes up nearly 38 percent of the total output but less than 1 percent of employment and compensation of the Amusement, Gambling, Recreation Industries. Typically a lottery control board oversees the operation and sells lottery tickets through sales agents (retailers). Once the lottery operation is established, the administrative cost remains largely the same. The marginal cost for producing an additional dollar of lottery sale is very low compare to other goods and services, hence the high productivity.

The Retail Lottery sector, on the other hand, behaves differently than the Lottery sector. According to *La Fleur's 2012 Lottery Almanac*,⁵⁷³ over 95 percent of the lottery sales occur at gas stations with convenience stores, convenience stores, supermarkets, and liquor stores. These businesses primarily engage in providing other goods and services aside from the lottery. Lottery sales are a supplement to these businesses and commission on lottery ticket sales makes up only a fraction of their total revenue, which would explain why the lottery sale is makes up just 0.3 percent of the output of the Retail Trade industry.

Figure 77: Subsectors as percentages of respective aggregate sectors

	2012
Racinos/Pari-mutuels Employment as Percentage of NAICS 713 Employment	2.82%
Racinos/Pari-mutuels Wage and Salary as Percentage of NAICS 713 Wage and Salary	2.82%
Racinos/Pari-mutuels Output as Percentage of NAICS 713 Output	4.39%
Lottery Employment as Percentage of NAICS 713 Employment	0.23%

⁵⁷³ *La Fleurs 2012 World Lottery Almanac*, p. 66.

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	2012
Lottery Compensation as Percentage of NAICS 713 Compensation	0.42%
Lottery Output as Percentage of NAICS 713 Output	37.00%
Retail Lottery Employment as Percentage of NAICS 44-45 Employment	3.46%
Retail Lottery Compensation as Percentage of NAICS 44-45 Compensation	3.46%
Retail Lottery Output as Percentage of NAICS 44-45 Output	0.29%
Native American Casinos Employment as Percentage of NAICS 721 Employment	5.85%
Native American Casinos Compensation as Percentage of NAICS 721 Compensation	5.56%
Native American Casinos Output as Percentage of NAICS 721 Output	9.97%

Source: Regional Economic Models Inc., Spectrum Gaming Group

h. Historical Tax Revenue by Gaming Sectors

The Office of Economic and Demographic Research (“EDR”) of the Florida Legislature provided REMI with historical tax revenue information, allowing us to examine the historical trend of tax revenue collection from each of the gaming sector. The following table displays the tax collection, dating from FY 2000.

	Units	FY 00	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06
Indian Gaming	Millions of Current Dollars	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pari-mutuel Fees, Licenses, Taxes Total	Millions of Current Dollars	57.5	34.7	35.1	32.4	32.1	32.0	33.6
Slot Machine Total	Millions of Current Dollars	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lottery Total	Millions of Current Dollars	1,159.5	1,157.3	1,181.0	1,327.6	1,361.9	1,393.4	1,639.3
	Units	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12
Indian Gaming	Millions of Current Dollars	0.0	0.0	0.0	0.0	287.5	140.4	150.0
Pari-mutuel Fees, Licenses, Taxes Total	Millions of Current Dollars	33.6	33.9	33.8	29.2	26.6	26.0	26.9
Slot Machine Total	Millions of Current Dollars	0.0	61.6	132.3	114.0	153.0	149.4	156.5
Lottery Total	Millions of Current Dollars	1,639.3	1,681.0	1,602.5	1,590.8	1,550.7	1,506.9	1,671.3

Source: The Office of Economic and Demographic Research of the Florida Legislature.

Note: The Lottery Total excludes lottery prizes, which is consistent with the calibrated budget used within Tax-PI.

I. Floridian Out-of-State Gaming Spending

Spectrum estimates the GGR currently exported from Florida. We believe it is reasonable that casinos along the Gulf Coast of Mississippi and in Alabama, as well as those in Las Vegas and Atlantic City, are generating at least \$411-plus million of GGR from Florida residents annually. Aside from the three aforementioned destinations there are hundreds of other casinos in the US and a short distance away in the Bahamas and/or various Caribbean islands that Florida residents are visiting (and exporting GGR to). Therefore, we believe it is well within reason that at least \$500 billion of GGR annually is being generated at casinos outside of Florida and is attributable to permanent Florida residents.

B. Discussion of Components of Economic and Fiscal Impacts

A description of the direct, indirect, and induced components of the economic and fiscal impact of each of the subsectors. Impacts associated with facility construction should be distinguished from impacts associated with ongoing operation of a facility.

Using the employment, output, wage & salary, tax revenue, and regulatory costs data from Chapter III(A) above, we performed a counterfactual analysis using the REMI Tax-PI model to evaluate the contribution of the gambling industry as it existed in Florida in 2012. For this modeling effort, the EDR of the Florida Legislature provided REMI with the latest tax and budget information, national benchmark based upon Global Insight June 2013 Control Forecast, and state benchmark based upon population estimates from Florida's February 2013 Economic Estimating Conference and employment estimate from September 2012 US BEA historical ES-202 data in order to correctly calibrate the Tax-PI model baseline. For further information about Tax-PI and how the EDR budget information is used in the model, please see Section E Appendix.

The REMI model forecasts the economy out to 2060 to allow analyst to evaluate any changes to the baseline. The gambling industry is already presented in the baseline forecast because it is a component in the current Florida economy. In this study we are not trying to measure the contribution of the gambling industry *on top of* the existing gambling activities in the Florida baseline. The objective is to understand the impacts of the gambling *as it exists currently*. In other words, what are the impacts to Florida if the gambling industry did not exist? Employing the counterfactual means we *remove the employment, associated output, wage & salary, tax revenue, as well as Floridian out-of-state gaming spending* to simulate the loss of the gambling industry in Florida. This approach allows us to measure the direct, indirect, and induced contribution of the existing gambling industry to the overall economy in 2012.

It is also important to consider the substitution effect of gaming spending in this counterfactual analysis. If households did not spend on gaming-related expenses, those spending do not simply disappear in the economy. Rather, we assume they would have spent it on other goods and services. In this analysis we assume 95 percent of the GGR to the pari-mutuel casinos was from Florida residents, 85 percent of GGR to Native American casinos was from Florida resident, and 98 percent of total lottery sales was from Florida residents. The full amount of GGR attributable to Florida residents are redistributed to various consumption categories via a policy variable within Tax-PI.

We selected five policy variables for this particular simulation: Industry Employment, Industry Sales without Employment, Investment, and Compensation, Wage Bill, Compensation, and Consumption Reallocation. The Industry Employment variable allows us to remove the total number of direct jobs in the gambling industry (recall that this is a *counterfactual* analysis, so we reduce the number of employment instead of adding to it); the Industry Sales without Employment, Investment, and Compensation variable is used to account for the higher labor

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productivity in the gambling industry in comparison to the Amusement, Gambling, Recreation Industries and Accommodation sectors; the Wage Bill variable is used to adjust the wage & salary differences between the gambling industry and its aggregate sectors; and the Compensation variable is used to adjust the compensation differences between the gambling industry and its aggregate sectors; the Consumption Reallocation variable is used to capture the spending of Floridians on gaming outside of Florida and to capture the substitution effect of gaming spending within Florida. The tax revenue of each gaming subsector is taken out directly through the revenue module in Tax-PI. Regulatory costs for pari-mutuels are not explicitly modeled in Tax-PI because the fees paid by pari-mutuels funds the costs. When we eliminate the direct tax revenue and fees collected from pari-mutuels, we also eliminate the expenditure (e.g., regulatory costs) associated with the revenue.

Note in the following tables that the values for employment, wage, compensation, and productivity adjustments are *negative* because this is what we are removing from the economy; the reallocation amount is positive because it represents the substitution effect of money spent on other goods and services if it were not spent on gambling:

Figure 78: Inputs for Racinos/Pari-Mutuels

Amusement, Gambling, Recreation Industries - Racinos/Pari-Mutuels		2012
Industry Employment (Industry Sales / Exogenous Production) (number)	Thousands (Jobs)	-4.954
Industry Sales / Exogenous Production without Employment, Investment, and Compensation (amount)	Billions of Fixed (2012) Dollars	-0.188
Consumption Reallocation (amount)	Billions of Fixed (2012) Dollars	0.501

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 79: Inputs for Lottery⁵⁷⁴

Amusement, Gambling, Recreation Industries - Lottery		2012
Industry Employment (Industry Sales / Exogenous Production) (number)	Thousands (Jobs)	-0.408
Industry Sales / Exogenous Production without Employment, Investment, and Compensation (amount)	Billions of Fixed (2012) Dollars	-4.422
Compensation (amount)	Billions of Current Dollars	-0.011
Consumption Reallocation (amount)	Billions of Fixed (2012) Dollars	4.361

Source: Regional Economic Models, Inc., Spectrum Gaming Group

Figure 80: Inputs for Retail Lottery⁵⁷⁵

Retail Trade - Retail Lottery		2012
Industry Employment (Industry Sales / Exogenous Production) (number)	Thousands (Jobs)	-39.900
Industry Sales / Exogenous Production without Employment, Investment, and Compensation (amount)	Billions of Fixed (2012) Dollars	2.489

Source: Regional Economic Models, Inc., Spectrum Gaming Group

Figure 81: Inputs for Native American Casinos

Accommodation - Native American Casinos		2012
Industry Employment (Industry Sales / Exogenous Production) (number)	Thousands (Jobs)	-10.387
Industry Sales / Exogenous Production without Employment, Investment, and Compensation (amount)	Billions of Fixed (2012) Dollars	-1.397

⁵⁷⁴ The Lottery in this report represents the Florida Lottery established by the Florida Legislature

⁵⁷⁵ The Retail Lottery in this report refers to the retailers selling lottery tickets

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and Compensation (amount)		
Compensation (amount)	Billions of Current Dollars	-0.102
Consumption Reallocation	Billions of Fixed (2012) Dollars	1.870

Source: Regional Economic Models Inc., Spectrum Gaming Group

Each gambling subsector was modeled as a discrete simulation to determine the economic and fiscal impact of each subsector. The inputs from Figure 12 to Figure 15 provided the following results:

Figure 82: Economic and fiscal impacts of Florida pari-mutuel sector in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	5.942
Population	Thousands	1.746
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	0.413
Personal Income	Billions of Fixed (2012) Dollars	0.241
State Tax Revenues (fiscal year 2013)	Billions of Fixed (2012) Dollars	0.194

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 16 exhibits the total economic and fiscal impacts generated from the existence of the pari-mutuel sector in 2012. The pari-mutuel sector supports a total of 5,942 jobs in Florida. The associated gross state product (“GSP”) is \$413 million and it generated \$241 million in personal income. The tax revenue generated from the direct, indirect, and induced impacts of the pari-mutuel industry in FY 2013 is \$194 million.

Figure 83: Top 12 Florida industries with largest employment impact from pari-mutuels in 2012

Industry category, with NAICS code	Units	2012
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	4.952
Construction (23)	Thousands (Jobs)	0.217
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.112
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.049
Real estate (531)	Thousands (Jobs)	0.048
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.042
Employment services (5613)	Thousands (Jobs)	0.04
Legal services (5411)	Thousands (Jobs)	0.033
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.033
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.033
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.029
Advertising and related services (5418)	Thousands (Jobs)	0.025

Source: Regional Economic Models Inc.

Figure 17 shows the private non-farm industries that are dependent on the pari-mutuel sector (Accommodation and Amusement, Gambling, Recreation Industries). Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Legal services, are intermediate input suppliers to the gaming industry.

Figure 84: Employment by demand source from pari-mutuels in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
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Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	4.616
Intermediate Demand Employment	Thousands (Jobs)	1.062
Local Consumption Demand Employment	Thousands (Jobs)	-1.734
Government Demand Employment	Thousands (Jobs)	0.152
Investment Activity Demand Employment	Thousands (Jobs)	0.042
Exports Employment	Thousands (Jobs)	0.141
Exogenous Industry Sales Employment	Thousands (Jobs)	4.953

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 18 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel employment. It can also be interpreted as the direct input we entered into the model. The direct pari-mutuel employment impact is 4,953 jobs in 2012 and the indirect employment (Intermediate Demand Employment) supported by the pari-mutuel sector is 1,062. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the pari-mutuel industry is minus-1,399. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector. The sum of the direct, indirect, and induced employment is 4,616.

Figure 85: Economic and fiscal impacts of Florida lottery sector in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	5.570
Population	Thousands	1.258
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	3.100
Personal Income	Billions of Fixed (2012) Dollars	0.459
State Tax Revenues (fiscal year 2013)	Billions of Fixed (2012) Dollars	1.884
Government Employment	Thousands (Jobs)	11.860

Source: Regional Economic Models Inc., Spectrum Gaming Group.

Note: Total Employment includes private non-farm, government, and farm employment.

Figure 19 exhibits the total economic and fiscal impacts generated from the existence of the lottery sector in 2012. The lottery supports a total of 5,570 jobs in Florida. The associated gross state product ("GSP") is \$3.1 billion and it generated \$459 million in personal income. The tax revenue generated from the direct, indirect, and induced impacts of the lottery in FY 2013 is \$1.88 billion. The lottery sector also supports 11,860 government employments in 2012.

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Figure 86: Top 12 Florida industries with largest employment impact from lottery in 2012

Industry category, with NAICS code	Units	2012
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	2.715
Construction (23)	Thousands (Jobs)	1.174
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.859
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.339
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.327
Employment services (5613)	Thousands (Jobs)	0.286
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.283
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.252
Legal services (5411)	Thousands (Jobs)	0.231
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.222
Advertising and related services (5418)	Thousands (Jobs)	0.209
Performing arts companies; Promoters of events, and agents and managers (7111, 7113, 7114)	Thousands (Jobs)	0.140

Source: Regional Economic Models Inc.

Figure 20 shows the private non-farm industries that are dependent on the lottery sector (Accommodation and Amusement, Gambling, Recreation Industries). Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Legal services, are intermediate input suppliers to the gaming industry.

Figure 87: Employment by demand source from lottery in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	-6.290
Intermediate Demand (indirect) Employment	Thousands (Jobs)	8.277
Local Consumption Demand (induced) Employment	Thousands (Jobs)	-18.751
Government Demand (induced) Employment	Thousands (Jobs)	1.372
Investment Activity Demand (induced) Employment	Thousands (Jobs)	-0.456
Exports Demand (induced) Employment	Thousands (Jobs)	2.875
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	0.394

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 21 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct lottery employment. It can also be interpreted as the direct input we entered into the model. The direct lottery employment impact is 394 jobs in 2012 and the indirect employment (Intermediate Demand Employment) supported by the lottery is 8,277. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the lottery is minus-14,960. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar

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Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery. The sum of the direct, indirect, and induced employment is minus-6,290. The negative induced employment (driven mainly by Local Consumption Demand employment) dominate the total, consequently the sum of direct, indirect, and induced employment is also negative.

Figure 88: Economic and fiscal impacts of Florida retail lottery sector in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	59.959
Population	Thousands	15.875
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	1.922
Personal Income	Billions of Fixed (2012) Dollars	2.258
State Tax Revenues (fiscal year 2013)	Billions of Fixed (2012) Dollars	0.124

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 22 exhibits the total economic and fiscal impacts generated from the existence of the retail lottery sector in 2012. The retail lottery supports a total of 59,959 jobs in Florida. The associated gross state product is \$1.92 billion and it generated \$2.26 billion in personal income. The tax revenue generated from the indirect and induced impacts of the retail lottery industry in FY 2013 is \$124 million.

Figure 89: Top 12 Florida industries with largest employment impact from retail lottery in 2012

Industry category, with NAICS code	Units	2012
Retail trade (44-45)	Thousands (Jobs)	42.361
Construction (23)	Thousands (Jobs)	5.673
Offices of health practitioners (6211-6213)	Thousands (Jobs)	1.000
Food services and drinking places (722)	Thousands (Jobs)	0.892
Real estate (531)	Thousands (Jobs)	0.673
Wholesale trade (42)	Thousands (Jobs)	0.595
Private households (814)	Thousands (Jobs)	0.502
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.442
Hospitals (622)	Thousands (Jobs)	0.347
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.343
Personal care services (8121)	Thousands (Jobs)	0.319
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.307

Source: Regional Economic Models Inc.

Figure 23 shows the private non-farm industries that are dependent on the retail lottery sector (Retail Trade). Some of these, such as Wholesale Trade and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (retail lottery) or indirect jobs.

Figure 90: Employment by demand source from retail lottery in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	58.146
Intermediate Demand (indirect) Employment	Thousands (Jobs)	4.206
Local Consumption Demand (induced) Employment	Thousands (Jobs)	8.085
Government Demand (induced) Employment	Thousands (Jobs)	0.188
Investment Activity Demand (induced) Employment	Thousands (Jobs)	6.381
Exports Demand (induced) Employment	Thousands (Jobs)	-0.612
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	39.900

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 24 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct retail lottery employment. It can also be interpreted as the direct input we entered into the model. The direct retail lottery employment impact is 39,900 jobs in 2012, and the indirect employment (Intermediate Demand Employment) supported by the retail lottery sector is 4,206. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the retail lottery industry is 14,042. The sum of the direct, indirect, and induced employment is 58,146.

Figure 91: Economic and fiscal impacts of Florida Native American casinos sector in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	8.943
Population	Thousands	2.111
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	1.429
Personal Income	Billions of Fixed (2012) Dollars	0.476
State Tax Revenues (fiscal year 2013)	Billions of Fixed (2012) Dollars	0.238

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 25 exhibits the total economic and fiscal impacts generated from the existence of the Native American casinos in 2012. The Native American casinos support a total of 8,943 jobs in Florida. The associated gross state product is \$1.429 billion and it generated \$476 million in personal income. The tax revenue generated from the direct, indirect, and induced impacts of the Native American casinos in FY 2013 is \$238 million.

Figure 92: Top 12 Florida industries with largest employment impact from Native American casinos in 2012

Industry category, with NAICS code	Units	2012
Accommodation (721)	Thousands (Jobs)	9.999
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.587
Construction (23)	Thousands (Jobs)	0.370
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.147

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Industry category, with NAICS code	Units	2012
Management of companies and enterprises (55)	Thousands (Jobs)	0.133
Advertising and related services (5418)	Thousands (Jobs)	0.128
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.117
Legal services (5411)	Thousands (Jobs)	0.103
Employment services (5613)	Thousands (Jobs)	0.100
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.091
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.084
Food services and drinking places (722)	Thousands (Jobs)	0.060

Source: Regional Economic Models Inc.

Figure 26 shows the private non-farm industries that are dependent on the Native American casinos industry (Accommodation). Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (Native American casinos) or indirect jobs.

Figure 93: Employment by demand source from Native American casinos in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	6.526
Intermediate Demand (indirect) Employment	Thousands (Jobs)	3.646
Local Consumption Demand (induced) Employment	Thousands (Jobs)	-7.326
Government Demand (induced) Employment	Thousands (Jobs)	0.275
Investment Activity Demand (induced) Employment	Thousands (Jobs)	0.024
Exports Demand (induced) Employment	Thousands (Jobs)	0.431
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	10.387

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 27 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The direct Native American casinos employment impact is 10,387 jobs in 2012, and the indirect employment (Intermediate Demand Employment) supported by the Native American casinos sector is 3,646. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the Native American casinos industry is minus-7,506. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and

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this negative number represents the jobs their spending could have supported if it were not for the Native American casinos. The sum of the direct, indirect, and induced employment is 6,526.

Figure 94: Economic and fiscal impacts of Florida out-of-state gaming spending in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	4.116
Population	Thousands	1.012
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	0.313
Personal Income	Billions of Fixed (2012) Dollars	0.18
State Tax Revenues (fiscal year 2013)	Millions of Fixed (2012) Dollars	15.406

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 28 exhibits the total economic and fiscal impacts that would have been generated if Floridian's out-of-state gaming spending were brought back to Florida in 2012. The total employment impact is 4,116 jobs in Florida. The associated gross state product ("GSP") is \$313 million and it would have generated \$180 million in personal income. The tax revenue generated from the indirect and induced impacts of the out-of-state gaming spending in FY 2013 are \$15.4 million.

Figure 95: Top 12 Florida industries with largest employment impact from Floridian out-of-state gaming in 2012

Industry category, with NAICS code	Units	2012
Retail trade (44-45)	Thousands (Jobs)	0.858
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.439
Food services and drinking places (722)	Thousands (Jobs)	0.235
Private households (814)	Thousands (Jobs)	0.221
Construction (23)	Thousands (Jobs)	0.215
Wholesale trade (42)	Thousands (Jobs)	0.167
Personal care services (8121)	Thousands (Jobs)	0.136
Real estate (531)	Thousands (Jobs)	0.135
Hospitals (622)	Thousands (Jobs)	0.105
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.101
Monetary authorities, credit intermediation, and related activities (521, 522)	Thousands (Jobs)	0.085
Securities, commodity contracts, and other financial investments and related activities (523)	Thousands (Jobs)	0.082

Source: Regional Economic Models Inc.

Figure 29 shows the private non-farm industries that would have been impacted if Floridian's out-of-state gaming spending were brought back to Florida. Many of these industries, such as Retail Trade, Food Services and Drinking Places, and Private Households, are supported by local spending.

Figure 96: Employment by demand source from Floridian out-of-state gaming spending in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	3.836
Intermediate Demand (indirect) Employment	Thousands (Jobs)	0.693
Local Consumption Demand (induced) Employment	Thousands (Jobs)	3.033

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Government Demand (induced) Employment	Thousands (Jobs)	0.031
Investment Activity Demand (induced) Employment	Thousands (Jobs)	0.193
Exports Demand (induced) Employment	Thousands (Jobs)	-0.114
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	0.000

Source: Regional Economic Models Inc.

Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 30 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct employment. It can also be interpreted as the direct input we entered into the model. The direct employment impact is 0 in 2012 because we did not use any employment policy variables to model this consumption reallocation of Floridian's out-of-state gaming spending. The indirect employment (Intermediate Demand Employment) is 693. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact is 3,143. The sum of the direct, indirect, and induced employment is 3,836.

1. Impact of Hialeah Park Construction (2012)

Construction of Hialeah Park in 2012 was modeled separately from all of the gambling subsector economic impact assessments. The total cost of construction for Hialeah Park is \$63.36 million, with an annual average construction employment of 210. The construction duration was estimated to be 24 months starting in summer of 2011.

Figure 97: Economic and fiscal impacts of Hialeah Park construction in 2012

Summary	Units	2012
Total Employment	Jobs	364
Population	Individuals	125
Gross Domestic Product (GDP)	Millions of Fixed (2012) Dollars	29.602
Personal Income	Millions of Fixed (2012) Dollars	18.311
State Tax Revenues (fiscal year 2013)	Millions of Fixed (2012) Dollars	0.9219

Source: Regional Economic Models Inc., Spectrum Gaming Group

The construction activity in 2012 generates a total 364 jobs, \$29.6 million in GSP, and \$18.3 million in personal income. It also induces \$0.92 million in state tax revenue for FY 2013.

C. Assessment of Economic, Fiscal Impacts Over Time

An assessment of the changes in those impacts over time until the present day, historically, and projections for the future.

For this section, we employed the same policy variables as the Chapter III(B) above and ran a counterfactual analysis for years 2012 through 2060 to observe the impacts of the gambling industry over time. In addition, we established two alternative national forecasts representing a future with slower economic growth and the other projecting a stronger economic growth, relative to the state benchmark baseline in the model. The new national forecasts generated new regional forecasts for Florida. We then ran the same set of inputs against the three regional forecasts to quantify the impacts of the gambling industry under different economic trajectories.

REMI and Spectrum assume that over time, the employment in the overall gambling industry will expand at half the growth rate of its aggregate sectors in the REMI model. Given the regulations and restrictions imposed on the gambling industry, it is difficult to justify that the industry can expand at the same rate as a typical entertainment/recreation, retail trade, or accommodation industry. On the other hand, assuming no growth in the next 50 years is an excessively conservative assumption. We believe it is reasonable to choose a growth rate in between the two extremes. We assume wages and labor productivity will both grow at the same rate as the respective aggregate sector.

The following are tables showing the forecasted employment, output, wage & salary/compensation, and consumption reallocation for each of the gambling subsectors.

Figure 98: Racinos, pari-mutuels forecast

Racinos/Pari-mutuels	Units	2012	2015	2020	2025	2030	
Employment	Thousands (Jobs)	4.954	5.086	5.273	5.402	5.500	
Output	Billions of Fixed (2012) Dollars	0.528	0.548	0.580	0.614	0.646	
Wage & Salary Disbursements	Billions of Current Dollars	0.149	0.173	0.219	0.281	0.349	
Consumption Reallocation	Billions of Fixed (2012) Dollars	0.501	0.521	0.551	0.583	0.614	
Racinos/Pari-mutuels	Units	2035	2040	2045	2050	2055	2060
Employment	Thousands (Jobs)	5.574	5.602	5.601	5.571	5.525	5.464
Output	Billions of Fixed (2012) Dollars	0.676	0.702	0.724	0.744	0.761	0.775
Wage & Salary Disbursements	Billions of Current Dollars	0.427	0.512	0.607	0.709	0.824	0.950
Consumption Reallocation	Billions of Fixed (2012) Dollars	0.642	0.667	0.688	0.707	0.723	0.737

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 99: Lottery forecast⁵⁷⁶

Lottery	Units	2012	2015	2020	2025	2030
Employment	Thousands (Jobs)	0.408	0.419	0.434	0.445	0.453
Output	Billions of Fixed (2012) Dollars	4.450	4.622	4.895	5.179	5.448
Compensation	Billions of Current Dollars		0.029	0.038	0.048	0.060

⁵⁷⁶ The "Lottery" in this report represents the Florida Lottery established by the Florida Legislature

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Lottery	Units	2012	2015	2020	2025	2030	
		0.025					
Consumption Reallocation	Billions of Fixed (2012) Dollars	4.361	4.529	4.797	5.076	5.339	
Lottery	Units	2035	2040	2045	2050	2055	2060
Employment	Thousands (Jobs)	0.459	0.461	0.461	0.459	0.455	0.450
Output	Billions of Fixed (2012) Dollars	5.703	5.919	6.110	6.273	6.417	6.539
Compensation	Billions of Current Dollars	0.074	0.088	0.105	0.122	0.142	0.164
Consumption Reallocation	Billions of Fixed (2012) Dollars	5.589	5.801	5.988	6.148	6.288	6.409

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 100: Retail Lottery Forecast⁵⁷⁷

Retail Lottery	Units	2012	2015	2020	2025	2030	
Employment	Thousands (Jobs)	39.900	40.681	41.445	41.172	40.774	
Output	Billions of Fixed (2012) Dollars	0.248	0.271	0.310	0.350	0.393	
Retail Lottery	Units	2035	2040	2045	2050	2055	2060
Employment	Thousands (Jobs)	40.262	39.375	38.255	36.983	35.659	34.242
Output	Billions of Fixed (2012) Dollars	0.441	0.489	0.539	0.591	0.646	0.702

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 101: Casino Hotels forecast (including Native American casinos)

Native American Casinos	Units	2012	2015	2020	2025	2030	
Employment	Thousands (Jobs)	10.387	10.590	10.710	10.794	10.910	
Output	Billions of Fixed (2012) Dollars	2.200	2.350	2.530	2.833	3.133	
Compensation	Billions of Current Dollars	0.349	0.400	0.468	0.602	0.736	
Consumption Reallocation	Billions of Fixed (2012) Dollars	1.870	1.997	2.191	2.408	2.663	
Native American Casinos	Units	2035	2040	2045	2050	2055	2060
Employment	Thousands (Jobs)	11.055	11.134	11.187	11.223	11.260	11.304
Output	Billions of Fixed (2012) Dollars	3.474	3.831	4.214	4.628	5.080	5.576
Compensation	Billions of Current Dollars	0.899	1.081	1.292	1.534	1.821	2.159
Consumption Reallocation	Billions of Fixed (2012) Dollars	2.953	3.256	3.582	3.934	4.318	4.739

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 102: Florida Resident Out-of-State Gaming Spending forecast

FL Resident Out-of-State Gaming Spending	Units	2012	2015	2020	2025	2030	
Consumption Reallocation	Billions of Fixed (2012) Dollars	0.500	0.500	0.500	0.500	0.500	
FL Resident Out-of-State Gaming Spending	Units	2035	2040	2045	2050	2055	2060
Consumption Reallocation	Billions of Fixed (2012) Dollars	0.500	0.500	0.500	0.500	0.500	0.500

Source: Regional Economic Models Inc., Spectrum Gaming Group

⁵⁷⁷ The "Retail Lottery" in this report refers to the retailers selling lottery tickets

1. Results – Normal Economic Growth (2012-2060)

Figure 103: Economic and fiscal impacts of pari-mutuel sector, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	6.763
Average Annual Population	Thousands	7.422
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	33.326
Cumulative Personal Income	Billions of Fixed (2012) Dollars	35.154
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.561

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the pari-mutuel sector is projected to support an annual average of 6,763 jobs⁵⁷⁸ in Florida under normal economic growth assumptions. The cumulative GSP is \$33.3 billion and \$35.2 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the pari-mutuel industry between FY 2013 and FY 2060 is \$561 million.

Figure 104: Top 12 Florida industries with largest average employment impact from pari-mutuel, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	2.549
Construction (23)	Thousands (Jobs)	0.465
Nursing and residential care facilities (623)	Thousands (Jobs)	0.103
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.090
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.059
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.053
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.045
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.044
Employment services (5613)	Thousands (Jobs)	0.041
Hospitals (622)	Thousands (Jobs)	0.041
Wholesale trade (42)	Thousands (Jobs)	0.037
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.031

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 38 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

⁵⁷⁸ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 105: Average annual employment by demand source from pari-mutuel, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	3.106
Intermediate Demand Employment	Thousands (Jobs)	1.268
Local Consumption Demand Employment	Thousands (Jobs)	-1.406
Government Demand Employment	Thousands (Jobs)	0.397
Investment Activity Demand Employment	Thousands (Jobs)	0.073
Exports Employment	Thousands (Jobs)	-2.675
Exogenous Industry Sales Employment	Thousands (Jobs)	5.449

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 39 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel employment. It can also be interpreted as the direct input we entered into the model. The average annual direct pari-mutuel employment impact is 5,449 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the pari-mutuel sector is 1,268. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the pari-mutuel industry is minus-3,611. The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector. The sum of the average annual direct, indirect, and induced employment is 3,106.

Figure 106: Economic and fiscal impacts of lottery industry, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	34.387
Average Annual Population	Thousands	45.999
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	327.604
Cumulative Personal Income	Billions of Fixed (2012) Dollars	187.769
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	3.657
Average Annual Government Employment	Thousands (Jobs)	26.285

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the lottery industry is projected to support an annual average of 34,387 jobs⁵⁷⁹ in Florida under normal economic growth assumptions. The cumulative GSP is \$327.6 billion and \$187.8 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the lottery industry between FY 2013 and FY 2060 is \$3.66 billion.

⁵⁷⁹ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 107: Top 12 Florida industries with largest average employment impact from lottery, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Construction (23)	Thousands (Jobs)	3.265
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	3.116
Services to buildings and dwellings (5617)	Thousands (Jobs)	1.175
Food services and drinking places (722)	Thousands (Jobs)	0.759
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.602
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.539
Nursing and residential care facilities (623)	Thousands (Jobs)	0.497
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.489
Employment services (5613)	Thousands (Jobs)	0.450
Real estate (531)	Thousands (Jobs)	0.348
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.342
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.292

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 41 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 108: Average annual employment by demand source from lottery, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	8.804
Intermediate Demand (indirect) Employment	Thousands (Jobs)	12.510
Local Consumption Demand (induced) Employment	Thousands (Jobs)	-7.719
Government Demand (induced) Employment	Thousands (Jobs)	2.760
Investment Activity Demand (induced) Employment	Thousands (Jobs)	0.291
Exports Demand (induced) Employment	Thousands (Jobs)	0.517
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	0.445

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 42 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct lottery employment. It can also be interpreted as the direct input we entered into the model.

The average annual direct lottery employment impact is 445 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the lottery sector is 12,510. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the lottery industry is minus-4,151.

The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar

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Floridian spends on lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector. The sum of the average annual direct, indirect, and induced employment is 8,804.

Figure 109: Economic and fiscal impacts of retail lottery industry, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	76.616
Average Annual Population	Thousands	122.954
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	358.902
Cumulative Personal Income	Billions of Fixed (2012) Dollars	354.081
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.590

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the retail lottery industry is projected to support an annual average of 76,616 jobs⁵⁸⁰ in Florida under normal economic growth assumptions. The cumulative GSP is \$358.9 billion and \$354.1 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the retail lottery industry between FY 2013 and FY 2060 is \$590 million.

Figure 110: Top 12 Florida industries with largest average employment impact from retail lottery, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	42.152
Construction (23)	Thousands (Jobs)	9.292
Food services and drinking places (722)	Thousands (Jobs)	2.196
Computer systems design and related services (5415)	Thousands (Jobs)	2.155
Offices of health practitioners (6211-6213)	Thousands (Jobs)	1.654
Architectural, engineering, and related services (5413)	Thousands (Jobs)	1.487
Nursing and residential care facilities (623)	Thousands (Jobs)	1.407
Hospitals (622)	Thousands (Jobs)	1.168
Wholesale trade (42)	Thousands (Jobs)	1.145
Educational services (61)	Thousands (Jobs)	1.142
Home health care services (6216)	Thousands (Jobs)	0.986
Real estate (531)	Thousands (Jobs)	0.938

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 44 shows the private non-farm industries with largest average annual employment impact. Aside from Retail Trade, which is the direct impact for retail lottery, the rest are the top industries that are reliant on the retail lottery industry in Florida.

⁵⁸⁰ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Some of these, such as Wholesale Trade and Computer Systems Design Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (retail lottery) or indirect jobs.

Figure 111: Average annual employment by demand source from retail lottery, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	76.548
Intermediate Demand (indirect) Employment	Thousands (Jobs)	9.775
Local Consumption Demand (induced) Employment	Thousands (Jobs)	16.159
Government Demand (induced) Employment	Thousands (Jobs)	0.051
Investment Activity Demand (induced) Employment	Thousands (Jobs)	17.146
Exports Demand (induced) Employment	Thousands (Jobs)	-5.682
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	39.099

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 45 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct retail lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct retail lottery employment impact is 39,099 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the retail lottery sector is 9,775. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the retail lottery industry is 27,674. The sum of the average annual direct, indirect, and induced employment is 76,548.

Figure 112: Economic and fiscal impacts of Native American casinos industry, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	8.476
Average Annual Population	Thousands	10.545
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	115.023
Cumulative Personal Income	Billions of Fixed (2012) Dollars	51.895
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.280

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the Native American casinos industry is projected to support an annual average of 8,476 jobs⁵⁸¹ in Florida under normal economic growth assumptions. The cumulative GSP is \$115 billion and \$51.9 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the Native American casinos industry between FY 2013 and FY 2060 is \$280 million.

⁵⁸¹ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

Figure 113: Top 12 Florida industries with largest average employment impact from Native American casinos, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Accommodation (721)	Thousands (Jobs)	10.580
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.564
Construction (23)	Thousands (Jobs)	0.337
Food services and drinking places (722)	Thousands (Jobs)	0.286
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.203
Advertising and related services (5418)	Thousands (Jobs)	0.140
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.130
Employment services (5613)	Thousands (Jobs)	0.120
Management of companies and enterprises (55)	Thousands (Jobs)	0.098
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.085
Legal services (5411)	Thousands (Jobs)	0.074
Waste management and remediation services (562)	Thousands (Jobs)	0.072

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 47 shows the private non-farm industries with largest average annual employment impact. Aside from Accommodation, which is the direct impact for this analysis, the rest are the top industries that are reliant on the Native American casinos industry in Florida. Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (Native American casinos) or indirect jobs.

Figure 114: Average annual employment by demand source from Native American casinos, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	6.092
Intermediate Demand (indirect) Employment	Thousands (Jobs)	3.952
Local Consumption Demand (induced) Employment	Thousands (Jobs)	-7.047
Government Demand (induced) Employment	Thousands (Jobs)	0.264
Investment Activity Demand (induced) Employment	Thousands (Jobs)	-0.138
Exports Demand (induced) Employment	Thousands (Jobs)	-1.931
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	10.993

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 48 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The average annual direct Native American casinos employment impact is 10,993 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the gaming sector is 3,952. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the Native American casinos industry is minus-8,852. The Local Consumption Demand

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Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos. The sum of the average annual direct, indirect, and induced employment is 6,092.

Figure 115: Economic and fiscal impacts of Floridian out-of-state gaming spending, 2012-2060, normal growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	2.764
Average Annual Population	Thousands	4.563
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	14.813
Cumulative Personal Income	Billions of Fixed (2012) Dollars	13.792
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Millions of Fixed (2012) Dollars	27.060

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, if out-of-state gambling dollars by Florida residents were to instead remain in Florida, this spending will support an annual average of 2,764 jobs⁵⁸² in Florida under normal economic growth assumption. The cumulative GSP is \$14.8 billion and \$13.8 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the out-of-state gaming spending between FY 2013 and FY 2060 is \$27.1 million.

Figure 116: Top 12 Florida industries with largest average employment impact from Floridian out-of-state gaming spending, 2012-2060, normal growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	0.488
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.390
Food services and drinking places (722)	Thousands (Jobs)	0.165
Construction (23)	Thousands (Jobs)	0.152
Private households (814)	Thousands (Jobs)	0.124
Wholesale trade (42)	Thousands (Jobs)	0.099
Nursing and residential care facilities (623)	Thousands (Jobs)	0.098
Hospitals (622)	Thousands (Jobs)	0.091
Real estate (531)	Thousands (Jobs)	0.080
Educational services (61)	Thousands (Jobs)	0.068
Personal care services (8121)	Thousands (Jobs)	0.066
Home health care services (6216)	Thousands (Jobs)	0.065

Source: Regional Economic Models Inc., Spectrum Gaming Group

⁵⁸² The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 50 shows the private non-farm industries that would have been impacted if Floridian's out-of-state gaming spending were brought back to Florida. Many of these industries, such as Retail Trade, Food Services and Drinking Places, and Private Households, are commonly supported by local spending.

Figure 117: Average annual employment by demand source from Floridian out-of-state gaming spending, 2012-2060, normal growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	2.695
Intermediate Demand (indirect) Employment	Thousands (Jobs)	0.455
Local Consumption Demand (induced) Employment	Thousands (Jobs)	2.261
Government Demand (induced) Employment	Thousands (Jobs)	0.011
Investment Activity Demand (induced) Employment	Thousands (Jobs)	0.238
Exports Demand (induced) Employment	Thousands (Jobs)	-0.271
Exogenous Industry Sales (direct) Employment	Thousands (Jobs)	0.000

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 51 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents direct employment. It can also be interpreted as the direct input we entered into the model. The average annual direct employment impact is 0 jobs because we did not use any employment policy variables to model this consumption reallocation of Floridian's out-of-state gaming spending. The average annual indirect employment (Intermediate Demand Employment) is 455. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact is 2,239. The sum of the average annual direct, indirect, and induced employment is 2,695.

2. Results – Slow Economic Growth (2012-2060)

Figure 118: Economic and fiscal impacts of pari-mutuel sector, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	7.468
Average Annual Population	Thousands	9.096
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	36.613
Cumulative Personal Income	Billions of Fixed (2012) Dollars	38.559
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.544

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the pari-mutuel sector is projected to support an annual average of 7,468 jobs⁵⁸³ in Florida under normal economic growth assumptions. The cumulative GSP is \$36.6 billion and \$38.6 billion in personal income. The average annual tax revenues generated

⁵⁸³ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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from the direct, indirect, and induced impacts of the pari-mutuel industry between FY 2013 and FY 2060 is \$544 million.

Figure 119: Top 12 Florida industries with largest average employment impact from pari-mutuel, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	2.979
Construction (23)	Thousands (Jobs)	0.481
Nursing and residential care facilities (623)	Thousands (Jobs)	0.121
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.103
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.064
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.061
Hospitals (622)	Thousands (Jobs)	0.054
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.050
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.050
Employment services (5613)	Thousands (Jobs)	0.047
Wholesale trade (42)	Thousands (Jobs)	0.046
Automotive repair and maintenance (8111)	Thousands (Jobs)	0.037

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 53 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 120: Average annual employment by demand source from pari-mutuel, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	3.816
Intermediate Demand Employment	Thousands (Jobs)	1.397
Local Consumption Demand Employment	Thousands (Jobs)	-1.265
Government Demand Employment	Thousands (Jobs)	0.390
Investment Activity Demand Employment	Thousands (Jobs)	0.104
Exports Employment	Thousands (Jobs)	-2.259
Exogenous Industry Sales Employment	Thousands (Jobs)	5.449

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 54 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel employment. It can also be interpreted as the direct input we entered into the model. The average annual direct pari-mutuel employment impact is 5,449 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the pari-mutuel sector is 1,397. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the pari-mutuel industry is

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minus-3,030. The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector. The sum of the average annual direct, indirect, and induced employment is 3,816.

Figure 121: Economic and fiscal impacts of lottery industry, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	39.232
Average Annual Population	Thousands	57.484
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	355.575
Cumulative Personal Income	Billions of Fixed (2012) Dollars	210.206
Average Annual State Tax Revenues (fiscal year)	Billions of Fixed (2012) Dollars	3.455
Average Annual Government Employment	Thousands (Jobs)	26.632

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the lottery industry is projected to support an annual average of 39,232 jobs⁵⁸⁴ in Florida under normal economic growth assumptions. The cumulative GSP is \$355.6 billion and \$210.2 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the lottery industry between FY 2013 and FY 2060 is \$3.46 billion.

Figure 122: Top 12 Florida industries with largest average employment impact from lottery, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	6.654
Construction (23)	Thousands (Jobs)	3.306
Services to buildings and dwellings (5617)	Thousands (Jobs)	1.294
Food services and drinking places (722)	Thousands (Jobs)	0.943
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.664
Nursing and residential care facilities (623)	Thousands (Jobs)	0.597
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.591
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.517
Real estate (531)	Thousands (Jobs)	0.511
Employment services (5613)	Thousands (Jobs)	0.503
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.377
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.317

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 56 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct

⁵⁸⁴ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 123: Average annual employment by demand source from lottery, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	14.227
Intermediate Demand Employment	Thousands (Jobs)	13.645
Local Consumption Demand Employment	Thousands (Jobs)	-6.799
Government Demand Employment	Thousands (Jobs)	2.659
Investment Activity Demand Employment	Thousands (Jobs)	0.467
Exports Employment	Thousands (Jobs)	3.810
Exogenous Industry Sales Employment	Thousands (Jobs)	0.445

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 57 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct lottery employment impact is 445 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the lottery sector is 13,645. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the lottery industry is 137. The sum of the average annual direct, indirect, and induced employment is 14,227.

Figure 124: Economic and fiscal impacts of retail lottery industry, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	78.073
Average Annual Population	Thousands	128.361
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	368.241
Cumulative Personal Income	Billions of Fixed (2012) Dollars	358.951
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.581

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the retail lottery industry is projected to support an annual average of 78,073 jobs⁵⁸⁵ in Florida under normal economic growth assumptions. The cumulative GSP is \$368.2 billion and \$359 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the retail lottery industry between FY 2013 and FY 2060 is \$581 million.

⁵⁸⁵ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

Figure 125: Top 12 Florida industries with largest average employment impact from retail lottery, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	42.780
Construction (23)	Thousands (Jobs)	9.373
Food services and drinking places (722)	Thousands (Jobs)	2.283
Computer systems design and related services (5415)	Thousands (Jobs)	2.255
Offices of health practitioners (6211-6213)	Thousands (Jobs)	1.677
Architectural, engineering, and related services (5413)	Thousands (Jobs)	1.540
Nursing and residential care facilities (623)	Thousands (Jobs)	1.453
Hospitals (622)	Thousands (Jobs)	1.204
Educational services (61)	Thousands (Jobs)	1.186
Wholesale trade (42)	Thousands (Jobs)	1.179
Home health care services (6216)	Thousands (Jobs)	1.026
Real estate (531)	Thousands (Jobs)	1.011

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 59 shows the private non-farm industries with largest average annual employment impact. Aside from Retail Trade, which is the direct impact for retail lottery, the rest are the top industries that are reliant on the retail lottery industry in Florida. Some of these, such as Wholesale Trade and Computer Systems Design Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (retail lottery) or indirect jobs.

Figure 126: Average annual employment by demand source from retail lottery, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	78.164
Intermediate Demand Employment	Thousands (Jobs)	10.148
Local Consumption Demand Employment	Thousands (Jobs)	16.625
Government Demand Employment	Thousands (Jobs)	0.032
Investment Activity Demand Employment	Thousands (Jobs)	17.612
Exports Employment	Thousands (Jobs)	-5.351
Exogenous Industry Sales Employment	Thousands (Jobs)	39.099

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 60 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct retail lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct retail lottery employment impact is 39,099 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the retail lottery sector is 28,918. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the retail lottery industry is 27,674. The sum of the average annual direct, indirect, and induced employment is 78,164.

Figure 127: Economic and fiscal impacts of Native American casinos industry, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	9.949
Average Annual Population	Thousands	13.263
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	127.276
Cumulative Personal Income	Billions of Fixed (2012) Dollars	58.783
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.283

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the Native American casinos industry is projected to support an annual average of 9,949 jobs⁵⁸⁶ in Florida under normal economic growth assumptions. The cumulative GSP is \$127.3 billion and \$58.8 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the Native American casinos industry between FY 2013 and FY 2060 is \$283 million.

Figure 128: Top 12 Florida industries with largest average employment impact from Native American casinos, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Accommodation (721)	Thousands (Jobs)	11.391
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.634
Construction (23)	Thousands (Jobs)	0.384
Food services and drinking places (722)	Thousands (Jobs)	0.381
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.227
Advertising and related services (5418)	Thousands (Jobs)	0.151
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.141
Employment services (5613)	Thousands (Jobs)	0.138
Management of companies and enterprises (55)	Thousands (Jobs)	0.109
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.095
Legal services (5411)	Thousands (Jobs)	0.088
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.082

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 62 shows the private non-farm industries with largest average annual employment impact. Aside from Accommodation, which is the direct impact for this analysis, the rest are the top industries that are reliant on the Native American casinos industry in Florida. Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (Native American casinos) or indirect jobs.

⁵⁸⁶ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 129: Average annual employment by demand source from Native American casinos, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	7.504
Intermediate Demand Employment	Thousands (Jobs)	4.429
Local Consumption Demand Employment	Thousands (Jobs)	-6.906
Government Demand Employment	Thousands (Jobs)	0.268
Investment Activity Demand Employment	Thousands (Jobs)	-0.090
Exports Employment	Thousands (Jobs)	-1.189
Exogenous Industry Sales Employment	Thousands (Jobs)	10.993

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 63 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The average annual direct Native American casinos employment impact is 10,993 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the gaming sector is 4,429. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the Native American casinos industry is minus-7,918. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos. The sum of the average annual direct, indirect, and induced employment is 7,504.

Figure 130: Economic and fiscal impacts of Floridian out-of-state gaming spending, 2012-2060, slow growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	2.889
Average Annual Population	Thousands	4.946
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	15.599
Cumulative Personal Income	Billions of Fixed (2012) Dollars	14.357
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Millions of Fixed (2012) Dollars	28.583

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, if out-of-state gambling dollars by Florida residents were to instead remain in Florida, this spending will support an annual average of 2,889 jobs⁵⁸⁷ in

⁵⁸⁷ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs

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Florida under normal economic growth assumption. The cumulative GSP is \$15.6 billion and \$14.4 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the out-of-state gaming spending between FY 2013 and FY 2060 is \$28.6 million.

Figure 131: Top 12 Florida industries with largest average employment impact from Floridian out-of-state gaming spending, 2012-2060, slow growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	0.511
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.398
Food services and drinking places (722)	Thousands (Jobs)	0.174
Construction (23)	Thousands (Jobs)	0.157
Private households (814)	Thousands (Jobs)	0.128
Nursing and residential care facilities (623)	Thousands (Jobs)	0.103
Wholesale trade (42)	Thousands (Jobs)	0.103
Hospitals (622)	Thousands (Jobs)	0.096
Real estate (531)	Thousands (Jobs)	0.087
Educational services (61)	Thousands (Jobs)	0.072
Home health care services (6216)	Thousands (Jobs)	0.069
Personal care services (8121)	Thousands (Jobs)	0.068

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 65 shows the private non-farm industries that would have been impacted if Floridian's out-of-state gaming spending were brought back to Florida. Many of these industries, such as Retail Trade, Food Services and Drinking Places, and Private Households, are commonly supported by local spending.

Figure 132: Average annual employment by demand source from Floridian out-of-state gaming spending, 2012-2060, slow growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	2.822
Intermediate Demand Employment	Thousands (Jobs)	0.488
Local Consumption Demand Employment	Thousands (Jobs)	2.352
Government Demand Employment	Thousands (Jobs)	0.010
Investment Activity Demand Employment	Thousands (Jobs)	0.251
Exports Employment	Thousands (Jobs)	-0.280
Exogenous Industry Sales Employment	Thousands (Jobs)	0.000

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 66 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents direct employment. It can also be interpreted as the direct input we

from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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entered into the model. The average annual direct employment impact is 0 jobs because we did not use any employment policy variables to model this consumption reallocation of Floridian's out-of-state gaming spending. The average annual indirect employment (Intermediate Demand Employment) is 488. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact is 2,334. The sum of the average annual direct, indirect, and induced employment is 2,822.

3. Results –Strong Economic Growth (2012-2060)

Figure 133: Economic and fiscal impacts of pari-mutuel sector, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	6.145
Average Annual Population	Thousands	6.123
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	30.483
Cumulative Personal Income	Billions of Fixed (2012) Dollars	32.138
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Millions of Fixed (2012) Dollars	0.534

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the pari-mutuel sector is projected to support an annual average of 6,145 jobs⁵⁸⁸ in Florida under normal economic growth assumptions. The cumulative GSP is \$30.5 billion and \$32.1 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the pari-mutuel industry between FY 2013 and FY 2060 is \$534 million.

⁵⁸⁸ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 134: Top 12 Florida industries with largest average employment impact from pari-mutuel, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	2.164
Construction (23)	Thousands (Jobs)	0.449
Nursing and residential care facilities (623)	Thousands (Jobs)	0.089
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.079
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.055
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.046
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.040
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.039
Employment services (5613)	Thousands (Jobs)	0.036
Hospitals (622)	Thousands (Jobs)	0.030
Wholesale trade (42)	Thousands (Jobs)	0.029
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.028

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 68 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 135: Average annual employment by demand source from pari-mutuel, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	2.489
Intermediate Demand Employment	Thousands (Jobs)	1.159
Local Consumption Demand Employment	Thousands (Jobs)	-1.519
Government Demand Employment	Thousands (Jobs)	0.402
Investment Activity Demand Employment	Thousands (Jobs)	0.046
Exports Employment	Thousands (Jobs)	-3.048
Exogenous Industry Sales Employment	Thousands (Jobs)	5.449

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 69 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel employment. It can also be interpreted as the direct input we entered into the model. The average annual direct pari-mutuel employment impact is 5,449 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the pari-mutuel sector is 1,159. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the pari-mutuel industry is minus-4,119. The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has

a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector. The sum of the average annual direct, indirect, and induced employment is 2,489.

Figure 136: Economic and fiscal impacts of lottery industry, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	30.207
Average Annual Population	Thousands	36.436
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	303.067
Cumulative Personal Income	Billions of Fixed (2012) Dollars	167.4
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	3.550
Average Annual Government Employment	Thousands (Jobs)	26.632

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the lottery industry is projected to support an annual average of 30,207 jobs⁵⁸⁹ in Florida under normal economic growth assumptions. The cumulative GSP is \$303.1 billion and \$167.4 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the lottery industry between FY 2013 and FY 2060 is \$3.6 billion.

Figure 137: Top 12 Florida industries with largest average employment impact from lottery, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Construction (23)	Thousands (Jobs)	3.217
Services to buildings and dwellings (5617)	Thousands (Jobs)	1.070
Food services and drinking places (722)	Thousands (Jobs)	0.603
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.547
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.497
Architectural, engineering, and related services (5413)	Thousands (Jobs)	0.465
Nursing and residential care facilities (623)	Thousands (Jobs)	0.409
Employment services (5613)	Thousands (Jobs)	0.405
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.312
Individual and family services; Community and vocational rehabilitation services (6241-6243)	Thousands (Jobs)	0.270
Waste management and remediation services (562)	Thousands (Jobs)	0.216
Real estate (531)	Thousands (Jobs)	0.213

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 71 shows the private non-farm industries with largest average annual employment impact. Aside from the Amusement, Gambling, and Recreation Industries, which is the direct impact for this subsector, the rest are the top industries that are reliant on the pari-mutuel

⁵⁸⁹ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

industry in Florida. Many of these industries, such as Services to Buildings and Dwellings, Business Support Services, and Management Consulting, are intermediate input suppliers to the pari-mutuel industry.

Figure 138: Average annual employment by demand source from lottery, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	4.191
Intermediate Demand Employment	Thousands (Jobs)	11.525
Local Consumption Demand Employment	Thousands (Jobs)	-8.492
Government Demand Employment	Thousands (Jobs)	2.841
Investment Activity Demand Employment	Thousands (Jobs)	0.138
Exports Employment	Thousands (Jobs)	-2.265
Exogenous Industry Sales Employment	Thousands (Jobs)	0.445

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 72 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct lottery employment impact is 445 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the lottery sector is 11,525. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the lottery industry is minus-7,778. The average annual Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector. The sum of the average annual direct, indirect, and induced employment is 4,191.

Figure 139: Economic and fiscal impacts of retail lottery industry, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	75.060
Average Annual Population	Thousands	117.469
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	349.330
Cumulative Personal Income	Billions of Fixed (2012) Dollars	347.93
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.551

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the retail lottery industry is projected to support an annual average of 75,060 jobs⁵⁹⁰ in Florida under normal economic growth assumptions. The cumulative GSP is \$349.3 billion and \$347.9 billion in personal income. The average annual tax

⁵⁹⁰ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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revenues generated from the indirect and induced impacts of the retail lottery industry between FY 2013 and FY 2060 is \$551 million.

Figure 140: Top 12 Florida industries with largest average employment impact from retail lottery, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	41.473
Construction (23)	Thousands (Jobs)	9.160
Food services and drinking places (722)	Thousands (Jobs)	2.111
Computer systems design and related services (5415)	Thousands (Jobs)	2.058
Offices of health practitioners (6211-6213)	Thousands (Jobs)	1.618
Architectural, engineering, and related services (5413)	Thousands (Jobs)	1.433
Nursing and residential care facilities (623)	Thousands (Jobs)	1.362
Hospitals (622)	Thousands (Jobs)	1.132
Wholesale trade (42)	Thousands (Jobs)	1.112
Educational services (61)	Thousands (Jobs)	1.098
Home health care services (6216)	Thousands (Jobs)	0.948
Real estate (531)	Thousands (Jobs)	0.866

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 74 shows the private non-farm industries with largest average annual employment impact. Aside from Retail Trade, which is the direct impact for retail lottery, the rest are the top industries that are reliant on the retail lottery industry in Florida. Some of these, such as Wholesale Trade and Computer Systems Design Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (retail lottery) or indirect jobs.

Figure 141: Average annual employment by demand source from retail lottery, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	74.847
Intermediate Demand Employment	Thousands (Jobs)	9.418
Local Consumption Demand Employment	Thousands (Jobs)	15.671
Government Demand Employment	Thousands (Jobs)	0.070
Investment Activity Demand Employment	Thousands (Jobs)	16.645
Exports Employment	Thousands (Jobs)	-6.055
Exogenous Industry Sales Employment	Thousands (Jobs)	39.099

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 75 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct retail lottery employment. It can also be interpreted as the direct input we entered into the model. The average annual direct retail lottery employment impact is 39,099 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the retail lottery sector is 9,418. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the retail lottery industry is 26,330. The sum of the average annual direct, indirect, and induced employment is 74,847.

Figure 142: Economic and fiscal impacts of Native American casinos industry, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	7.199
Average Annual Population	Thousands	8.336
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	104.284
Cumulative Personal Income	Billions of Fixed (2012) Dollars	45.846
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.257

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the Native American casinos industry is projected to support an annual average of 7,199 jobs⁵⁹¹ in Florida under normal economic growth assumptions. The cumulative GSP is \$104.3 billion and \$45.8 billion in personal income. The average annual tax revenues generated from the direct, indirect, and induced impacts of the Native American casinos industry between FY 2013 and FY 2060 is \$257 million.

Figure 143: Top 12 Florida industries with largest average employment impact from Native American casinos, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Accommodation (721)	Thousands (Jobs)	9.855
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.503
Construction (23)	Thousands (Jobs)	0.294
Food services and drinking places (722)	Thousands (Jobs)	0.207
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.183
Advertising and related services (5418)	Thousands (Jobs)	0.129
Independent artists, writers, and performers (7115)	Thousands (Jobs)	0.119
Employment services (5613)	Thousands (Jobs)	0.105
Management of companies and enterprises (55)	Thousands (Jobs)	0.090
Accounting, tax preparation, bookkeeping, and payroll services (5412)	Thousands (Jobs)	0.076
Waste management and remediation services (562)	Thousands (Jobs)	0.066
Legal services (5411)	Thousands (Jobs)	0.063

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 77 shows the private non-farm industries with largest average annual employment impact. Aside from Accommodation, which is the direct impact for this analysis, the rest are the top industries that are reliant on the Native American casinos industry in Florida. Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (Native American casinos) or indirect jobs.

⁵⁹¹ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impacts. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

Figure 144: Average annual employment by demand source from Native American casinos, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	4.875
Intermediate Demand Employment	Thousands (Jobs)	3.542
Local Consumption Demand Employment	Thousands (Jobs)	-7.146
Government Demand Employment	Thousands (Jobs)	0.260
Investment Activity Demand Employment	Thousands (Jobs)	-0.177
Exports Employment	Thousands (Jobs)	-2.596
Exogenous Industry Sales Employment	Thousands (Jobs)	10.993

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 78 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The average annual direct Native American casinos employment impact is 10,993 jobs and the average annual indirect employment (Intermediate Demand Employment) supported by the gaming sector is 3,542. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the Native American casinos industry is minus-9,660. The Local Consumption Demand Employment, which is the main component of induced employment, shows a negative change primarily because for every dollar Floridian spends on Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos. The sum of the average annual direct, indirect, and induced employment is 4,875.

Figure 145: Economic and fiscal impacts of Floridian out-of-state gaming spending, 2012-2060, strong growth

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	2.655
Average Annual Population	Thousands	4.263
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	14.138
Cumulative Personal Income	Billions of Fixed (2012) Dollars	13.334
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Millions of Fixed (2012) Dollars	24.474

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, if out-of-state gambling dollars by Florida residents were to instead remain in Florida, this spending would support an annual average of 2,655 jobs⁵⁹² in Florida under normal economic growth assumption. The cumulative GSP is \$14.1 billion and

⁵⁹² The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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\$13.3 billion in personal income. The average annual tax revenues generated from the indirect and induced impacts of the out-of-state gaming spending between FY 2013 and FY 2060 is \$24.5 million.

Figure 146: Top 12 Florida industries with largest average employment impact from Floridian out-of-state gaming spending, 2012-2060, strong growth

Industry category, with NAICS code	Units	2012-2060
Retail trade (44-45)	Thousands (Jobs)	0.467
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.383
Food services and drinking places (722)	Thousands (Jobs)	0.157
Construction (23)	Thousands (Jobs)	0.145
Private households (814)	Thousands (Jobs)	0.120
Nursing and residential care facilities (623)	Thousands (Jobs)	0.094
Wholesale trade (42)	Thousands (Jobs)	0.094
Hospitals (622)	Thousands (Jobs)	0.088
Real estate (531)	Thousands (Jobs)	0.075
Educational services (61)	Thousands (Jobs)	0.065
Personal care services (8121)	Thousands (Jobs)	0.064
Home health care services (6216)	Thousands (Jobs)	0.062

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 80 shows the private non-farm industries that would have been impacted if Floridian's out-of-state gaming spending were brought back to Florida. Many of these industries, such as Retail Trade, Food Services and Drinking Places, and Private Households, are commonly supported by local spending.

Figure 147: Average annual employment by demand source from Floridian out-of-state gaming spending, 2012-2060, strong growth

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	2.585
Intermediate Demand Employment	Thousands (Jobs)	0.428
Local Consumption Demand Employment	Thousands (Jobs)	2.185
Government Demand Employment	Thousands (Jobs)	0.011
Investment Activity Demand Employment	Thousands (Jobs)	0.224
Exports Employment	Thousands (Jobs)	-0.262
Exogenous Industry Sales Employment	Thousands (Jobs)	0.000

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 81 is a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents direct employment. It can also be interpreted as the direct input we entered into the model. The average annual direct employment impact is 0 jobs because we did not use any employment policy variables to model this consumption reallocation of Floridian's out-of-state gaming spending. The average annual indirect employment (Intermediate Demand Employment) is 428. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact is 2,157. The sum of the average annual direct, indirect, and induced employment is 2,585.

4. Out-of-State Gambling Spending Contribution

While the previous section evaluates the impacts of total Florida gaming sector as well as the substitution effects of Floridian gambling spending, we carried out another simulation to specifically assess at the contribution of gambling spending from out-of-state (non-Florida residents). For this simulation, we assume 5% of the GGR to the pari-mutuel was from out-of-state, 2% of the GGR to the lottery (excluding retailers) was from out-of-state, and 15% of the GGR to Native American casinos as from out-of-state.

Figure 82: Economic and fiscal impacts from non-resident gambling spending in 2012

Summary	Units	2012
Total Employment	Thousands (Jobs)	4.289
Population	Thousands	1.053
Gross Domestic Product (GDP)	Billions of Fixed (2012) Dollars	0.404
Personal Income	Billions of Fixed (2012) Dollars	0.191
State Tax Revenues (fiscal year 2013)	Millions of Fixed (2012) Dollars	90.063

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 82 exhibits the total economic and fiscal impacts generated from non-Florida residents gambling spending in 2012. The total non-resident gambling spending supports a total of 4,289 jobs⁵⁹³ in Florida. The associated gross state product (“GSP”) is \$404 million and it generated \$191 million in personal income. The tax revenue generated from the direct, indirect, and induced impacts of the non-resident gambling spending in FY 2013 is \$90.1 million.

Figure83: Top 12 Florida industries with largest employment impact from non-resident gambling spending in 2012

Industry category, with NAICS code	Units	2012
Accommodation (721)	Thousands (Jobs)	1.212
Amusement, gambling, and recreation industries (713)	Thousands (Jobs)	0.279
Retail trade (44-45)	Thousands (Jobs)	0.243
Construction (23)	Thousands (Jobs)	0.228
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.162
Food services and drinking places (722)	Thousands (Jobs)	0.152
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.098
Real estate (531)	Thousands (Jobs)	0.087
Wholesale trade (42)	Thousands (Jobs)	0.073
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.068
Employment services (5613)	Thousands (Jobs)	0.047
Private households (814)	Thousands (Jobs)	0.046

Source: Regional Economic Models Inc., Spectrum Gaming Group

⁵⁹³ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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Figure 83 shows the private non-farm industries that are dependent on the gaming industry (Accommodation and Amusement, Gambling, Recreation Industries). Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Retail Trade and Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (gaming) or indirect jobs.

Figure 84: Employment by demand source from non-resident gambling spending in 2012

Breakdown of Direct, Indirect, and Induced Employment	Units	2012
Private Non-Farm Employment	Thousands (Jobs)	3.468
Intermediate Demand Employment	Thousands (Jobs)	1.128
Local Consumption Demand Employment	Thousands (Jobs)	0.704
Government Demand Employment	Thousands (Jobs)	0.093
Investment Activity Demand Employment	Thousands (Jobs)	0.120
Exports Employment	Thousands (Jobs)	-0.070
Exogenous Industry Sales Employment	Thousands (Jobs)	1.492

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 84 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel, lottery, and Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The direct employment impact is 1,492 jobs in 2012, and the indirect employment (Intermediate Demand Employment) supported by non-resident gambling spending is 1,128. The induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the non-resident gambling spending is 847. The sum of the direct, indirect, and induced employment is 3,468.

Figure 85: Economic and fiscal impacts from non-resident gambling spending, 2012-2060

Summary	Units	2012-2060
Average Annual Employment	Thousands (Jobs)	5.288
Average Annual Population	Thousands	7.609
Cumulative Gross State Product	Billions of Fixed (2012) Dollars	36.181
Cumulative Personal Income	Billions of Fixed (2012) Dollars	49.031
Average Annual State Tax Revenues (fiscal year 2013 to 2060)	Billions of Fixed (2012) Dollars	0.294

Source: Regional Economic Models Inc., Spectrum Gaming Group

Between 2012 and 2060, the total non-Florida residents gambling spending support an annual average of 5,288 jobs⁵⁹⁴ in Florida. The cumulative GSP is \$36.2 billion and \$49 billion

⁵⁹⁴ The job numbers in REMI are not cumulative. If the job impact is 5,000 in 2012 and 4,000 in 2013, we cannot conclude that the total job impact in 2012 and 2013 is 9,000 because the 4,000 jobs in 2013 can be the same jobs from 2012. Therefore we compute an annual average when we evaluate long-term job impact. In the above example, the annual average employment in 2012 and 2013 is 4,500 jobs.

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in personal income. The average annual tax revenue generated from the direct, indirect, and induced impacts of between FY 2013 and 2060 is \$294 million.

Figure 86: Top 12 Florida industries with largest employment impact from non-resident gambling spending, 2012-2060

Industry category, with NAICS code	Units	2012-2060
Accommodation (721)	Thousands (Jobs)	1.563
Construction (23)	Thousands (Jobs)	0.307
Retail trade (44-45)	Thousands (Jobs)	0.264
Food services and drinking places (722)	Thousands (Jobs)	0.229
Services to buildings and dwellings (5617)	Thousands (Jobs)	0.177
Offices of health practitioners (6211-6213)	Thousands (Jobs)	0.167
Nursing and residential care facilities (623)	Thousands (Jobs)	0.107
Wholesale trade (42)	Thousands (Jobs)	0.084
Hospitals (622)	Thousands (Jobs)	0.079
Business support services; Investigation and security services; Other support services (5614, 5616, 5619)	Thousands (Jobs)	0.074
Management, scientific, and technical consulting services (5416)	Thousands (Jobs)	0.074
Real estate (531)	Thousands (Jobs)	0.073

Source: Regional Economic Models Inc., Spectrum Gaming Group

Figure 86 shows the private non-farm industries that are dependent on the gaming industry (Accommodation and Amusement, Gambling, Recreation Industries). Some of these, such as Services to Buildings and Dwellings and Business Support Services, are intermediate input suppliers to the gaming industry. Others, such as Retail Trade and Food Services and Drinking Places, provide goods and services to consumers whose income is dependent on the direct (gaming) or indirect jobs.

Figure 87: Employment by demand source from non-resident gambling spending, 2012-2060

Breakdown of Direct, Indirect, and Induced Employment	Units	2012-2060 Average
Private Non-Farm Employment	Thousands (Jobs)	4.164
Intermediate Demand Employment	Thousands (Jobs)	1.395
Local Consumption Demand Employment	Thousands (Jobs)	1.196
Government Demand Employment	Thousands (Jobs)	0.126
Investment Activity Demand Employment	Thousands (Jobs)	0.249
Exports Employment	Thousands (Jobs)	-0.695
Exogenous Industry Sales Employment	Thousands (Jobs)	1.893

Source: Regional Economic Models Inc.

Notes: Direct Employment = direct amount of employment entered into the model; Intermediate Demand Employment = employment needed to satisfy demand for material inputs to the production of final goods; Local Consumption Employment = Employment needed to satisfy demand for consumer goods; Government Demand Employment = Employment needed to satisfy demand for goods and services by government expenditures; Investment Activity Demand Employment = Employment needed to satisfy demand for residential and non-residential capital goods; Export Demand Employment = Employment needed to satisfy demand for a region's good services from outside Florida

Figure 87 above provides a breakdown of employment by demand source. The Exogenous Industry Sales Employment represents the direct pari-mutuel, lottery, and Native American casinos employment. It can also be interpreted as the direct input we entered into the model. The average annual direct employment impact is 1,893 job, and the average annual indirect employment (Intermediate Demand Employment) supported by non-resident gambling

spending is 1,395. The average annual induced employment (sum of Local Consumption Demand, Government Demand, Investment Activity Demand, and Exports Demand Employment) impact as a result of the non-resident gambling spending is 876. The sum of the direct, indirect, and induced employment is 4,164.

5. Hialeah Park Construction Impacts, 2011-2013

Similar to the previous section, we modeled the construction of Hialeah Park separately from the gambling industry assessment. Instead of modeling the impact of construction for only 2012, however, we modeled the construction activity in its entirety, starting in 2011 and ending in 2013, under the assumption that the construction duration is 24 months starting in summer of 2011. The total cost of construction for Hialeah Park is \$63,360,000 with an annual employment of 210.

Figure 148: Economic and fiscal impacts of Hialeah Park construction, 2011-2013

Summary	Units	2011-2013
Average Annual Employment	Jobs	248
Average Annual Population	Individuals	107
Cumulative Gross State Product	Millions of Fixed (2012) Dollars	60.730
Cumulative Personal Income	Millions of Fixed (2012) Dollars	38.513
Cumulative State Tax Revenues (fiscal year 2013 to 2014)	Millions of Fixed (2012) Dollars	1.445

Source: Regional Economic Models Inc., Spectrum Gaming Group

The construction activity from 2011 to 2013 generates an annual average of 248 jobs, a total of \$60.7 million in GSP, and \$38.5 million in personal income in Florida. It also induces \$1.45 million in state tax revenue from FY 2013 to FY 2014.

D. Conclusion

This analysis examines the gambling industry and its economic and fiscal contribution to Florida. The first part of the REMI economic impact analysis (“Assessing the Florida’s Existing Economic Base, Now and Future”) illustrates that although the various gambling subsectors (racinos/pari-mutuels, lottery, and Native American casinos) account for only a fraction of employment and wages within its respective aggregate sector, they are highly productive industries and generate a considerable amount of direct economic output to Florida.

In addition, the gaming industry has consistently brought it revenue for the state of Florida historically, below is tax collection information from FY 2000:

Figure 83: FY 2000 to FY 2012 tax revenue by gaming sectors

	Units	FY 00	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06
Indian Gaming	Millions of Current Dollars	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pari-mutuel Fees, Licenses,	Millions of Current Dollars	57.5	34.7	35.1	32.4	32.1	32.0	33.6

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	Units	FY 00	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06
Taxes Total								
Slot Machine Total	Millions of Current Dollars	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lottery Total	Millions of Current Dollars	1,159.5	1,157.3	1,181.0	1,327.6	1,361.9	1,393.4	1,639.3
	Units	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12
Indian Gaming	Millions of Current Dollars	0.0	0.0	0.0	0.0	287.5	140.4	150.0
Pari-mutuel Fees, Licenses, Taxes Total	Millions of Current Dollars	33.6	33.9	33.8	29.2	26.6	26.0	26.9
Slot Machine Total	Millions of Current Dollars	0.0	61.6	132.3	114.0	153.0	149.4	156.5
Lottery Total	Millions of Current Dollars	1,639.3	1,681.0	1,602.5	1,590.8	1,550.7	1,506.9	1,671.3

The second section (“Discussion of Components of Economic and Fiscal Impacts”) examines the total economic and fiscal impacts of the gambling industry by subsectors in 2012. The results show that there are, or would be:

- Racinos/Pari-mutuels:
 - 4,953 direct racinos/pari-mutuels jobs in 2012.
 - These direct jobs support an additional 1,062 indirect jobs.
 - The induced jobs impact is minus-1,399; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities from racinos/pari-mutuels generated \$194 million in tax revenue for Florida.
- Lottery:
 - 394 direct lottery jobs in 2012.
 - These direct jobs support an additional 8,277 indirect jobs.
 - The induced jobs impact is minus-14,960; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Households have a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery.
 - The total economic activities from the lottery generated \$1.9 billion in tax revenue for Florida.
- Retail Lottery:
 - 39,900 direct retail lottery jobs in 2012.

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- These direct jobs support an additional 4,206 indirect jobs and 14,042 induced jobs
- The total economic activities from the retail lottery generated \$124 million in tax revenue for Florida.
- Native American Casinos:
 - 10,387 direct Native American casinos jobs in 2012.
 - These direct jobs support an additional 3,646 indirect jobs.
 - The induced jobs impact is minus-7,506; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos.
 - The total economic activities from the Native American casinos generated \$238 million in tax revenue for Florida.
- Floridian Out-of-State Gaming
 - No direct employment because we did not use an employment variable to model the reallocation of the gaming spending.
 - 693 indirect jobs and 3,143 induced jobs.
 - The total economic activities from the out-of-state gaming spending generated \$15.4 million in tax revenue for Florida.

The third section (“Assessment of Economic, Fiscal Impacts Over Time”) evaluates the total economic and fiscal impacts of the gambling industry by subsectors over between 2012 and 2060 under three different economic growth assumptions. Under normal economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,268 indirect jobs.
 - The average annual induced jobs impact is minus-3,611; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.

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- The total economic activities generated an annual average \$561 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 12,510 indirect jobs.
 - The average annual induced jobs impact is minus-4,151; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector.
 - The total economic activities generated \$3.7 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 9,775 indirect jobs and 27,674 induced jobs.
 - The total economic activities generated an annual average \$590 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 3,952 indirect jobs.
 - The average annual induced jobs impact is minus-8,852; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$280 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:

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- No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
- An average annual of 455 indirect jobs and 2,239 induced jobs.
- The total economic activities generated an annual average \$27.1 million in tax revenue for Florida between 2012 and 2060.

Under slower economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,397 indirect jobs.
 - The average annual induced jobs impact is minus-3,030; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities generated an annual average \$544 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 13,645 indirect jobs and 147 induced jobs.
 - The total economic activities generated an annual average \$3.5 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 10,148 indirect jobs and 29,918 induced jobs.
 - The total economic activities generated an annual average \$581 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.

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- The direct jobs support an additional average annual of 4,429 indirect jobs.
- The average annual induced jobs impact is minus-7,918; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
- The total economic activities generated an annual average \$283 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 488 indirect jobs and 2,334 induced jobs.
 - The total economic activities generated \$28.6 billion in tax revenue for Florida between 2012 and 2060.

Under stronger economic growth:

- The results for racinos/pari-mutuels show that there were:
 - An annual average of 5,449 direct racinos/pari-mutuels jobs from 2012-2060.
 - The direct jobs support an additional average annual of 1,159 indirect jobs.
 - The average annual induced jobs impact is minus-4,119; There is a negative change in induced jobs primarily because for every dollar Floridian spends on pari-mutuel, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the pari-mutuel sector.
 - The total economic activities generated an annual average \$534 million in tax revenue for Florida between 2012 and 2060.
- The results for the lottery show that there were:
 - An annual average of 445 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 11,525 indirect jobs.

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- The average annual induced jobs impact is minus-7,778; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the lottery, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the lottery sector.
- The total economic activities generated an annual average \$3.6 billion in tax revenue for Florida between 2012 and 2060.
- The results for retail lottery show that there were:
 - An annual average of 39,099 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 9,418 indirect jobs and 26,330 induced jobs.
 - The total economic activities generated an annual average \$551 million in tax revenue for Florida between 2012 and 2060.
- The results for the Native American casinos show that there were:
 - An annual average of 10,993 direct lottery jobs from 2012-2060.
 - The direct jobs support an additional average annual of 3,542 indirect jobs.
 - The average annual induced jobs impact is minus-9,660; There is a negative change in induced jobs primarily because for every dollar Floridian spends on the Native American casinos, it means a dollar less they can spend elsewhere. Household has a fixed amount of disposable income and this negative number represents the jobs their spending could have supported if it were not for the Native American casinos sector.
 - The total economic activities generated an annual average \$257 million in tax revenue for Florida between 2012 and 2060.
- The results for Floridian out-of-state gaming spending show that there were:
 - No direct employment from 2012-2060 because we did not use an employment variable to model the reallocation of the gaming spending.
 - An average annual of 428 indirect jobs and 2,157 induced jobs.
 - The total economic activities generated \$24.5 million in tax revenue for Florida between 2012 and 2060.
 -

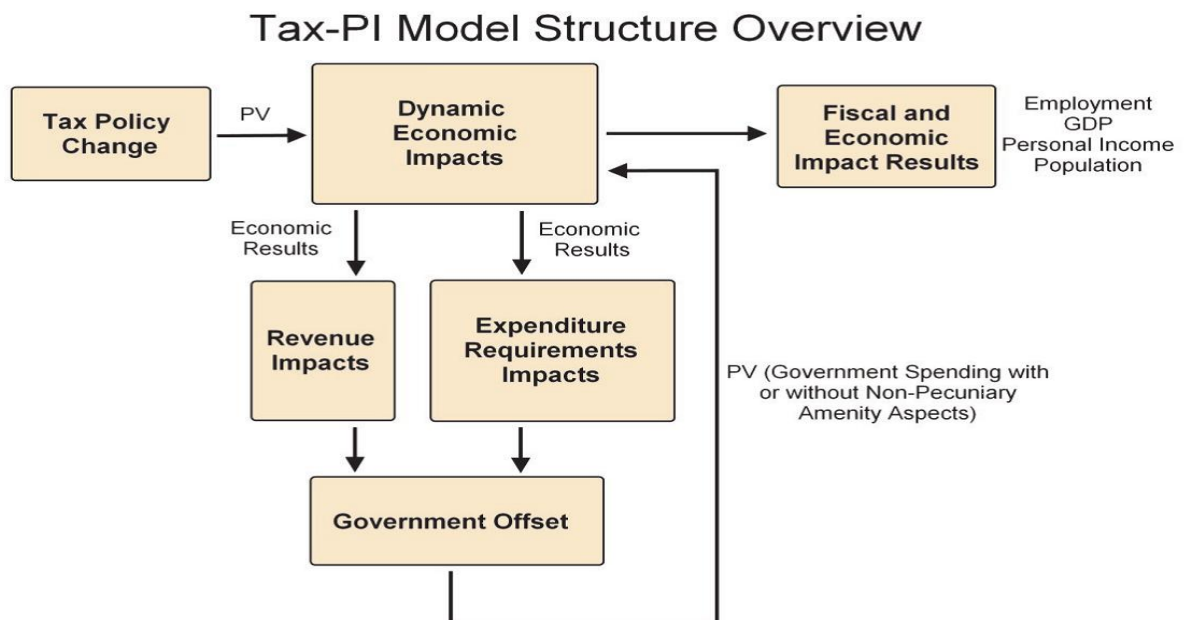
E. Appendix

Tax-PI is a new tool for evaluating the total fiscal and economic effects of tax policy changes. Tax-PI is based on over 30 years of experience in modeling the economic effects of tax policy changes. As states begin to demand better methods for estimating the economic and fiscal impacts of alternative tax scenarios, they look to experts to respond with sophisticated, flexible and relevant tools that can meet their needs.

Tax-PI is a dynamic fiscal and economic impact model that captures the direct, indirect and induced fiscal and economic effects of taxation and other policy changes over multiple years (up to 2060). It can model the complete dynamic economic and demographic impacts of any manner of tax policy change. States need to thoroughly evaluate both the short- and long-term effects of any tax changes in order to best serve the needs of the people. Tax-PI allows state agencies to do this with a model backed by years of dependability and experience. Highlights include

- Budget Editor: Customizable table that users calibrate to reflect actual or projected revenue and expenditure details for the current, past or future fiscal years.
- Taxes: Dynamic capability to adjust state-specific tax revenues. Users assign tax-specific variables to each of the custom revenue categories in order to track the fiscal effects of policy changes along with the economic effects. There is also a built-in feedback mechanism that automatically feeds revenue impacts back into the model to account for price and disposable income changes, therefore adjusting government spending accordingly.

Figure 149: Tax-PI Structure



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As Figure 1 shows, the methodology of Tax-PI revolves around the estimation of dynamic economic impacts. These impacts serve as the basis for the estimation of budgetary changes through the calibration done by REMI's economists and clients. For this analysis, REMI used a budget calibrated by Tax-PI users at the Office of Economic and Demographic Research. Prior to running simulations, the newest available year of revenue data is used to calibrate the budget. Each category is individually entered into Tax-PI. Then each revenue source is assigned an economic driver from the dynamic impact model that will form the basis of future estimates of the amount of revenue gained from that particular source. For example, the amount of sales tax revenue collected is connected to the amount of consumption in taxable categories in the state in that year as given by Tax-PI's baseline economic and demographic forecast. Using these two pieces of information (collections and driver), Tax-PI creates a quantified relationship between the two that can then predict changes in the future. A similar process is carried out for each revenue source. In Florida, the expenditures are mapped to specific revenue categories so the amount of government spending is tied to the availability of applicable revenues.

1. Detailed Model Methodology

Tax-PI is a structural economic forecasting and policy analysis model. It integrates input-output, computable general equilibrium, econometric and economic geography methodologies. The model is dynamic, with forecasts and simulations generated on an annual basis and behavioral responses to compensation, price, and other economic factors.

The model consists of thousands of simultaneous equations with a structure that is relatively straightforward. The exact number of equations used varies depending on the extent of industry, demographic, demand, and other detail in the specific model being used. The overall structure of the model can be summarized in five major blocks: (1) Output and Demand, (2) Labor and Capital Demand, (3) Population and Labor Supply, (4) Compensation, Prices, and Costs, and (5) Market Shares. The blocks and their key interactions are shown in Figures 2 and 3.

Figure 150: Model Linkages

REMI Model Linkages (Excluding Economic Geography Linkages)

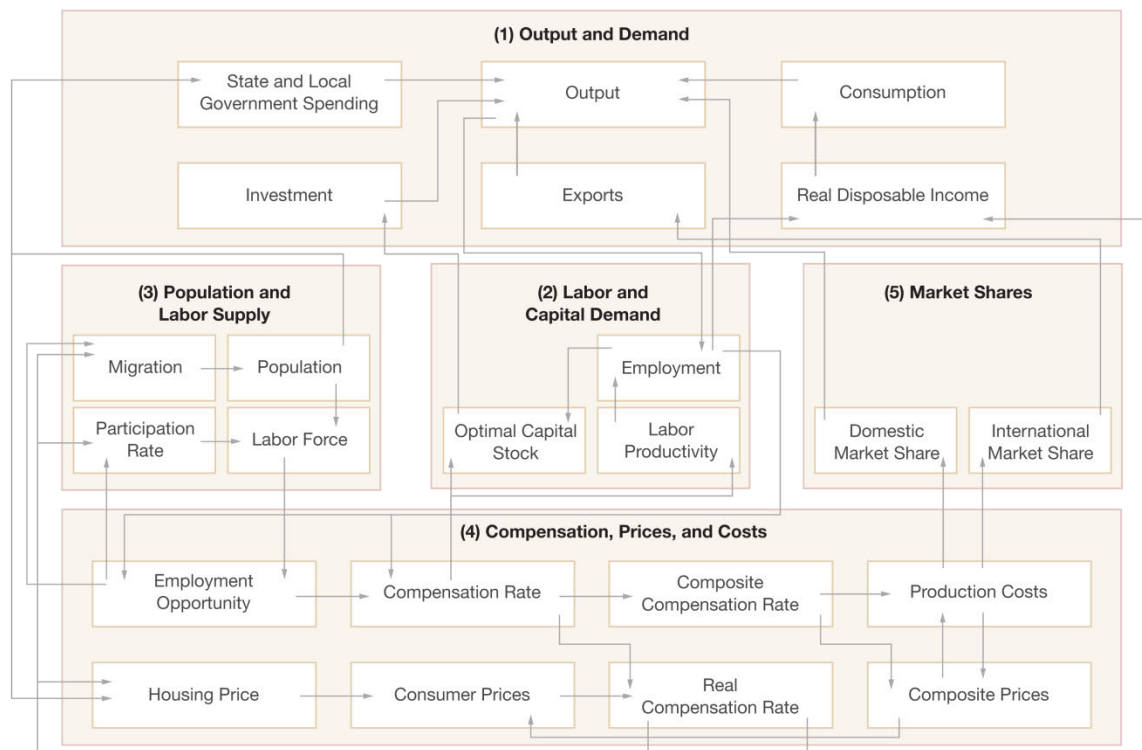
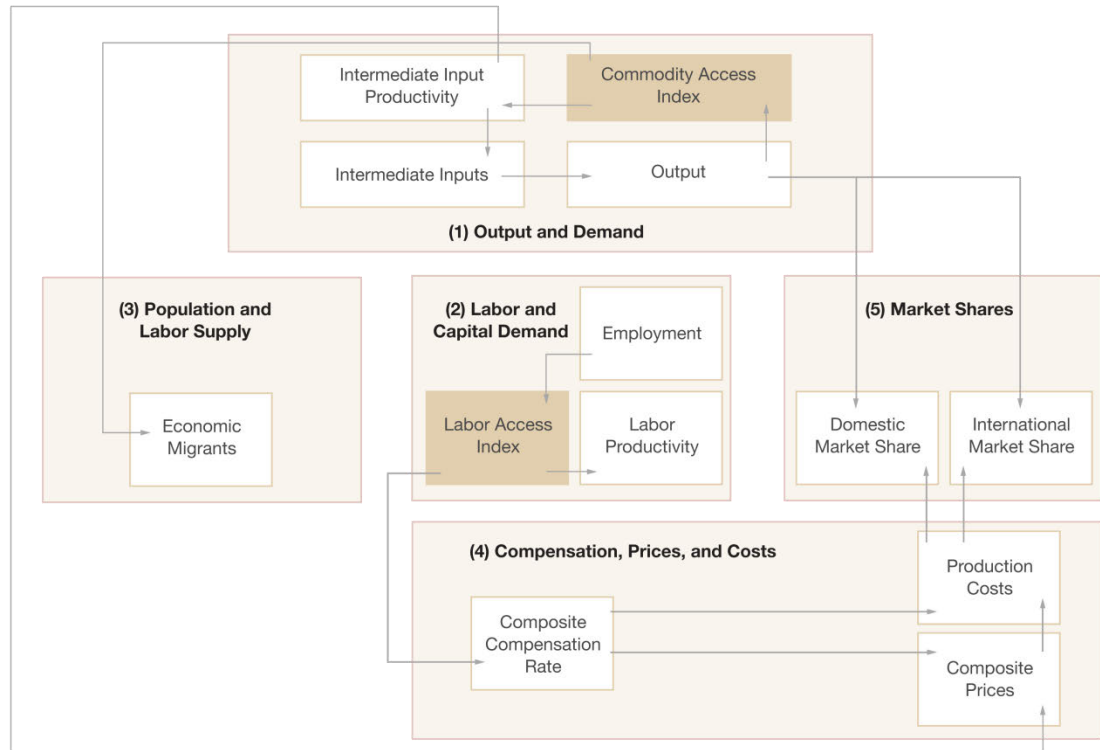


Figure 151: Economic Geography Linkages

Economic Geography Linkages



The Output and Demand block consists of output, demand, consumption, investment, government spending, exports, and imports, as well as feedback from output change due to the change in the productivity of intermediate inputs. The Labor and Capital Demand block includes labor intensity and productivity as well as demand for labor and capital. Labor force participation rate and migration equations are in the Population and Labor Supply block. The Compensation, Prices, and Costs block includes composite prices, determinants of production costs, the consumption price deflator, housing prices, and the compensation equations. The proportion of local, inter-regional, and export markets captured by each region is included in the Market Shares block.

Single-region models consist of an individual region, called the home region. The rest of the nation is also represented in the model. However, since the home region is only a small part of the total nation, the changes in the region do not have an endogenous effect on the variables in the rest of the nation.

A. Block 1. Output and Demand

This block includes output, demand, consumption, investment, government spending, import, commodity access, and export concepts. Output for each industry in the home region is determined by industry demand in all regions in the nation, the home region's share of each market, and international exports from the region.

For each industry, demand is determined by the amount of output, consumption, investment, and capital demand on that industry. Consumption depends on real disposable income per capita, relative prices, differential income elasticities, and population. Input productivity depends on access to inputs because a larger choice set of inputs means it is more likely that the input with the specific characteristics required for the job will be found. In the capital stock adjustment process, investment occurs to fill the difference between optimal and actual capital stock for residential, non-residential, and equipment investment. Government spending changes are determined by changes in the population.

B. Block 2. Labor and Capital Demand

The Labor and Capital Demand block includes the determination of labor productivity, labor intensity, and the optimal capital stocks. Industry-specific labor productivity depends on the availability of workers with differentiated skills for the occupations used in each industry. The occupational labor supply and commuting costs determine firms' access to a specialized labor force.

Labor intensity is determined by the cost of labor relative to the other factor inputs, capital and fuel. Demand for capital is driven by the optimal capital stock equation for both non-residential capital and equipment. Optimal capital stock for each industry depends on the relative cost of labor and capital, and the employment weighted by capital use for each industry. Employment in private industries is determined by the value added and employment per unit of value added in each industry.

C. Block 3. Population and Labor Supply

The Population and Labor Supply block includes detailed demographic information about the region. Population data is given for age, gender, and race, with birth and survival rates for each group. The size and labor force participation rate of each group determines the labor supply. These participation rates respond to changes in employment relative to the potential labor force and to changes in the real after-tax compensation rate. Migration includes retirement, military, international, and economic migration. Economic migration is determined by the relative real after-tax compensation rate, relative employment opportunity, and consumer access to variety.

D. Block 4. Compensation, Prices and Costs

This block includes delivered prices, production costs, equipment cost, the consumption deflator, consumer prices, the price of housing, and the compensation equation. Economic geography concepts account for the productivity and price effects of access to specialized labor, goods, and services.

These prices measure the price of the industry output, taking into account the access to production locations. This access is important due to the specialization of production that takes place within each industry, and because transportation and transaction costs of distance are significant. Composite prices for each industry are then calculated based on the production costs of supplying regions, the effective distance to these regions, and the index of access to the variety of outputs in the industry relative to the access by other uses of the product.

The cost of production for each industry is determined by the cost of labor, capital, fuel, and intermediate inputs. Labor costs reflect a productivity adjustment to account for access to specialized labor, as well as underlying compensation rates. Capital costs include costs of non-residential structures and equipment, while fuel costs incorporate electricity, natural gas, and residual fuels.

The consumption deflator converts industry prices to prices for consumption commodities. For potential migrants, the consumer price is additionally calculated to include housing prices. Housing prices change from their initial level depending on changes in income and population density.

Compensation changes are due to changes in labor demand and supply conditions and changes in the national compensation rate. Changes in employment opportunities relative to the labor force and occupational demand change determine compensation rates by industry.

E. Block 5. Market Shares

The market shares equations measure the proportion of local and export markets that are captured by each industry. These depend on relative production costs, the estimated price elasticity of demand, and the effective distance between the home region and each of the other regions. The change in share of a specific area in any region depends on changes in its delivered price and the quantity it produces compared with the same factors for competitors in that market. The share of local and external markets then drives the exports from and imports to the home economy.

About This Report

This report was prepared by Spectrum Gaming Group, an independent research and professional services firm founded in 1993 that serves private- and public-sector clients worldwide. Our professionals have backgrounds regulation, economic and financial analysis, law enforcement, gaming operations, market research and journalism.

Spectrum neither supports nor opposes legalized gambling or the expansion of it. Neither the company nor its employees hold a beneficial interest in any casino operating companies or gaming equipment manufacturers or suppliers. We employ only senior-level executives and associates who have earned reputations for honesty, integrity and the highest standards of professional conduct. Our work is never influenced by the interests of past or potentially future clients.

Each Spectrum project is customized to our client's specific requirements and developed from the ground up. Our findings and conclusions are based solely on our research, analysis and experience. Our mandate is not to tell clients what they want to hear; we tell them what they need to know. We will not accept, and have never accepted, engagements that seek a preferred result.

Spectrum's public-sector clients have included agencies or branches for 14 US state or territory governments and several international government agencies. Our private-sector clients have included most major casino companies, as well as investment firms, developers, law firms and architects. Our past clients in Florida, which have been disclosed to the Legislature in connection with this engagement, include Genting, Hialeah Park, the Seminole Tribe of Florida, and Sunrise Sports & Entertainment.

Spectrum executives have testified before the following government bodies:

- Georgia Joint Committee on Economic Development and Tourism
- Illinois Gaming Board
- Indiana Horse Racing Commission
- Indiana Gaming Study Commission
- International Tribunal, The Hague
- Massachusetts Gaming Commission
- Massachusetts Joint Committee on Bonding, Capital Expenditures, and State Assets
- New Hampshire Gaming Study Commission
- National Gambling Impact Study Commission
- New Jersey Assembly Tourism and Gaming Committee
- New Jersey Senate Legislative Oversight Committee
- New Jersey Senate Wagering, Tourism & Historic Preservation Committee
- Ohio Casino Control Commission

SECOND DRAFT - CONFIDENTIAL

- Ohio House Economic Development Committee
- Ohio Senate Oversight Committee
- Pennsylvania Gaming Control Board
- US House Congressional Gaming Caucus
- US Senate Indian Affairs Committee
- US Senate Select Committee on Indian Gaming
- US Senate Subcommittee on Organized Crime

Disclaimer

Spectrum has made every reasonable effort to ensure that the data and information in this study reflect the most accurate and timely information possible. The data are believed to be generally reliable. This study is based on estimates, assumptions, and other information developed by Spectrum from its independent research efforts, general knowledge of the gaming industry, and secondary research. Spectrum shall not be responsible for any inaccuracies in reporting by the Client or its agents and representatives, or any other data source used in preparing or presenting this study. The data presented in this study were collected through the cover date of this report. Spectrum has not undertaken any effort to update this information since this time.

Some significant factors that are unquantifiable and unpredictable – including, but not limited to, economic, governmental, managerial and regulatory changes; and acts of nature – are qualitative by nature, and cannot be readily used in any quantitative projections.

No warranty or representation is made by Spectrum that any of the projected values or results contained in this study will actually be achieved. We shall not be responsible for any deviations in the project's actual performance from any predictions, estimates, or conclusions contained in this study.

This study is qualified in its entirety by, and should be considered in light of, these limitations, conditions and considerations.

Appendix: Research Interviews

Spectrum Gaming Group staff and associates have interviewed the following through June 28, 2013, as part of our research for the Florida Gaming Study. The interviews were conducted in person, by telephone and/or by email. The purpose of some of the interviews may have been primarily for Part 1-B or Part II, which are being submitted to the State on or before October 1, 2013.

Last	First	Affiliation	Title	Date
Acosta	David	Ohio Casino Control Commission	Director of Licensing	May 20, 2013
Adams	Maureen	Calder Casino & Race Course	Senior Director of Finance	May 2, 2013
Adkins	Dan	Mardi Gras Casino	COO	May 1, 9, 2013
Allen	James	Seminole Gaming	CEO	May 1, 2013
Appleton	Doreen	Pennsylvania Gaming Control Board	Special Assistant, Communications	May 20, 2013
Barnes	Connie	Florida Lottery	Director of Communications	May 17, 2013
Bartek	David	Loews Hotels at Universal Orlando	Area Managing Director	May 29, 2013
Biegalski	Leon	Division of Pari-Mutuel Wagering	Director	May 8, May 22, 2012
Bissett	William	Daytona Greyhound Track	Adviser	May 23, 2013
Brower	Chaz	Hamilton Jai Alai and Poker	Jai Alai player	May 10, 2013
Brunetti	John	Hialeah Park	Chairman of the Board	May 9, 2013
Brunetti	John	Hialeah Race Track Casino	President	June 4, 2013
Calabro	Steve	Hialeah Park	Vice President, General Manager Gaming	May 9, 2013
Carbone	Noah	Palm Beach Kennel Club	Cardroom Manager	May 15, 2013
Carroll	Sarrah	Florida Sheriff's Association	Assistant Executive Director of Operations	May 23, 2013
Cebbalos	Orlando	Link Construction	Project Manager	May 21, 2013
Cliburn	Tom	Hialeah Race Track Casino	Comptroller	June 4, 2013
Collett	William	Casino Miami Jai Alai	President & CEO	May 2, 2013
Combest	Phil	Florida Horsemen's Benevolent & Protective Association	President	May 2, 2013
Connors	Brian	Massachusetts Gaming Commission	Detective Lieutenant	June 14, 2013
Conroy	Dennis	<i>Bingo Bugle Magazine</i>	Publisher	May 19, 2013
Cory	Jack	Florida Greyhound Association	Lobbyist	May 10, 2013
Couch	Michael	Gulfstream Race Course	Gaming Director	May 12, 2013
Cox	Wesley	North Florida Horsemen's Association	Chairman	May 12, 2013
Davis	Tama	Ohio Casino Control Commission	Director of Communications	June 17, 2013
Deluca	Mike	Mardi Gras Casino	Slot Director	May 9, 2013
Dissinger	Donald	Ewing Cole Architect	Senior Vice President	May 20-28, 2013
Dissinger	Donald	Hialeah Race Track Casino	Adviser (Architect)	June 4, 2013
Dunbar	Marc	Jones Walker	Partner	May 2, 2013
Fisch	Steve	Florida Quarter Horse Breeders' and Owners Association	President	May 13, 2013
Fontaine	Gale	Florida Arcade and Bingo Association	President	May 21, 2013

SECOND DRAFT - CONFIDENTIAL

Last	First	Affiliation	Title	Date
Forrest	Mat	Palm Beach Kennel Club	Adviser	May 15, 2013
Fowler	Pat	Florida Council on Compulsive Gambling	Exec. Dir.	May 24, 2013
Giery	Adam	Florida Chamber of Commerce	Director of Talent, Education and Quality of Life	May 23, 2013
Glenn	Michael	Palm Beach Kennel Club	General Manager	May 15, 2013
Harbach	Doug	Pennsylvania Gaming Control Board	Director of Communications	May 21, 2013
Harris	Glenda	4 Star Bingo	Owner/Operator	May 22, 2013
Havenick	Alexander	Magic City Casino	VP, Operations and Legal	May 8, 2013
Havenick	Isadore	Magic City Casino	VP, Director of Governmental Affairs	April 26, 2013
Hellkamp	Erin	Central Florida Hotel & Lodging Association	Public Policy Director	May 29, 2013
Heneghan	Dan	New Jersey Casino Control Commission	Public Information Officer	May 20, 2013
Hogenmuller	John	Florida Prosecuting Attorneys Association	Executive Director	May 20, 2013
Hudson	Ian	Iowa Racing and Gaming Commission	Executive Office	May 21, 2013
Huscroft	Sonya	VKGS LLC, d/b/a Video King	Director of Compliance	May 22, 2013
Jenkins	Ed	Seminole Tribal Gaming Comm	Director of Compliance and Regulations	May 20, 2013
Jonas	Dave	Phoenix Gaming & Entertainment	President	May 2, 2013
Jones	Carol	Iowa Racing and Gaming	Director of Operations	June 17, 2013
Keith	Kocher	Kansas Lottery	Director of Gaming Facilities	May 20, 2013
Lawson	Kent	Department of Business & Professional Regulation	Secretary	April 30, 2013
Letson	Laura	Florida Council on Compulsive Gambling	Corporate Consultant	May 8, 13, 24, 2013
Licciardi	Daniel	Casino Miami Jai Alai	Chief Operating Officer	May 2, 2013
Love	Joe	Palm Beach Kennel Club	Director of Governmental Affairs	May 14, 15, 2013
Lupfer	Bill	Florida Attractions Association	President	May 23, 2013
Maladecki	Rich	Central Florida Hotel & Lodging Association	President/CEO	May 29, 2013
Manley	Mike	Florida Lottery	Director of Legislative Affairs	May 22, 2013
Martin	Jim	Florida Department of Law Enforcement	Attorney	June 17, 2013
Martinez	Felix	Link Construction	Chief Estimator	May 21, 2013
May	Steve	Association of Racing Commissioners International	Vice-President	May 29, 2013
McGarvey	Richard	Pennsylvania Gaming Control Board	Public Information Officer	June 14, 2013
McGee	Gene	Jacksonville Greyhound Racing Inc.	Adviser	May 30, 2013
McGregor	James	The Southern Economist LLC	Principal	May 20, 2013
McIntosh	Jeff	VKGS LLC d/b/a Video King	General Manager	May 22, 2013
McReynolds	John	Universal Parks & Resorts	Sr. Vice President of External Affairs	May 29, 2013
Mickell	Bill	Kansas Racing and Gaming Commission	Public Information Officer	May 20, 2013
Miskell	Bill	Kansas Racing and Gaming Commission	Public Information Officer	June 17, 2013
Mitchell	Donn	Isle of Capri	Sr. Vice President	May 28, 2013
Ossip	Alon	Stronach Group	CEO	May 2, 2013
Peeples	Jack	Hialeah Park Casino	General Counsel	May 9, 2013
Pennachio	Joseph	Florida Standardbred Breeder's &	President	April 25, 2013

SECOND DRAFT - CONFIDENTIAL

Last	First	Affiliation	Title	Date
		Owner's Association		
Peoples	Jack	Hialeah Race Track Casino	Adviser	June 4, 2013
Pierce	Jennifer	Florida Horsemen's Benevolent and Protective Association	Adviser	May 12, 2013
Pottinga	Jetse	Melia Hotels	General Manager	May 29, 2013
Powell	Lonnnie	Florida Thoroughbred Breeders' and Owners' Association	CEO	May 10, 2013
Quilty	Jim	Iowa Greyhound Owners' Association	Lawyer	May 13, 2013
Reside	Catherine	Mardi Gras Casino	Chief Operating Executive	May 9, 2013
Richards	Glenn	Hamilton Jai Alai and Poker	General Manager	May 9, 2013
Ridge	Doug	Orlando World Center Marriott Resort & Convention Center	General Manager	May 29, 2013
Ritvo	Tim	Stronach Group	Chief Operating Officer	May 2, 2013
Robinson	Mary Ann	Mardi Gras Casino	Chief Financial Officer	May 9, 2013
Sargent	Thea	Disney's Contemporary Resort	General Manager	May 29, 2013
Savin	Scott	Magic City Casino	CFO	April 26, May 8, 2013
Schmitzer	Miriam	Florida Lottery	Executive Assistant to the Secretary	May 23, 2013
Searcy	Brenda	Bingo at Four Corners	General Manager	May 21, 2013
Shelton	Jamie	Jacksonville Greyhound Racing Inc.	CFO	May 30, 2013
Shore	Jim	Seminole Tribe	General Counsel	May 1, 2013
Smokey	Sharon	Walt Disney Parks and Resorts U.S.	Government Relations Manager	May 29, 2013
Sowinski	John	No Casinos, Inc.	President	May 29, 2013
Spengler	Lisa	New Jersey Division of Gaming Enforcement	Public Information Officer	June 14, 2013
Stewart	Tim	VKGS LLC d/b/a Video King	President/CEO	May 22, 2013
Stirling	Kent	Florida Horsemen's Benevolent and Protective Association	Executive Director	May 2, 11, 2013
Tanner	Michael	US Trotting Association	Executive Director	May 24, 2013
Testa	Dan	Hialeah Park	Construction & Design	May 20, 2013
Theil	Carey	Grey2 K USA	Executive Director	May 17, 2013
Thomas	Chris	Bingo Magic of Lake Worth	Owner/Operator	May 21, 2013
Ventura	Tom	Ocala Breeders' Sales Company	President	May 20, 2013
Verghese	Sam	Department of Business & Professional Regulation	Legislative Affairs Director	April 30, 2013
Vincent	Jackie	Maryland Lottery and Gaming Control Agency	Chief of Staff	June 17, 2013
Warfield	Cindy	VKGS LLC d/b/a Video King	General Manager	May 22, 2013
Wolf	Michael	Florida Arcade and Bingo Association	General Counsel	May 21, 2013
Woodburn	Jeffrey	Executive Office of the Governor	Deputy Policy Director	May 5-28, 2013
Wyre	Rob	Isle Casino Racing Pompano Park	General Manager	May 1, 13, 2013

Source: Spectrum Gaming Group

From: [Parker, Jennifer](#)
To: [Nieset, Stephanie](#)
Cc: [Ridgway, Dorothy](#); [Robinson, Valerie](#); [Arthmann, David](#); [Studley, Todd](#)
Subject: FW: duty log
Date: Wednesday, August 14, 2013 8:08:47 AM
Attachments: [08132013-08142013 exec.pdf](#)

From: Mashburn, Michael
Sent: Wednesday, August 14, 2013 7:47 AM
To: ExecDutyLogs
Subject: duty log

Michael Mashburn
Correctional Services Administrator
Office of Institutions
EAC & Special Teams
Office (850) 717-3522
Cell (850) 358-8625

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-13011

08/14/2013 03:30

FT. MYERS WORK CAMP

Life-Threatening Outside
Medical

Medical/Infirmary

At approximately 0330 hours, Inmate ROBERT PORTER 188221 was transported via EMS to Gulf Coast Hospital due to multiple seizures. Paramedics authorized the transport and Duty Warden Col Collins has been notified.

Action: Noted.

Inmates Involved:

PORTER, ROBERT	188221	NOT APPLICABLE	N/A
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EAC-2013-08-13010

08/14/2013 00:25

FRANKLIN C.I.

Discovery of Cell
Phones/Remote
Communication Equipment
Open Bay Housing

At approximately 0225 hours, JEREMY SUMMERS and DUSTIN LONG discovered cell phones on the bunk of Inmate PEDRO MERCADO GONZALEZ X56434 in Open Bay Housing. Make Samsung, Model SGHU365, Camera: yes, Locked: no. The cell phones were seized and dropped into evidence. The inmate has been placed in AC pending DR and Duty Warden Akins has been notified.

Action: Notify on-call for IG, Joe Hamner, via page

Inmates Involved:

MERCADO GONZALEZ, PEDRO	X56434	NOT APPLICABLE	N/A
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Staff Involved:

66263	SUMMERS, JEREMY D		N/A
70780	LONG, DUSTIN RANDAL		N/A

EAC-2013-08-13009

08/13/2013 21:30 CST

GULF C.I.

Other

Secure Cell Housing-Open
Pop.

At approximately 2130 hours CDT, RANDY JACKSON discovered a weapon, 9" shank, in the cell of Inmate QUENTIN KING X72691 and Inmate LARRY COOPER K64489 during a routine search of Q-Dorm Secure Housing. Warden Blackwood has been notified.

Action: Noted.

Inmates Involved:

COOPER, LARRY	K64489	NOT APPLICABLE	N/A
KING, QUENTIN	X72691	NOT APPLICABLE	N/A

Staff Involved:

53413	JACKSON, RANDY L		N/A
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EAC-2013-08-13008

PR-X119-13-0090

08/13/2013 22:53 CST

SANTA ROSA C.I.

PREA-Prison Rape
Elimination Act

Confinement

Inmate JONATHAN JOHNSON M62772 was causing a disturbance by beating and kicking his cell door and yelling obscenities down the wing. The inmate was ordered to cease his disruptive behavior or chemical agents would be applied. The inmate refused to comply. Duty Warden Foskey authorized the use of chemical agents. A review of the DC4-650B indicated no restrictions. At 2253 hours, Johnson administered three, one-second bursts of OC. The inmate calmed down and all force ceased. During incident, Inmate stated that Hollis, Bloom, and COREY SETTLEMIRE made a statement that "they were going to rape his black ass". The inmate was showered, examined by medical, continued property restrictions and returned to a SHOS cell. Duty Warden Foskey has been notified of the conclusion and this incident was videotaped in compliance with rule.

Action: Noted.

Inmates Involved: PREA Medical Exam: Institutional Medical

JOHNSON, JONATHAN	M62772	CM I	Victim
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Staff Involved:

56703	SETTLEMIRE, COREY M		Perpetrator
64953	BLUM, RANDY SCOTT		Perpetrator
72598	HOLLIS, KYLE G		Perpetrator

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-13007

08/13/2013 22:53 CST

SANTA ROSA C.I.

Use of Force-Chemical
Agents

Confinement

Inmate JONATHAN JOHNSON M62772 was causing a disturbance by beating and kicking his cell door and yelling obscenities down the wing. The inmate was ordered to cease his disruptive behavior or chemical agents would be applied. The inmate refused to comply. Duty Warden Foskey authorized the use of chemical agents. A review of the DC4-650B indicated no restrictions. At 2253 hours, Johnson administered three, one-second bursts of OC. The inmate calmed down and all force ceased. The inmate was showered, examined by medical, continued property restrictions and returned to a SHOS cell. Duty Warden Foskey has been notified of the conclusion and this incident was videotaped in compliance with rule.

Action: Noted.

Inmates Involved:

JOHNSON, JONATHAN	M62772	CM I	N/A
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Staff Involved:

56703	SETTLEMIRE, COREY M		N/A	
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Chemicals Used: Yes**Applicable Categories of Force**

E - To quell a disturbance

EAC-2013-08-13006

08/13/2013 22:53 CST

NWFRC MAIN UNIT.

Use of Force-Chemical
Agents

Confinement

Inmate JOHN LLERAS X45497 was causing a disturbance by beating and kicking his cell door and yelling obscenities down the wing. The inmate was ordered to cease his disruptive behavior or chemical agents would be applied. The inmate refused to comply. Duty Warden Holden authorized the use of chemical agents. A review of the DC4-650B indicated no restrictions. At 2253 hours CDT, CO JEFFERY PROFFITT administered three, one-second bursts of OC. The inmate refused to comply. At 2300 hours CDT, CO Proffitt administered an additional three, one-second bursts of OC. The inmate calmed down and all force ceased. The inmate was showered, examined by medical, issued clean clothing/linen and returned to a clean cell. Duty Warden Holden has been notified of the conclusion and this incident was videotaped in compliance with rule.

Action: Noted.

Inmates Involved:

LLERAS, JOHN	X45497	NOT APPLICABLE	N/A
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Staff Involved:

37145	PROFFITT, JEFFERY S		N/A	
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Chemicals Used: Yes**Applicable Categories of Force**

E - To quell a disturbance

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-13005

08/14/2013 00:25

FLORIDA STATE PRISON

Self-Injurious Behavior, Non-Life Threatening

Use of Force-Chemical Agents

Confinement

AUSTIN MERRITT was conducting routine security checks in Confinement when he observed Inmate MAURICE CHANEY M33949 fashioning a ligature from his bed linen. The inmate was ordered to cease his behavior, to no avail. Force became necessary and at 0025 hours, CO Merritt deployed three, one-second bursts of OC. The inmate became compliant and all force ceased. The inmate was then showered, examined by medical staff, and returned to a cleaned cell; Duty Warden Taylor has been notified.

Action: Noted.

Inmates Involved:

CHANEY, MAURICE	M33949	CM I	N/A
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Staff Involved:

67974	MERRITT, AUSTIN P.		N/A
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Chemicals Used: Yes**Applicable Categories of Force**

G - To prevent an inmate from inflicting further injury to himself (suicide attempt)

EAC-2013-08-13004

08/13/2013 23:25

LAKE C.I.

Discovery of Cell Phones/Remote Communication Equipment

Open Bay Housing

At approximately 1330 hours, Inspector JUSTIN BRENNAN discovered a cell phone on the bunk of Inmate CHRISTOPHER WEAVER P22123 in A Dorm Open Bay Housing. Make Samsung, Model SGH125G, Camera: NO, Locked: Yes. The cell phone was seized and dropped into evidence. The inmate has been placed in AC pending DR and Duty Warden Segers has been notified.

Action: Noted.

Inmates Involved:

WEAVER, CHRISTOPHER	P22123	NOT APPLICABLE	N/A
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Staff Involved:

2275	BRENNAN, JUSTIN H		N/A
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EAC-2013-08-13003

08/13/2013 23:41

Tampa Police Dept

FPC Hit Confirmation

At approximately 2212 hours, a hit confirmation was received in reference to Offender EDWARD BENNETT K67604. The warrant has been confirmed. The inquiring agency is Tampa PD, inquiring person Ofcr Taylor, and the contact phone number is 813-231-6130.

Action: TTY: Place hold, no bond, for FPC

Inmates Involved:

BENNETT, EDWARD	K67604		N/A
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(Late Report)**EAC-2013-08-13002**

PR-X201-13-0009

08/13/2013 Time Unknown

COLUMBIA C.I.

PREA-Prison Rape Elimination Act

Confinement

At 0000 hours on 8/13/13, Inmate JORDAN MORIN B09305 alleged that Inmate MATTHEW JONES 134084 choked him and forced him to have anal intercourse. Inmate Morin was seen by medical and Duty Warden Godwin has been notified.

Action: Noted.

Inmates Involved:

PREA Medical Exam: Institutional Medical

JONES, MATTHEW	134084	NOT APPLICABLE	Perpetrator
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MORIN, JORDAN	B09305	PENDING PROT.EVAL	Victim
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Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-13001	At approximately 2037 hours, Inmate JOEY CORDERO 527108, age 50, was pronounced deceased by paramedics. The primary cause of death was cardiac arrest. There was no secondary cause of death. Chaplain will be notifying the next of kin and Duty Warden Col Henson has been notified.			
08/13/2013 20:37	Action: Notify on call for Health Services, Steve Harris, via page			
S.F.R.C.	Broadcast Page to Inmate Natural Death group			
Inmate Natural Death	Inmates Involved:			
Medical/Infirmary	CORDERO, JOEY	527108	NOT APPLICABLE	N/A

EAC-2013-08-13000	Inmates JEROME SIMPSON T47061 and ANTHONY BROWN J28483 were observed fighting in Confinement. The inmates were ordered to cease their behavior, to no avail. At approximately 2238 hours, ANGEL VARGAS and LARRY MCKEE deployed three, one second bursts of OC to inmates. The inmates became compliant and all forced was ceased. The inmates were then showered, examined by medical staff, issued fresh clothing, and placed in separate cells in Confinement. Duty Warden Baker has been notified.			
08/13/2013 22:38	Action: Noted.			
TOMOKA C.I.	Inmates Involved:			
Use of Force-Chemical Agents	BROWN, ANTHONY	J28483	NOT APPLICABLE	N/A
Confinement	SIMPSON, JEROME	T47061	NOT APPLICABLE	N/A
	Staff Involved:			
	21943	VARGAS, ANGEL L	N/A	
	50071	MCKEE, LARRY EUGENE	N/A	
	Chemicals Used: Yes			
	Applicable Categories of Force			
	E - To quell a disturbance			

EAC-2013-08-12999	At approximately 2212 hours, a hit confirmation was received in reference to Offender JOHNATHAN WHITFIELD H04574. The warrant has been confirmed. The inquiring agency is Polk CO SO, inquiring person Tom Collins, and the contact phone number is 863-298-6400.			
08/13/2013 22:12	Action: TTY: Place hold, no bond, for FPC			
Polk Co SO	Inmates Involved:			
FPC Hit Confirmation	WHITFIELD, JOHNATHAN	H04574	N/A	

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12998

08/13/2013 19:11

SUWANNEE C.I. ANNEX

Self-Injurious Behavior, Non-Life Threatening

Use of Force-Chemical Agents

Confinement

CO JOHN KIRBY was conducting routine security checks in Confinement when he observed Inmate LESLEY HARRIS 621792 cutting his arm with an razor blade. The inmate was ordered to cease his behavior, to no avail. Force became necessary and at 1911 hours, CO KIRBY deployed three, one-second bursts of OC. The inmate became compliant and all force ceased. The inmate was then showered, examined by medical staff, and returned to a cleaned/SHOS cell; he was placed on property restrictions for clothing and linen. Duty Warden Geiger has been notified.

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Action: Noted.

Inmates Involved:

HARRIS, LESLEY	621792	PENDING PROT.EVAL	N/A
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Staff Involved:

63067	KIRBY, JOHN N		N/A	
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Chemicals Used: Yes**Applicable Categories of Force**

G - To prevent an inmate from inflicting further injury to himself (suicide attempt)

EAC-2013-08-12997

08/13/2013 20:05

MARION C.I.

Life-Threatening Outside Medical

Medical/Infirmary

At approximately 2005 hours, Inmate MICHAEL SPARKMAN 348059 was transported via EMS to Ocala Regional Hospital(Ocala, FL) for treatment of seizures. Dr Machiado authorized the transport, and the inmate's condition has been deemed life threatening. Duty Warden Sanders has been notified.

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Action: Noted.

Inmates Involved:

SPARKMAN, MICHAEL	348059	NOT APPLICABLE	N/A
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EAC-2013-08-12996

08/13/2013 18:55

CENTRAL OFFICE

Duty Officer ON/OFF Duty

Other

Duty Officer Davis on Duty. Relieved Duty Officers Taft and Taylor.

Action: Seal#0875723 intact on lockbox. Will make updates as necessary.

Staff Involved:

62387	DAVIS, CHARLES E		N/A	
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EAC-2013-08-12995

08/13/2013 18:46

CENTRAL OFFICE

Duty Officer ON/OFF Duty

Other

Duty officer Taylor off duty relieved by duty officer Davis.

Action: Noted.

Staff Involved:

50980	TAYLOR, WILLARD		N/A	
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Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12994

08/13/2013 18:45
CENTRAL OFFICE
Duty Officer ON/OFF Duty
Other

Duty Officer K. Taft off-duty; relieved by Duty Officer C. Davis.

Action: Noted

Staff Involved:

71042	TAFT, KATHLEEN L		N/A	
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EAC-2013-08-12993

08/13/2013 16:40
FLORIDA STATE PRISON
Use of Force-Cell Extraction
Confinement

Inmate JOHN FREDERICK 780641 refused to be restrained to be placed on SHOS status. Duty Warden Whithead authorized the cell extraction team to use force if necessary to bring the inmate into compliance with orders. The cell extraction team assembled and breached the cell at approximately 1640 hours. Sgt ANDREW JOHNSON (shield man) used the shield and redirected the inmate to the ground. The team placed the inmate in the hand and leg restraints and all force ceased. Duty Warden Major Smith has been notified of the conclusion and this incident was videotaped in compliance with rule.

Action: Noted

Inmates Involved:

FREDERICK, JOHN	780641	CM II	N/A	
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Staff Involved:

51325	JOHNSON, ANDREW J		N/A	
59255	VICKERS, JAMES DAVID		N/A	
58784	WATTERS, RONALD G		N/A	
61636	RUSSELL, JEFFREY R		N/A	
53689	KELSEY, JOSHUA L		N/A	

Chemicals Used: No**Applicable Categories of Force**

I - Cell extraction

EAC-2013-08-12992

08/13/2013 18:18
BSO Dist 11 Pompano
FPC Hit Confirmation

HIT CONFIRMATIONS

At approximately 1818 hours, a hit confirmation was received in reference to Offender EDGAR EVANS 497864. The warrant has been confirmed. The inquiring agency is BSO Dist 11 Pompano, inquiring person Dep Eramo, and the contact phone number is 954-786-4230.

Action: TTY: Place hold, no bond, for FPC

Inmates Involved:

EVANS, EDGAR	497864		N/A	
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EAC-2013-08-12991

08/13/2013 17:10
ZEPHYRHILLS C.I.
Staff Outside Medical
Update
Other

At approximately 1710 hours, Sgt DUDLEY PRITCHARD JR fell off the medical trash cart and hit his head on the pavement injuring the right back side of his head. Medical staff has deemed the injury as non life threatening however Sgt DUDLEY PRITCHARD JR will be transported to Florida Hospital via EMS. OptaComp has been notified. Duty Warden Hoskins has been notified.

Update at 1945 hours:

Capt Motes reported that Pritchard was released from hospital with no restrictions.

Action: Noted

Staff Involved:

17190	PRITCHARD JR, DUDLEY P		N/A	
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8/14/2013 7:34:23 AM

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Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12990

08/13/2013 18:12

HERNANDO C.I.

Life-Threatening Outside
Medical

Update

Other

At approximately 1812 hours, Inmate DEBRA STOWELL #155921 was transported via EMS to Brooksville Regional Hospital due to multiple seizures and chest pains. Dr. St. Vil authorized the transport and Warden Roberts has been notified.

Update at 2321 hours:

Sgt Szudarek reported that the inmate was admitted to room 260.

Action: Notify on-call for IG, Joe Hamner, via phone

Inmates Involved:

STOWELL, DEBRA	155921	NOT APPLICABLE	N/A
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EAC-2013-08-12989

08/13/2013 17:58

CHARLOTTE C.I.

Staff Outside Medical

Outside Hospital

At approximately 1758 hours, CO RAYMOND TOURANGEAU transported himself to Millennium Physicians due to an accidentally injuring his hand on the side bar of a DOT Vehicle. OptaComp and Warden Colonel Collins has been notified.

Action: Noted.

Staff Involved:

34046	TOURANGEAU, RAYMOND M		N/A	
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EAC-2013-08-12988

08/13/2013 17:20

LOWELL ANNEX

Self-Injurious Behavior, Non-
Life ThreateningUse of Force-Chemical
Agents

Confinement

CO REBECCA SUPPES was conducting routine security checks in S-Dorm when she observed Inmate NICOLE HAMPTON J48853 fashioning a ligature around her neck. The inmate was ordered to cease her behavior, to no avail. Force became necessary and at 1720 hours, CO REBECCA SUPPES deployed three, one-second bursts of OC. The inmate became compliant and all force ceased. The inmate was then showered, examined by medical staff, and returned to a cleaned/SHOS cell. Duty Warden DeBell has been notified and this incident was videotaped in compliance with rule.

Action: Noted

Inmates Involved:

HAMPTON, NICOLE	J48853	NOT APPLICABLE	N/A
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Staff Involved:

54109	SUPPES, REBECCA JANE		N/A	
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Chemicals Used: Yes**Applicable Categories of Force**

G - To prevent an inmate from inflicting further injury to himself (suicide attempt)

(Late Report)**EAC-2013-08-12987**

PR-X119-13-0089

08/13/2013 Time Unknown

SANTA ROSA C.I.

PREA-Prison Rape
Elimination Act

CM-Close Management

At an unknown date and time, Inmate DARRELL ROGERS C02797 alleged that CO RANDY BLUM demanded to see his genitals. This was reported via an informal grievance. Duty Warden Comerford has been notified.

Action: Noted

Inmates Involved:

PREA Medical Exam: No Exam

ROGERS, DARRELL	C02797	CM II	Victim
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Staff Involved:

64953	BLUM, RANDY SCOTT		Perpetrator	
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Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12986	(Late Report)			
08/13/2013 15:00 CST NWFRC MAIN UNIT. Use of Force-Chemical Agents Compound General	Inmates ANTHONY HILL #507425 and DARWIN SANTOS-RUIZ #R53630 were observed fighting on the general compound. The inmates were ordered to cease their behavior, to no avail. At approximately 1500 hours, CO KEVIN COUGHLIN deployed three, one second bursts of OC to both inmates simultaneously. The inmates became compliant and all forced was ceased. The inmates were then showered, examined by medical staff, issued fresh clothing, and placed in separate cells in Confinement. Duty Warden Major Holden has been notified. Action: Noted.			
	Inmates Involved:			
	HILL, ANTHONY	507425	NOT APPLICABLE	N/A
	SANTOS-RUIZ, DARWIN	R53630	NOT APPLICABLE	N/A
	Staff Involved:			
	64509	COUGHLIN, KEVIN R		N/A
	Chemicals Used: Yes			
	Applicable Categories of Force			
	E - To quell a disturbance			
EAC-2013-08-12985	(Late Report)			
08/13/2013 13:05 AVON PARK C.I. Loss/Theft of Department Vehicles or Equipment Other	At approximately 1305 hours, VERA Handford discovered that PBA #52 had been flushed down the toilet. Numerous searches have been conducted however to no avail. Duty Warden Bryner has been notified. Action: Noted			
	Staff Involved:			
	72945	HANDFORD, VERA CATHERINE	Title is unavailable	N/A

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

*(Late Report)***EAC-2013-08-12984**

08/13/2013 14:08 CST

JACKSON C.I.

Minor Disturbance

Use of Force-Chemical
AgentsSecure Cell Housing-Open
Pop.

Inmates LUTROY THOMAS #J50034, EDEMA ABRAKATA #N24936, TERRAL KEATON #T72287, DEONTE WHITE #T73843, RICHARD ANDERSON #J45306, JARVIS STEWART #E42826, LUIS MORALES #T80020, SHANE SPARROW #X74323, DALVIN DENSON #J48624, EDERSON ST LOUIS #W41727, SEMAJ TURNER #H41170, MOHAMMED ALBUT #L95488 were being counseled with about the cleanliness of G-Dorm. The inmates became argumentative and aggressive towards CO WILLIAM HERTENSEN. The inmates were ordered to cease their disruptive behavior or chemical agents would be applied. The inmate refused to comply. At 1408 hours, CO HERTENSEN administered a continuous burst of OC to the group of inmates. The inmates refused to comply. At this time, Sgt. JAY CHABOT and CO TRAYWICK BENTON responded and administered additional continuous bursts of OC simultaneously to the entire group of inmates. The inmates then calmed down and all force ceased. The inmates were showered, examined by medical, issued clean clothing/linen and returned to a clean cell. Duty Warden Major Barton has been notified of the conclusion.

Action: Notify on-call for IG, Joe Hamner, via page

Inmates Involved:

STEWART, JARVIS	E42826	NOT APPLICABLE	N/A
TURNER, SEMAJ	H41170	NOT APPLICABLE	N/A
ANDERSON, RICHARD	J45306	NOT APPLICABLE	N/A
DENSON, DALVIN	J48624	NOT APPLICABLE	N/A
THOMAS, LUTROY	J50034	NOT APPLICABLE	N/A
ALBUT, MOHAMMED	L95488	NOT APPLICABLE	N/A
ABRAKATA, EDEMA	N24936	NOT APPLICABLE	N/A
KEATON, TERRAL	T72287	NOT APPLICABLE	N/A
WHITE, DEONTE	T73843	NOT APPLICABLE	N/A
MORALES, LUIS	T80020	NOT APPLICABLE	N/A
ST LOUIS, EDERSON	W41727	NOT APPLICABLE	N/A
SPARROW, SHANE	X74323	NOT APPLICABLE	N/A

Staff Involved:

64726	HERTENSEN, WILLIAM H.		N/A	
3562	CHABOT, JAY R		N/A	
58886	BENTON, TRAYWICK PEARCE		N/A	

Chemicals Used: Yes**Applicable Categories of Force**

A - To defend himself or another against an inmate using unlawful force

*(Late Report)***EAC-2013-08-12983**

08/08/2013 16:15

BAKER C.I.

Loss/Theft of Staff
ID/Badge/Uniforms

Other

At approximately 1615 hours, Instructor Norman Delisle discovered that his state ID, had been misplaced. Numerous searches have been conducted however to no avail. Duty Warden Freeman has been notified.

Action: Noted

Staff Involved:

73020	Delisle, Norman	Title is unavailable	N/A	
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Emergency Action Center Duty Officer Log**Date: 08/13/2013 6:00 Thru 08/14/2013 5:59****Protected Health Information Displayed****EAC-2013-08-12982**

08/13/2013 15:16

SANTA ROSA C.I.

Assault/Battery on Staff

Use of Force-Physical

CM-Close Management

Sgt Shawn Norris, CO WALTER WHITE and CO JOHN FIGUERREZ were conducting a life safety check in F-Dorm due to INMATE VINCENT DAVIS B11811 not being responsive. Sgt Shawn Norris, CO WALTER WHITE and CO JOHN FIGUERREZ entered the cell and attempted to place restrains on the inmate VINCENT DAVIS B11811. The inmate jumped up and kicked Sgt Shawn Norris in the groin. The inmate was ordered to cease his actions, to no avail. Force became necessary and at 1516 hours, Sgt Shawn Norris, CO WALTER WHITE and CO JOHN FIGUERREZ, used body pressure in a downward motion to redirect the inmate to his bunk and all force ceased. The inmate was showered, examined by medical and returned to a clean cell. Sgt Shawn Norris was checked by medical. Duty Warden Comerford has been notified.

Action: Noted

Inmates Involved:

DAVIS, VINCENT	B11811	CM III	N/A
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Staff Involved:

37139	Norris, Shawn Patrick		N/A
64541	WHITE, WALTER W		N/A
54921	FIGUERREZ, JOHN G		N/A

Chemicals Used: No**Applicable Categories of Force**

F - To overcome an inmate's physical resistance to a lawful command

(Late Report)**EAC-2013-08-12981**

08/13/2013 14:14 CST

SANTA ROSA C.I.

Use of Force-Physical &
Chemical Agents

CM-Close Management

CM Inmate DERRICK MILLER #K52190 was causing a disturbance by yelling and kicking his cell door. The inmate was ordered to cease his disruptive behavior or chemical agents would be applied. The inmate refused to comply. Assistant Warden Booker authorized the use of chemical agents. A review of the DC4-650B indicated no restrictions. At 1414 hours, Lt. WALTER GIELOW administered three, one-second bursts of OC. The inmate refused to comply. At 1420 hours, Lt. GIELOW administered an additional three, one-second bursts of OC. The inmate still refused to comply. At 1428 hours, Lt. WALTER GIELOW administered three, one-second bursts of CS. The inmate calmed down and all force ceased. The inmate was showered, examined by medical, and returned to a clean cell. The inmate will remain on property restrictions due to a prior incident. Upon being placed in his cell, the inmate attempted to snatch the hand restraints. Force became necessary and at approximately 1447 hours, Lt. PATRICK GERMAIN grasped the restraint chain and removed the restraints. The inmate then became compliant and all force ceased. Warden Comerford has been notified of the conclusion.

Action: Noted.

Inmates Involved:

MILLER, DERRICK	K52190	N/A
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Staff Involved:

7650	GIELOW, WALTER L	N/A
7576	GERMAIN, PATRICK J	N/A

Chemicals Used: Yes**Applicable Categories of Force**

E - To quell a disturbance

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

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(Late Report)	
EAC-2013-08-12980	At approximately 1330 hours, CO RUSSELL GIBBINS discovered a cell phone from a laundry basket while Inmate DEXTER JOHNSON #C00898 pushed the basket in the laundry area. The cell phone was seized and dropped into evidence. The inmate has been placed in AC pending DR and Warden Royal has been notified.
08/13/2013 13:30	
TOMOKA C.I.	
Discovery of Cell	Make: AT&T
Phones/Remote	Model: Samsung SGH A157
Communication Equipment	Camera Capable: Yes/Locked
Other
	Action: Notify on-call for IG, Joe Hamner, via page
	Inmates Involved:
JOHNSON, DEXTER	C00898 NOT APPLICABLE N/A
	Staff Involved:
63930	GIBBINS, RUSSELL LEE N/A
EAC-2013-08-12979	Sgt JAMES BLACK was conducting routine security checks in P-Dorm when he observed Inmate ANTONIO ADAMS U08976 with an unknown object tied around his arm stating it was going to be a blood shed. The inmate was ordered to cease his behavior, to no avail and refused to be restrained for a search of his cell. Duty Warden Landrum authorized the cell extraction team to use force if necessary to bring the inmate into compliance with orders. The cell extraction team assembled and breached the cell at approximately 1454 hours. Sgt BRYON DICKERSON (shield man) used the shield and redirected the inmate to the ground. The team placed the inmate in the hand and leg restraints and all force ceased. The inmate was examined by medical staff, and returned to a cleaned/SHOS cell. Duty Warden Landrum has been notified and this incident was videotaped in compliance with rule.
08/13/2013 14:54	
SUWANNEE C.I. ANNEX	
Self-Injurious Behavior, Non-Life Threatening	
Use of Force-Cell Extraction Confinement	

	Action: Noted
	Inmates Involved:
ADAMS, ANTONIO	U08976 NOT APPLICABLE N/A
	Comments: tranfer Swan main unit on 08/13/2013
	Staff Involved:
29805	DICKERSON, BRYON C N/A
48641	NUNLEY, SCOTT A. N/A
62254	HUNT, JUSTIN C. N/A
62266	MIARA, JEFFRIE D. N/A
60824	HARGROVE, ROBERT D. N/A
60775	BLACK, JAMES L. N/A
	Chemicals Used: No
	Applicable Categories of Force
	F - To overcome an inmate's physical resistance to a lawful command
	G - To prevent an inmate from inflicting further injury to himself (suicide attempt)

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

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EAC-2013-08-12978		(Late Report)	
PR-X503-13-0003	08/12/2013 08:30	Per an inmate grievance at 0830 hours 8/12/13, staff received an anonymous tip that Inmate MICHAEL HARRIS #T28180 and Pride Employee Cheryl Whidden are engaging in consensual sex at the Pride Complex. Warden Colonel Bryner has been notified.	
AVON PARK C.I.		Action: Noted.	
PREA-Prison Rape Elimination Act		Inmates Involved:	PREA Medical Exam: No Exam
Other		HARRIS, MICHAEL	T28180 NOT APPLICABLE Victim
		Other Persons Involved:	
		Whidden, Cheryl	Contracted Staff Perpetrator

EAC-2013-08-12977		Per an inmate grievance at 1300 hours, Inmate MAURICE MCCREA #U46025 alleged that Food Service Employee TINA DAUBERT has provided him with prescription drugs and cigarettes in exchange for sexual favors. Warden Barnes has been notified.	
PR-X281-13-0014	08/13/2013 13:00	Action: Noted.	
LANCASTER C.I.		Inmates Involved:	PREA Medical Exam: Institutional Medical
PREA-Prison Rape Elimination Act		MCCREA, MAURICE	U46025 NOT APPLICABLE Victim
Food Service		Staff Involved:	
		62482 DAUBERT, TINA A	Perpetrator

EAC-2013-08-12976		At approximately 1503 hours, Inmate DERRICK PEOPLES G09700 was arrested by the Alachua CO SO and charged with Grand Theft. The inmate is being transferred to Marion CI. Duty Warden Major Mannings has been notified.	
08/13/2013 15:03		Action: On-Call for the Inspector General Kirkland via page and e-mail	
SANTA FE W.R.C.		Broadcast Page to Inmate Arrest Group	
Inmate Arrest		Inmates Involved:	
Other		PEOPLES, DERRICK	G09700 NOT APPLICABLE N/A

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12975

08/13/2013 14:19

MAYO C.I. ANNEX

Use of Force-Chemical
Agents

Confinement

Inmate ROBERT ALLEN S08785 was causing a disturbance by beating and kicking his cell door and yelling obscenities down the wing. The inmate was ordered to cease his disruptive behavior or chemical agents would be applied. The inmate refused to comply. Duty Warden McCray authorized the use of chemical agents. A review of the DC4-650B indicated no restrictions. At 1419 hours, Sgt CHARLTON DEDGE administered three, one-second bursts of OC. The inmate refused to comply. At 1424 hours, Sgt CHARLTON DEDGE administered an additional three, one-second bursts of OC. The inmate calmed down and all force ceased. The inmate was showered, examined by medical, issued clean boxers and returned to a clean cell. Duty Warden McCray has been notified of the conclusion and this incident was videotaped in compliance with rule.

Action: Noted

Inmates Involved:

ALLEN, ROBERT	S08785	NOT APPLICABLE	N/A
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Staff Involved:

33973	DEGE, CHARLTON P.		N/A	
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Chemicals Used: Yes**Applicable Categories of Force**

E - To quell a disturbance

F - To overcome an inmate's physical resistance to a lawful command

EAC-2013-08-12974

08/13/2013 13:47

LOWELL ANNEX

Use of Force-Physical

Confinement

Confinement Inmate CARRI LONG #J23096 was being placed inside of her cell when she became resistant and started snatching away from the custodial grasp of staff. The inmate was ordered to cease his actions, to no avail. Force became necessary and at approximately 1347 hours, CO REBECCA SUPPES grasped the inmate and redirected her to the ground. The inmate became compliant and all force ceased. The inmate was then assessed by medical staff and she did not sustain any injuries. Warden Mazorra has been notified.

Action: Noted.

Inmates Involved:

LONG, CARRI	J23096	NOT APPLICABLE	N/A
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Staff Involved:

54109	SUPPES, REBECCA JANE		N/A	
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Chemicals Used: No**Applicable Categories of Force**

F - To overcome an inmate's physical resistance to a lawful command

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

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EAC-2013-08-12973

08/13/2013 14:22

BAKER C.I.

K9-OS Assist/Missing Child

Update

Other

At approximately 1422 hours, the K-9 team was activated to assist the Baker County Sheriffs Office (Dispt. Cameron 904-259-2861) locate two juveniles (12 year old male & 8 year old female) who were reported missing in Baker County. The team is manned by Sgt. STEVE STEWART, CO FLOYD RHODEN, and CO JOSEPH SANDERS; the canines are Lucky, Susie, Fancy, and Blackie. This is a level III activation and Warden Freeman has been notified.

Update: At approximately 1617 hours, the team returned with successful results. The age of the track was .50 hours and the length was 1 mile. Duty Warden Freeman has been notified.

Action: Broadcast Page to K-9 Group

Staff Involved:

20537	STEWART, STEVE J		N/A	
40940	RHODEN, FLOYD W		N/A	
39794	SANDERS, JOSEPH BLAINE		N/A	

Other Persons Involved:

Lucky,	K-9	N/A	
Susie,	K-9	N/A	
Fancy,	K-9	N/A	
Blackie,	K-9	N/A	

(Late Report)**EAC-2013-08-12972**

PR-X206-13-0001

07/31/2013 Time Unknown

FSP WEST UNIT

PREA-Prison Rape
Elimination Act

Confinement

On 07/31/2013 at an unknown time, Inmate CARLOS MEDINA 199739 alleged that an unknown black officer witnessed CO Johnson take off his handcuffs, grab his ass and stated that he would beat the shit out of him. Duty Warden Maddox has been notified. This report was received by Lt. Brown at Union CI via a email.

Action: Noted

Inmates Involved: PREA Medical Exam: No Exam

MEDINA, CARLOS	199739	CM II	Victim
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Other Persons Involved:

Johnson, unknown	Other	Perpetrator	
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EAC-2013-08-12971

08/13/2013 13:29

SUWANNEE C.I.

Use of Force-Physical

CM-Close Management

CM Inmate ANTONIO ADAMS #U08976 was being escorted to SHOS when he became resistant and attempted to head butt CO ANDREW HARRELL JR. Force became necessary and at approximately 1329 hours, CO ANDREW HARRELL JR and CO DOUGLAS POPE grasped the inmate and redirected him to the ground. The inmate became compliant and all force ceased. The inmate was then assessed by medical staff and he sustained a minor abrasion to his shoulder. Duty Warden Major Morgan has been notified.

Action: Noted.

Inmates Involved:

ADAMS, ANTONIO	U08976	NOT APPLICABLE	N/A
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Staff Involved:

33447	HARRELL JR., ANDREW M		N/A	
34240	POPE, DOUGLAS E.		N/A	

Chemicals Used: No

Applicable Categories of Force

A - To defend himself or another against an inmate using unlawful force

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

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EAC-2013-08-12970

PR-X122-13-0010

08/13/2013 22:00

WAKULLA ANNEX

PREA-Prison Rape
Elimination ActSecure Cell Housing-Open
Pop.

At approximately 2200 hours, on 08/07/2013, Inmate WINSLOW ALLEN 824711 alleged that inmate KEANARD JEWELL N21072 awakened him by rubbing his ass, Inmate WINSLOW ALLEN 824711 hit his hand away and told him not to touch him again. Duty Warden Hewitt has been notified.

Action: Noted

Inmates Involved:

PREA Medical Exam: No Exam

ALLEN, WINSLOW	824711	PENDING PROT.EVAL	Victim
JEWELL, KEANARD	N21072	NOT APPLICABLE	Perpetrator

EAC-2013-08-12969

08/13/2013 12:30

TAYLOR C.I.

Use of Force-Chemical
Agents

Open Bay Housing

Inmate MATTHEW SOREY #M54759 was ordered to submit to hand restraints. The inmate refused to comply and snatched away from Sgt. HERBERT SMITH. The inmate then began running toward D-Dorm. At 1230 hours, Sgt. HERBERT SMITH administered three, one-second bursts of OC. At this time, the inmate was in between the canteen and D-dorm. Sgt. MICHAEL BROWN then ordered the inmate to submit to hand restraints but the inmate refused to comply. At 1233 hours, Sgt. BROWN administered an additional three, one-second bursts of OC. The inmate still refused to comply and he continued running toward A-Dorm. Sgt. JEFFREY BARRETT responded and ordered the inmate to submit to hand restraints, but the inmate refused to comply. At 1234 hours, Sgt. JEFFREY BARRETT administered three, one-second bursts of OC. The inmate calmed down and all force ceased. The inmate was showered, examined by medical, issued clean clothing/linen and returned to a clean cell. The inmate sustained blisters on the bottom of his feet. Sgt. sustained soreness to his right shoulder. Sgt. BROWN sustained overspray from the chemical agents. OptaComp and Duty Warden Colonel Collins has been notified of the conclusion.

Action: Noted.

Inmates Involved:

SOREY, MATTHEW	M54759	NOT APPLICABLE	N/A
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Staff Involved:

39227	SMITH, HERBERT E		N/A	
2647	BROWN, MICHAEL K		N/A	
1103	BARRETT, JEFFREY W		N/A	

Chemicals Used: Yes**Applicable Categories of Force**

F - To overcome an inmate's physical resistance to a lawful command

(Late Report)**EAC-2013-08-12968**

08/13/2013 09:20

PANAMA CITY W.R.C.

Termination/Transfer from
WRC

Other

At approximately 0920 hours, Inmates BRITTON COOK #626239 and KEVIN RILEY #P38935 were terminated from work release and transported to NWFRC to be placed in AC pending DR. They were terminated due to being terminated from their placed of employment and Duty Warden Major Holden has been notified.

Action: Noted.

Inmates Involved:

COOK, BRITTON	626239	NOT APPLICABLE	N/A
RILEY, KEVIN	P38935	NOT APPLICABLE	N/A

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12967 08/13/2013 14:05 DINSMORE W.R.C. Termination/Transfer from WRC Other	At 1405 hours, Inmate JASON ROUX J43619 was terminated due to facility conflict. This inmate will be transferred to FSP West, housed in open population. Duty Warden Reddish has been notified. Action: Noted Inmates Involved: <table border="1"> <tr> <td>ROUX, JASON</td> <td>J43619</td> <td>NOT APPLICABLE</td> <td>N/A</td> </tr> </table>	ROUX, JASON	J43619	NOT APPLICABLE	N/A				
ROUX, JASON	J43619	NOT APPLICABLE	N/A						
EAC-2013-08-12966 PR-X573-13-0012 08/13/2013 12:20 ZEPHYRHILLS C.I. PREA-Prison Rape Elimination Act Mental Health Unit	At approximately 1220 hours, MH Inmate EARNEST SMOKES #W21094 alleged that an unknown person entered his cell and sexually assaulted him. The inmate was examined by medical and there were no injuries noted. Duty Warden Perkins has been notified. Action: Noted. Inmates Involved: PREA Medical Exam: Institutional Medical <table border="1"> <tr> <td>SMOKES, EARNEST</td> <td>W21094</td> <td>NOT APPLICABLE</td> <td>Victim</td> </tr> </table> Other Persons Involved: <table border="1"> <tr> <td>Person, Unknown</td> <td>Other</td> <td>Perpetrator</td> <td></td> </tr> </table>	SMOKES, EARNEST	W21094	NOT APPLICABLE	Victim	Person, Unknown	Other	Perpetrator	
SMOKES, EARNEST	W21094	NOT APPLICABLE	Victim						
Person, Unknown	Other	Perpetrator							
EAC-2013-08-12965 08/13/2013 10:00 DADE C.I. Discovery of Cell Phones/Remote Communication Equipment Open Bay Housing	<p align="center">(Late Report)</p> At approximately 1000 hours, Sgt. JACK BRADHAM discovered two cell phones from Inmate JACK BRADHAM #675660 during a routine search in A-Dorm. The cell phones were seized and dropped into evidence. The inmate has been placed in AC pending DR and Assistant Warden Williams has been notified. Make: AT&T Model: V221 Camera Capable: Yes/Locked Make: AT&T Model: Actel OOt187A Camera Capable: Yes/Locked Action: Notify on-call for IG, Joe Hamner, via page Inmates Involved: <table border="1"> <tr> <td>BRADHAM, JACK</td> <td>675660</td> <td>NOT APPLICABLE</td> <td>N/A</td> </tr> </table> Staff Involved: <table border="1"> <tr> <td>46605</td> <td>LLOYD, CARMEN M</td> <td></td> <td>N/A</td> </tr> </table>	BRADHAM, JACK	675660	NOT APPLICABLE	N/A	46605	LLOYD, CARMEN M		N/A
BRADHAM, JACK	675660	NOT APPLICABLE	N/A						
46605	LLOYD, CARMEN M		N/A						

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12964		(Late Report)	
PR-X107-13-0004		At an unknown time and date Inmate JAMMIE DAVIS X30499 alleged via a Inmate Request form dated 08/13/2013 that food service personnel DONNA Overstreet was performing oral sex on him and inmates ANTONIO MUNOZ B06949, CARLTON NOBLES N11824, TERRANCE SMITH R23801. Duty Warden Bryant has been notified.	
08/13/2013 Time Unknown		Action: Noted	
HOLMES C.I.			
PREA-Prison Rape		Inmates Involved: PREA Medical Exam: No Exam	
Elimination Act			
Food Service			
		MUNOZ, ANTONIO	B06949 NOT APPLICABLE Victim
		NOBLES, CARLTON	N11824 NOT APPLICABLE Victim
		SMITH, TERRANCE	R23801 NOT APPLICABLE Victim
		DAVIS, JAMMIE	X30499 NOT APPLICABLE Victim
		Staff Involved:	
		69190 OVERSTREET, DONNA LYNN	Perpetrator

EAC-2013-08-12963		(Late Report)	
08/13/2013 09:55		At approximately 0955 hours, Medical Inmate MUSTAFA RICKS #K79746 refused his ninth consecutive meal. The inmate has not stated why he's refusing to eat and Duty Warden Major Alonso has been notified.	
CFRC-MAIN		Action: Notify on-call for Health Services, Collean D Acquisto, via page	
Hunger Strike		Inmates Involved:	
Medical/Infirmary		RICKS, MUSTAFA	K79746 PENDING CM ASSESSMENT N/A

EAC-2013-08-12962		At approximately 1305 hours, Inmate TIMOTHY NELSON 071978 was transported via EMS to Florida Hospital South for treatment of being unresponsive. Nurse Blake authorized the transport, and the inmate's condition has been deemed life threatening. Duty Warden Morgan has been notified.	
08/13/2013 13:05		Update at 1900 hours:	
CFRC-SOUTH		Lt Davis reported that the inmate returned to the institution and Duty Warden Morgan has been notified.	
Life-Threatening Outside Medical		Action: Noted	
Update		Inmates Involved:	
Medical/Infirmary		NELSON, TIMOTHY	071978 NOT APPLICABLE N/A

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12961

08/13/2013 10:50

APALACHEE EAST UNIT

Use of Force-Chemical
Agents

Compound General

Inmate DEMETRIOUS GEORGE T07406 refused to work and was given an order by CO HOBIE HOLLISTER to turn around and cuff up. The inmate refused and stated, "you are going to have to get me". Force became necessary and at 1050 hours, CO HOBIE HOLLISTER administered three, one-second bursts of OC. The inmate calmed down and all force ceased. The inmate was showered, examined by medical, issued clean clothing/linen and returned to a clean cell. Duty Warden Terry has been notified of the conclusion and this incident was videotaped in compliance with rule.

.....
Action: Noted**Inmates Involved:**

GEORGE, DEMETRIOUS	T07406	NOT APPLICABLE	N/A
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Staff Involved:

9795	HOLLISTER, HOBIE L		N/A	
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Chemicals Used: Yes**Applicable Categories of Force**

F - To overcome an inmate's physical resistance to a lawful command

EAC-2013-08-12960

08/13/2013 12:30

S.F.R.C.

Loss/Theft of Staff
ID/Badge/Uniforms

Other

At approximately 1230 hours, Nurse Claire Webb discovered that her state ID had been misplaced. Numerous searches have been conducted however to no avail. Duty Warden Henson has been notified.

.....
Action: Noted**Other Persons Involved:**

webb, claire	Contracted Staff	N/A	
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EAC-2013-08-12959

08/13/2013 10:41

SANTA ROSA C.I.

Use of Force-Chemical
Agents

CM-Close Management

Inmate FREDDIE WILLIAMS Y19428 was causing a disturbance by beating and kicking his cell door and yelling obscenities down the wing. The inmate was ordered to cease his disruptive behavior or chemical agents would be applied. The inmate refused to comply. Duty Warden Comerford authorized the use of chemical agents. A review of the DC4-650B indicated no restrictions. At 1041 hours, CO JOEL ENGSTROM administered three, one-second bursts of OC. The inmate refused to comply. At 1048 hours, CO JOEL ENGSTROM administered three, one-second bursts of CS. The inmate still refused to comply. At 1054 hours, CO JOEL ENGSTROM administered an additional three, one-second bursts of CS. The inmate calmed down and all force ceased. The inmate was showered, examined by medical, issued clean boxers and returned to a clean cell. Duty Warden Comerford has been notified of the conclusion and this incident was videotaped in compliance with rule.

.....
Action: Noted**Inmates Involved:**

WILLIAMS, FREDDIE	Y19428	CM II	N/A
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Staff Involved:

37940	ENGSTROM, JOEL D		N/A	
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Chemicals Used: Yes**Applicable Categories of Force**

E - To quell a disturbance

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12958

08/13/2013 08:30

TAYLOR C.I.

Update

Loss/Theft of Staff

ID/Badge/Uniforms

Other

At approximately 0830 hours, IOP Instructor Barbra Thomas-Reddick located her State Issued i.d. in her vehicle. Assistant Warden Sloan has been notified.

Ref: (EAC-2013-08-12908)

At approximately 0845 hours, IOP Instructor Barbra Thomas-Reddick misplaced her State Issued i.d. After a diligent search she could not locate her i.d and Duty Warden Colonel Collins has been notified.

Action: Noted.

EAC-2013-08-12957

08/13/2013 11:10

APALACHEE WEST UNIT

Life-Threatening Outside

Medical

Update

Open Bay Housing

At approximately 1110 hours, Inmate MARTIN BOYER 133999 was transported via EMS to Jackson County Hospital for the treatment of stroke. Nurse Parker authorized the transport, and the inmate's condition has been deemed life threatening. Duty Warden Felicia Nobles has been notified.

Update: At approximately 1616 hours, Inmate MARTIN BOYER 133999 was returned to the Apalachee East Unit infirmary.

Duty Warden Felicia Nobles has been notified.

Action: Noted

Inmates Involved:

BOYER, MARTIN	133999	NOT APPLICABLE	N/A
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EAC-2013-08-12956

08/13/2013 10:33

SUWANNEE C.I

Use of Force-Physical

CM-Close Management

Inmate DUANE VANDUYL W03563 was being escorted to E-Dorm when he became resistant and started snatching away from the custodial grasp of CO J COATES. The inmate was ordered to cease his actions, to no avail. Force became necessary and at approximately 1033 hours, CO J COATES grasped the inmate and redirected him to the ground. The inmate became compliant and all force ceased. The inmate was then assessed by medical staff and placed in AC pending DR. Duty Warden Landrum has been notified and this incident was videotaped in compliance with rule.

Action: Noted

Inmates Involved:

VANDUYL, DUANE	W03563	CM II	N/A	Injured
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Comments: sm laceration rt side temple of head

Staff Involved:

67950	COATES, J ANTHONY		N/A	
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Chemicals Used: No**Applicable Categories of Force**

F - To overcome an inmate's physical resistance to a lawful command

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12955

08/13/2013 09:41 CST

SANTA ROSA C.I.

Use of Force-Chemical
Agents

CM-Close Management

CM II Inmate DARRELL ROGERS #C02797 was causing a disturbance by beating and kicking his cell door. The inmate was ordered to cease his disruptive behavior or chemical agents would be applied. The inmate refused to comply. Assistant Warden Booker authorized the use of chemical agents. A review of the DC4-650B indicated no restrictions. At (time) hours, CO JOHN FIGUERREZ administered three, one-second bursts of OC. The inmate calmed down and all force ceased. The inmate was showered, examined by medical, issued clean clothing/linen and returned to a clean cell. Assistant Warden Booker has been notified of the conclusion and this incident was videotaped in compliance with rule.

Action: Noted.

Inmates Involved:

ROGERS, DARRELL	C02797	CM II	N/A
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Staff Involved:

54921	FIGUERREZ, JOHN G		N/A
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Chemicals Used: Yes**Applicable Categories of Force**

E - To quell a disturbance

EAC-2013-08-12954

08/13/2013 10:18

FLORIDA STATE PRISON

Use of Force-Chemical
Agents

Confinement

Inmate KEVIN JONES 618400 refused to remove his mattress from the cell door window. The inmate was ordered to cease his disruptive behavior or chemical agents would be applied. The inmate refused to comply. Duty Warden Jackson authorized the use of chemical agents. A review of the DC4-650B indicated no restrictions. At 1018 hours, Sgt ANDREW JOHNSON administered three, one-second bursts of OC. The inmate calmed down and all force ceased. The inmate was showered, examined by medical, issued clean boxers and returned to a clean cell. Duty Warden Jackson has been notified of the conclusion and this incident was videotaped in compliance with rule.

Action: Noted

Inmates Involved:

JONES, KEVIN	618400	CM I	N/A
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Staff Involved:

51325	JOHNSON, ANDREW J		N/A
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Chemicals Used: Yes**Applicable Categories of Force**

F - To overcome an inmate's physical resistance to a lawful command

(Late Report)**EAC-2013-08-12953**

08/12/2013 05:00

LIBERTY C.I.

Hunger Strike

Update

Medical Isolation/SHOS

On 8/12/13 at approximately 0500 hours, Medical Inmate EDDIE SMITH #773196 refused his ninth consecutive meal in medical. The inmate has not stated why he's refusing to eat and Warden Summers has been notified.

Update at 1149 hours:

At approximately 1145 hours, the inmate consumed his afternoon meal and Warden Summers has been notified.

Action: Notify on-call for Health Services, Collean D Acquisto, via page

Inmates Involved:

SMITH, EDDIE	773196	PENDING PROT.EVAL	N/A
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Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12952 08/13/2013 08:45 CST GULF C.I. Update K9-OS Assist/Criminal Other	Update: At approximately 0845 hours, the team returned with unsuccessful results. The age of the track was 1.25 hours and the length was 2.5 miles. Duty Warden Blackwood has been notified. EAC-2013-08-12935 At approximately 0050 hours, the K9 Unit was activated at Level I to assist Calhoun Co SO(Capt Godwin 850--643-8392)in locating a suspect with warrants. The team is manned by Sgt GREGORY KNOX ,CO WILLIAM HARRELL , CO DERRICK MCMILLION , LT SHANE SEMMES and CO CHRISTOPHER COBB , canines Hank, and Davey. Warden Blackwood and Regional Director Culpepper have been notified. Action: Noted																	
EAC-2013-08-12951 08/13/2013 08:15 CST CALHOUN C.I. Update K9-OS Assist/Criminal Other	Update: At approximately 0815 hours, the team returned with unsuccessful results. The age of the track was 1.25 hours and the length was 2.5 miles. Duty Warden Grice has been notified. EAC-2013-08-12936 At approximately 0050 hours, the K9 Unit was activated at Level I to assist Calhoun Co SO(Capt Godwin 850--643-8392)in locating a suspect with warrants. The team is manned by LT DARRYL O'BRYAN ,Sgt ANTHONY MILLARD , CO JEREMY NORRIS ,and CO JOHN BARTON , canines Duece, Thunder and Lolly Davey. Duty Warden Grice and Regional Director Culpepper have been notified. Action: Noted																	
EAC-2013-08-12950 08/13/2013 09:18 LOWELL C.I. Use of Force-Physical Compound General	Inmates FATRELL GAMBLES #M36677 was seen fighting Inmates LANA BOWLES #J29965 and SATOYA WATKINS #R68139 on the general compound. The inmates were ordered to cease their and they complied. Inmates BOWLES and WATKINS submitted to hand restraints and they were placed in AC pending DR. As Sgt. Donald Stanton attempted to placed Inmate GAMBLES in hand restraints she alluded his grasp. Force became necessary and at approximately 0918 hours, Sgt. Stanton grasped the inmate and redirected her to the ground. The inmate became compliant and all force ceased. The inmate was then assessed by medical staff and placed in AC pending DR. Warden Mazorra has been notified. Action: Noted. Inmates Involved: <table border="1" data-bbox="456 1266 1523 1381"> <tr> <td>BOWLES, LANA</td> <td>J29965</td> <td>NOT APPLICABLE</td> <td>N/A</td> </tr> <tr> <td>GAMBLES, FATRELL</td> <td>M36677</td> <td>NOT APPLICABLE</td> <td>N/A</td> </tr> <tr> <td>WATKINS, SATOYA</td> <td>R68139</td> <td>NOT APPLICABLE</td> <td>N/A</td> </tr> </table> Staff Involved: <table border="1" data-bbox="456 1419 1523 1461"> <tr> <td>41530</td> <td>Stanton, Donald R</td> <td></td> <td>N/A</td> <td></td> </tr> </table> Chemicals Used: No Applicable Categories of Force F - To overcome an inmate's physical resistance to a lawful command	BOWLES, LANA	J29965	NOT APPLICABLE	N/A	GAMBLES, FATRELL	M36677	NOT APPLICABLE	N/A	WATKINS, SATOYA	R68139	NOT APPLICABLE	N/A	41530	Stanton, Donald R		N/A	
BOWLES, LANA	J29965	NOT APPLICABLE	N/A															
GAMBLES, FATRELL	M36677	NOT APPLICABLE	N/A															
WATKINS, SATOYA	R68139	NOT APPLICABLE	N/A															
41530	Stanton, Donald R		N/A															
EAC-2013-08-12949 08/13/2013 09:45 SUWANNEE C.I. Update Loss/Theft of Department Vehicles or Equipment Other	At approximately 0945 gas card for DC vehicle #8890 was located and Duty Warden Major Geiger has been notified. Ref: (EAC-2013-08-12928) At approximately 2030 hours, during a routine inventory search gas card for DC vehicle #8890 was unaccounted for. A search has been conducted to no avail. Duty Warden Major Geiger has been notified. Action: Noted.																	

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12948		(Late Report)	
08/12/2013 21:40	ORLANDO CIRCUIT	At approximately 2140 hours, on 08/12/2013 offender NOEL MARTINEZ 537790 was arrested for a Violation of Probation. The arresting agency was the Orange CO SO and the offender is being housed in the Orange Co jail. VOP has been processed and no additional charges were added. The offender was on probation for dealing in stolen property and trafficking illegal drugs. Regional Operations Manager Wilkins has been notified.	
Felony Activity of Offenders on Community Supervision	Other	Action: Broadcast Page to Community Corrections Felony Activity Group	
Inmates Involved:			
MARTINEZ, NOEL	537790	N/A	
Comments: NO INJURY			
Staff Involved:			
8940	HARRIS, STEVEN M	N/A	
Chemicals Used: No			
Applicable Categories of Force			
F - To overcome an inmate's physical resistance to a lawful command			
EAC-2013-08-12947		Per an inmate grievance at 0915 hours, Confinement Inmate ERICK EDOUARD #L58535 alleged that Confinement Inmate ALEXIS FAJARDO #T55051 masturbated in front of him across the hall on E-Wing. The inmate alleged this incident occurred on 08/5/13. The inmate was not examined by medical and Duty Warden Major Taylor has been notified.	
PR-X205-13-0049	08/13/2013 09:15	Action: Noted.	
FLORIDA STATE PRISON	PREA-Prison Rape Elimination Act	Inmates Involved: PREA Medical Exam: Institutional Medical	
Confinement		EDOUARD, ERICK	L58535 CM II Victim
		FAJARDO, ALEXIS	T55051 CM I Perpetrator
EAC-2013-08-12946		Per an inmate grievance at 0715 hours, CM I DEMETRIC MARINE alleged that Senior LPN CINDY MELO has allowed him to masturbate in front of her and flirt by making sexual gestures in F-Dorm. Warden Comerford has been notified.	
PR-X119-13-0088	08/13/2013 07:15 CST	Action: Noted.	
SANTA ROSA C.I.	PREA-Prison Rape Elimination Act	Inmates Involved: PREA Medical Exam: Institutional Medical	
CM-Close Management		MARINE, DEMETRIC	377706 CM I Victim
		61204 MELO, CINDY C	Perpetrator
EAC-2013-08-12945		The fixed-wing cameras in Confinement, U-Dorm malfunctioned at approximately 0742 hours. The malfunctioning component is a loose wire. Maintenance has been notified and the hand-held cameras are on stand-by. Duty Warden Andrews has been notified.	
08/13/2013 07:42	UNION C.I.	Action: Broadcast page to Fixed Camera/Recorder Malfunction Group	
Fixed Camera/Recorder Malfunction	Confinement		

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12944 08/13/2013 08:45 COLUMBIA C.I. Update Loss/Theft of Department Vehicles or Equipment Other	At approximately 0845 hours, key ring #70 was located and Duty Warden Colonel Godwin has been notified. Ref: (EAC-2013-08-12931) At approximately 1930 hours, during a routine inventory search key ring #70 ,gate lock was unaccounted for. A search has been conducted to no avail. Duty Warden Col Godwin has been notified. Action: Noted.
EAC-2013-08-12943 08/13/2013 08:30 COLUMBIA ANNEX Update Loss/Theft of Department Vehicles or Equipment Other	Update: At approximately 0830 hours, key ring #70 was located. Duty Warden Col Godwin has been notified. EAC-2013-08-12931 At approximately 1930 hours, during a routine inventory search key ring #70 ,gate lock,was unaccounted for. A search has been conducted to no avail. Duty Warden Col Godwin has been notified. Action: Noted
EAC-2013-08-12942 08/13/2013 08:05 TAYLOR C.I. Loss/Theft of Staff ID/Badge/Uniforms Update Other	At approximately 0805 hours, R.N. TONIE SINGLETARY realized she misplaced her State Issued i.d. After a diligent search she could not locate her i.d. and Assistant Warden Sloan has been notified. Update: At approximately 0835 hours, the state ID was located. Duty Warden Sloan has been notified. Action: Noted.
Other Persons Involved:	
SINGLETARY, TONIE	Contracted Staff N/A

Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

EAC-2013-08-12941

08/13/2013 07:00

FLORIDA STATE PRISON

Use of Force-Physical

Confinement

Inmate SAINT WALKER M56046 was being placed back in his cell and refused to allow the flap to be secured. Sgt RANDY MCCORD ordered the inmate to remove his hands to secure the flap. The inmates left cuff was removed and the inmate was ordered to face Sgt RANDY MCCORD so the right cuff could be removed. The inmate grabbed Sgt RANDY MCCORD left hand and pulled away. Force became necessary and at 0700 hours, Sgt RANDY MCCORD grasped the inmate SAINT WALKER M56046 right hand, applied pressure and removed the cuff. The inmate became compliant and all force ceased. The inmate refused medical and was examined visually and placed in AC pending DR. Duty Warden Major Smith has been notified and this incident was videotaped in compliance with rule.

Action: Noted

Inmates Involved:

WALKER, SAINT	M56046	MAXIMUM MANAGEMENT	N/A	Injured
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Comments: Visual rt hand left that 1 cm abrasion

Staff Involved:

38975	MCCORD, RANDY ALVA		N/A	
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Chemicals Used: No**Applicable Categories of Force**

F - To overcome an inmate's physical resistance to a lawful command

EAC-2013-08-12940

08/13/2013 06:45

CENTRAL OFFICE

Duty Officer ON/OFF Duty

Other

Duty Officer K. Taft off-duty; relieved by Duty Officer C. Davis

Action: Seal #0875723 intact on the lock box.

Reviewed the duty logs for the previous 12 hours and made updates as necessary.

Staff Involved:

71042	TAFT, KATHLEEN L		N/A	
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EAC-2013-08-12939

08/13/2013 06:55

CENTRAL OFFICE

Duty Officer ON/OFF Duty

Other

Duty officer Taylor on duty relieving duty officer Davis.

Action: Seal number 0875723 in tact on lock box. Will make updates as necessary.

Staff Involved:

50980	TAYLOR, WILLARD		N/A	
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EAC-2013-08-12938

08/13/2013 06:59

CENTRAL OFFICE

Duty Officer ON/OFF Duty

Other

Duty Officer Davis off duty.

Action: Noted.

Staff Involved:

62387	DAVIS, CHARLES E		N/A	
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Emergency Action Center Duty Officer Log**Date: 08/13/2013 6:00 Thru 08/14/2013 5:59****Protected Health Information Displayed****(Late Report)****EAC-2013-08-12937**

08/12/2013 03:45

WAKULLA C.I.

Other

Medical/Infirmary

At approximately 0345 hours on 8/12/13, CO MYKAH TAYLOR was injured by hot water in food services. Duty Warden Swier and Optacomp have been notified.

.....
Action: Noted.

Staff Involved:

67939	TAYLOR, MYKAH A		N/A	
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Emergency Action Center Duty Officer Log

Date: 08/13/2013 6:00 Thru 08/14/2013 5:59

Protected Health Information Displayed

Totals

Other Counts

Not Reviewed By Adminitstrator: 0

Incidents By Type

Assault/Battery on Staff: 1

Discovery of Cell Phones/Remote
Communication Equipment: 4

Duty Officer ON/OFF Duty: 6

Felony Activity of Offenders on Community
Supervision: 1

Fixed Camera/Recorder Malfunction: 1

FPC Hit Confirmation: 3

Hunger Strike: 2

Inmate Arrest: 1

Inmate Natural Death: 1

K9-OS Assist/Criminal: 2

K9-OS Assist/Missing Child: 1

Life-Threatening Outside Medical: 5

Loss/Theft of Department Vehicles or
Equipment: 4

Loss/Theft of Staff ID/Badge/Uniforms: 4

Minor Disturbance: 1

Other: 2

PREA-Prison Rape Elimination Act: 11

Self-Injurious Behavior, Non-Life
Threatening: 4

Staff Outside Medical: 2

Termination/Transfer from WRC: 2

Update: 13

Use of Force-Cell Extraction: 2

Use of Force-Chemical Agents: 14

Use of Force-Physical: 6

Use of Force-Physical & Chemical Agents: 1

From: [Vicki S Brand](#)
To: [Antonacci, Peter](#)
Cc: [Bax, Laura](#); [Kristen Wilson](#)
Subject: First DCA JNC Nominees
Date: Tuesday, June 11, 2013 8:12:06 AM
Attachments: [13Governorrenominationltr - Bookman & Glazer.pdf](#)
[Cerio, Timothy M.pdf](#)
[Pleat, David B..pdf](#)
[Wolf, LoLen R..pdf](#)
[Donnelly, Paul A.pdf](#)
[Messer, James E., Jr.pdf](#)
[Rollini, Gigi.pdf](#)

Hi Pete,

Here are the documents that seem to be lost:

Vicki

Vicki S. Brand
Assistant to the Executive Director
The Florida Bar
651 E. Jefferson Street
Tallahassee, FL 32399-2300
850/561-5758 Fax: 850/561-9405



The Florida Bar



Gwynne A. Young
President

John F. Harkness, Jr.
Executive Director

Eugene K. Pettis
President-Elect

June 3, 2013

The Honorable Rick Scott
Governor, State of Florida
PL - The Capitol
Tallahassee, Florida 32399-0001

Re: Florida Bar Nominees for First DCA Judicial Nominating Commission

Dear Governor Scott:

Pursuant to the letter from your General Counsel on April 16, 2013, below are two lists as requested of three different candidates for two vacancies on the First District Court of Appeal Judicial Nominating Commission. The Florida Bar solicited and strongly encouraged all attorneys to apply for these vacancies. Below please find our list of nominees as approved by our Board of Governors at its meeting on May 31, 2013.

1st DCA (2014 – Bookman seat)

Timothy M. Cerio, Tallahassee
David B. Pleat, Sandestin
JoLen R. Wolf, Tallahassee

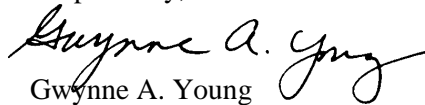
1st DCA (2016 – Glazer seat)

Paul A. Donnelly, Gainesville
James E. Messer, Jr., Tallahassee
Gigi Rollini, Tallahassee

Each nominee has agreed to serve, if selected, and each has expressed an interest in the extremely important work of Florida's Judicial Nominating Commissions. For your information in reviewing these nominees, we are sending a completed application form for each nominee to your General Counsel's Office.

If I can be of any further assistance, please do not hesitate to contact me or our Executive Director Jack Harkness.

Respectfully,


Gwynne A. Young

cc: Mr. Peter Antonacci, Governor's General Counsel (w/encs.)
Mr. Eugene K. Pettis, President-elect
Mr. Gregory Coleman, President-elect Designate
Mr. John F. Harkness, Jr., Executive Director
The Florida Bar Board of Governors
Ms. Vicki Brand



Cerio, Timothy M.
1st DCA, 2nd Circuit
Tallahassee
w/m NG 4/4/11

JUDICIAL NOMINATING COMMISSION APPLICATION FOR APPOINTMENT

DATE: 03/06/13

E-mail: Tim.Cerio@gray-robinson.com

1. Name: Timothy M. Cerio

Attorney #: 0076589

2. Judicial Nominating Commission(s) requested: First District Court of Appeal

(Specify whether Supreme Court, District Court of Appeal or Circuit - list all that apply)

3. Are you applying for reappointment? Yes ☐ No ☒

4. Number of years admitted to The Florida Bar: 16

5. Home Location: (list all) Tallahassee \ Leon \ 2nd \ 1st
City County Circuit DCA

6. FL Driver's License #: s. 97.0585(1)(c) F.S. Social Security #: s. 119.071(5)(a) F.S. Age: 43

7. Have you ever used or been known by another legal name? Yes ☐ No ☒ If Yes, explain:

8. List primary areas of practice Healthcare/Administration/Government

*9. Sex: Male ☒ Female ☐

*10. Race: White, Non-Hispanic ☒ Native American / Alaskan Native ☐
Hispanic American ☐ Asian / Pacific Islander ☐
African-American ☐

11. How did you learn of this vacancy? Announcement distributed via web.

12. Can you discharge the responsibilities of this position, with or without accommodation? Yes ☒ No ☐

13. Commissioners are subject to Florida Financial Disclosure Laws. Are you willing to file the appropriate forms?
Yes ☒ No ☐ The form can be viewed at www.ethics.state.fl.us, Form 1 and is required after appointment.

14. Cellular Telephone Number: 813-784-5656

* This information will be used to provide demographic statistics and is not requested for the purposes of discriminating on any basis.

QUESTIONNAIRE FOR JNC APPOINTMENT

PLEASE TYPE OR PRINT
SUBMIT A SEPARATE QUESTIONNAIRE FOR EACH APPOINTMENT

03/07/13

DATE COMPLETED

1. Name: Mr. Cerio Timothy M.
 Mr./Mrs./Ms. LAST FIRST MIDDLE / MAIDEN

2. Business Address: 301 S. Bronough Street 600 Tallahassee
 STREET SUITE # CITY
 Florida 32301 850-577-9090

POST OFFICE BOX STATE ZIP CODE AREA CODE / PHONE NUMBER

3. Employer, Firm or Agency: GrayRobinson, P.A.

4. Residence Address: 3248 Whitman Way Tallahassee Leon
 STREET CITY COUNTY
 Florida 32311 850-402-0352

POST OFFICE BOX STATE ZIP CODE AREA CODE / PHONE NUMBER

Specify the preferred mailing address: Business ☒ Residence ☐ Fax#: 850-577-3311

5. A. List all your places of residence during the last five (5) years.
 ADDRESS CITY & STATE FROM TO
 3248 Whitman Way Tallahassee, Florida August 2005 Present

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.
 ADDRESS CITY & STATE FROM TO

N/A

6. Since what year have you been a continuous resident of Florida: 1973

7. Are you a United States citizen? Yes ☒ No ☐ If No, explain:

If you are a naturalized citizen, date of naturalization:

8. Date of Birth: 10-18-69 Place of Birth: Barberton, Ohio

9. Social Security Number: s. 119.071(5)(a) F.S.

10. Driver's License Number: s. 97.0585(1)(c) F.S.

11. Are you a registered Florida voter? Yes ☒ No ☐ County of registration: Leon

12. Education

A. High School: Southeast High, Bradenton, Florida Year Graduated: 1987
(NAME AND LOCATION)

B. List all post-secondary educational institutions attended:
NAME & LOCATION DATES ATTENDED CERTIFICATES / DEGREES RECEIVED
University of Florida; August 1987 - December 1995. B.A. Political Science, Minor in Economics, J.D. with Honors.

13. Are you or have you ever been a member of the armed forces of the United States? Yes ☐ No ☒
If Yes, list:

A. Dates of service: _____
B. Branch or component: _____
C. Date and type of discharge: _____

14. I am presently: Sole practitioner ☐ In a 2-10 lawyer office ☐ In a 11-35 lawyer office ☒ In a 35+ lawyer office ☐
Other ☐ Please explain:

Eleven (11) lawyer practice in the Tallahassee office of GrayRobinson, P.A. State-wide the firm has over 280 lawyers.

15. Admitted to practice before which courts?

U.S. Middle District Court of Florida; U.S. Northern District Court of Florida; U.S. Court of Appeals for the Federal Circuit;
U.S. Court of Federal Claims; U.S. Court of Appeals for the Eleventh Circuit.

16. I practice predominately in the following fields (if trial, specify plaintiff / prosecution or defense):

Administrative Law; Healthcare; State Government.

17. List any area(s) of certification:

N/A

18. List any Florida Bar appointments presently held or previously held within the past three (3) years:

None in the last three (3) years. Previously: Student Education and Admissions to the Bar Committee of The Florida Bar, 1996 - 2002; Chairman 200 - 2002; Board of Governors, The Florida Bar Young Lawyers Division, 2001 - 2002.

19. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation or ordinance? Yes ☐ No ☒ If Yes, give details: Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.

DATE	PLACE	NATURE	DISPOSITION
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20. Concerning your current employer, and for all your employment during the last five (5) years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME AND ADDRESS	TYPE OF BUSINESS	OCCUPATION / JOB TITLE	PERIOD OF EMPLOYMENT
GrayRobinson, P.A. 301 S. Bronough Street, Suite 600 Tallahassee, FL 32301	Law Firm	Shareholder	November 2007 - Present

21. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes ☒ No ☐

If Yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:
POSITION EMPLOYING AGENCY PERIOD OF EMPLOYMENT

General Counsel, Florida Department of Health, January 2005 - January 2007

Chief of Staff, Florida Department of Health, January 2007 - October 2007

22. Do you now, or have you, within the last three (3) years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin, or gender? If so, detail the name and the nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Governor.

No

23. List any memberships in any national or local bar associations (include dates of services and any office held).

ASSOCIATION

DATES OF SERVICE(S)

OFFICE(S) HELD

Hillsborough County Bar Association, Young Lawyers Division, Board of Directors 1998 - 2000; President 2000 - 2001

Hillsborough County Bar Association, Board of Directors; 2000 - 2001

24. Do you currently hold an office or position (appointive, civil service or other) with the federal or any foreign government? Yes ☐ No ☒ If Yes, explain:

25. A. Have you ever been elected or appointed to any public office in this state? Yes ☒ No ☐ If Yes, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE HELD

DATE OF ELECTION

TERM OF OFFICE

LEVEL OF GOVERNMENT

Florida Board of Regents (Student Member); Appointed by Governor Lawton Chiles 09/01/91 - 08/31/92; State

- B. If your service was on an appointed board(s), commission(s), committee(s), or council(s):

1. How frequently were meetings scheduled? Bi-Monthly

2. If you missed any of the regularly schedule meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

MEETINGS ATTENDED

MEETINGS MISSED

REASON FOR ABSENCE

Attended all meetings.

26. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No ☒ If "Yes," give details:

DATE

NATURE OF VIOLATION

DISPOSITION

27. Have you ever been suspended from any office by the Governor of the State of Florida? Yes ☐ No ☒
If Yes, list:

A. Title of office:

C. Reason for suspension:

B. Date of suspension:

D. Result: Reinstated ☐ Removed ☐ Resigned ☐

28. Have you previously been appointed to any office that required confirmation by the Florida Senate?
Yes ☒ No ☐ If Yes, list:

A. Title of office: Florida Board of Regents (Student Member)

B. Term of appointment: September 1, 1991 - August 31, 1992

C. Confirmation results: Confirmed.

29. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ☐ No ☒ If Yes, explain:

30. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ☒ No ☐ If Yes, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>LICENSE / CERTIFICATE</u> <u>TITLE & NUMBER</u>	<u>ORIGINAL</u> <u>ISSUE DATE</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION / DATE</u>
0076589	04/26/96	The Florida Bar	N/A

31. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☒ No ☐

If Yes, explain:

<u>NAME OF BUSINESS</u>	<u>YOUR RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS RELATIONSHIP TO AGENCY</u>
GrayRobinson, P.A.	Shareholder	Legal Counsel

GrayRobinson, P.A.

Shareholder

Legal Counsel

The firm regularly represents municipalities, districts and counties; the Florida Secretary of State in election law matters; the Florida House of Representatives in redistricting; and the Florida Prepaid College Board.

32. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒

If Yes, explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS RELATIONSHIP</u> <u>TO AGENCY</u>
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33. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ☒ No ☐

A. Did you receive any compensation other than reimbursement for expenses? Yes ☒ No ☐

B. Name the agency or entity you lobbied for and the principal(s) represented:

AGENCY LOBBIED

PRINCIPAL REPRESENTED

Please see Attachment A.

34. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE / PHONE NUMBER</u>
Edwin A. Scales, III	Edwin Scales, III, P.A. 201 Front Street, Suite 333 Key West, Florida	33040	305-292-8950
Charles T. Wells	GrayRobinson, P.A. 301 E. Pine Street, Suite 1400 Orlando, Florida	32801	407-843-8880
Robert Jerry, Dean	Fredric G. Levin College of Law Office of the Dean 264 Holland Hall Spessard L. Holland Law Center Gainesville, FL	32611	352-273-0600

35. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME

ADDRESS

OFFICE(S) HELD & TERM

DATE(S) OF MEMBERSHIP

Please see Attachment B.

36. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ☒ If Yes, explain:

37. State your experiences and interests or elements of your personal history that qualify you for this appointment.

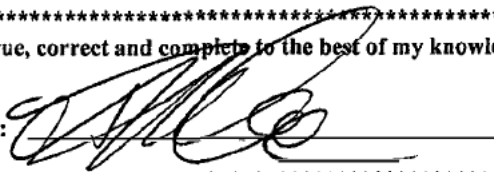
I care very much about the quality of our judiciary, and our profession. Both will erode, as will our freedoms, if we do not elevate to the bench women and men dedicated to the proposition that judging should be impartial, grounded in law and fact, and independent from the pressures of politics or shifting public opinion. My legal practice brings me in contact with not only our bench, but also legislators and our executive branch. Accordingly, I truly appreciate the delicate balance required to preserve separation of powers in government, whether it be state or federal. I also have an appreciation for public servants—in all three branches of government—who are likeminded about preserving this balance. Importantly, a good judge was first a good lawyer, and a good lawyer is developed through a sound legal education and, in my opinion, sound mentoring. The more time we can spend cultivating young lawyers the better our bar—and our bench—will become. Sadly, the reverse is also true. Therefore, when choosing to become involved in activities outside the office, I have gravitated toward opportunities related to legal education and the mentoring of law students. As a member, and later chair, of the Student Education and Admissions to the Bar Committee, I and my colleagues tackled some politically thorny issues related to accreditation and the promotion of the best educational opportunities for students studying law in the State of Florida. I have also tried to give back by mentoring law students in my capacity as a Trustee of the UF Law College Alumni Board and as President of the UF Law Alumni Council.

Under penalty of perjury, I declare the foregoing facts are true, correct and complete to the best of my knowledge and belief.

Date:

March 7, 2013

Signature:



RETURN COMPLETED APPLICATION TO:

EXECUTIVE DIRECTOR, THE FLORIDA BAR
651 EAST JEFFERSON STREET
TALLAHASSEE, FLORIDA 32399-2300
Fax: 850/561-5826

Attachment A
Judicial Nominating Commission Application for Appointment

Timothy M. Cerio

33 B. Name the agency or entity you lobbied for and the principal(s) you represented:

LEGISLATIVE BRANCH

Actavis, Inc.
American Cancer Society Cancer Action Network and its Affiliates
American Cancer Society, Florida Division, Inc.
Andrx Pharmaceuticals, Inc. D/B/A Watson Laboratories – Florida
Biometric Technologies, Inc.
Darden Restaurants, Inc.
Department of Health
Florida Academy of Pain Medicine
Florida Association of Health Plans, Inc.
Florida's Vision Quest, Inc.
Interactive Travel Services Association
Meadowbrook, Inc.
MedSolutions, Inc.
Millennium Laboratories, Inc.
Naples Community Hospital
North Broward Hospital District
Public Consulting Group
Rx Consulting, Inc.
Rx Development Associates, Inc.
Shands Teaching Hospital & Clinics, Inc.
Travel Tech: The Travel Technology Association
Unisys Corporation
Walgreens Company
Watson Laboratories, Inc. – Florida
WellCare Health Plans, Inc.
Woolridge Investment, LLC

EXECUTIVE BRANCH

Actavis, Inc.
American Cancer Society Cancer Action Network and its Affiliates
American Cancer Society, Florida Division, Inc.
Andrx Pharmaceuticals, Inc. D/B/A Watson Laboratories – Florida
Biometric Technologies, Inc.
CB Richard Ellis, Inc.
Darden Restaurants, Inc.
Florida Academy of Pain Medicine

Florida Association of Health Plans, Inc.
Florida's Vision Quest
Interactive Travel Services Association
MedSolutions, Inc.
Millennium Laboratories, Inc.
Naples Community Hospital, Inc.
North Broward Hospital District
Orlando Magic
Public Consulting Group
Rx Consulting, Inc.
Rx. Development Associates, Inc.
Shands Teaching Hospital and Clinics, Inc.
Travel Tech: The Travel Technology Association
Unisys Corporation
Walgreens Company
Watson Laboratories, Inc-Florida
WellCare Health Plans, Inc.
Woolridge Investment, LLC

Attachment B
Judicial Nominating Commission Application for Appointment

Timothy M. Cerio

35. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

EXPERIENCE

Tim focuses his practice on health care and health care regulation; government affairs; administrative law, including representation of clients in regulatory, administrative, and quasi-judicial proceedings; and complex litigation in state and federal courts.

Tim previously served as General Counsel of the Florida Department of Health. With over 16,000 employees and a 2.8 billion-dollar budget, the Florida Department of Health is responsible for regulating all licensed health care practitioners, and delivering public health services, throughout the State of Florida. As General Counsel, Tim provided advice and counsel to the Secretary and other Department leaders on legal issues impacting the operation and administration of the Department of Health, and managed and supervised the activities of a state-wide team of over 75 lawyers under the Office of the General Counsel. Tim was later named Chief of Staff of the Department. As Chief of Staff, Tim functioned as the chief operations officer for the Department of Health and served as the Secretary's primary strategic liaison with the Executive Office of the Governor and other governmental and community partners.

BACKGROUND

Tim was raised in Bradenton, Florida, and received his B.A. degree in Political Science from the University of Florida in 1990. During his tenure at the University, Tim was appointed by Governor Lawton Chiles to serve as the Student Member of the Florida Board of Regents. As a Regent, Tim created and chaired the State University System Minority Student Retention Task Force. Additionally, Tim received the Outstanding Male Leader award for his graduating class, was a member of the Florida Blue Key leadership honorary, and was elected to the University of Florida Hall of Fame. Tim earned his J.D. degree, with honors, from the University of Florida College of Law in 1995. During law school, Tim was a member of the Florida Law Review Editorial Board. Tim also served as a law clerk to the Honorable Thomas G. Wilson, United States Magistrate Judge for the Middle District of Florida.

PROFESSIONAL

Admitted to practice in all Florida state courts, as well as the United States District Courts for the Northern and Middle Districts of Florida, the United States Court of Federal Claims, and the Eleventh and Federal Circuit Courts of Appeals.

- The Florida Bar
 - Health Law Section (2008 – Present)
 - Administrative Law Section (2008 – Present)
 - Young Lawyers Division Board of Governors (2001 – 2002)
 - Student Education and Admissions to the Bar Committee (Chairman, 2000 – 2002)
- Hillsborough County Bar Association
 - Young Lawyers Division (President, 2000 – 2001)
 - HCBA Legislative Liaison (2002 – 2004)

EDUCATION

- University of Florida College of Law, J.D. (with honors, 1995)
 - The Florida Law Review, Editorial Board
- University of Florida, B.A. (1990)
 - Student Member, Florida Board of Regents
 - Chairman, State University System Minority Student Retention Task Force
 - University of Central Florida Presidential Search Committee
 - Florida Blue Key leadership honorary
 - Director of Student Lobbying/Government Relations
 - UF Outstanding Male Leader Award
 - University of Florida Hall of Fame
 - President, Phi Delta Theta Fraternity
 - Bill Fleming Memorial Award for Outstanding Service to the University Community

CIVIC

- Leadership Florida, Class XXX
- University of Florida Alumni Association Board of Directors (2007 – Present)
- University of Florida Law College Alumni Board of Trustees (2009 – Present)
- University of Florida College of Law Alumni Council (1996 – 2009; President, 2005 – 2006)
- Florida Blue Key Alumni Advisory Board (2006 – Present)
- Outstanding Young Alumnus Award, University of Florida (2006)
- UF Student Affairs Development Board (2008 – Present)
- The Tampa Gator Club (1995 – 2003; President, 1999 – 2000)
- Leadership Tampa (Class of 2003)



Pleat, David B.
1st DCA
Sandestin
w/m NG 53/18

JUDICIAL NOMINATING COMMISSION APPLICATION FOR APPOINTMENT

DATE: May 1, 2013

E-mail: david@pleatperry.com

1. Name: David Brand Pleat

Attorney #: 59773

2. Judicial Nominating Commission(s) requested: First District Court of Appeals Judicial Nominating Committee

(Specify whether Supreme Court, District Court of Appeal or Circuit - list all that apply)

3. Are you applying for reappointment? Yes ☐ No ☒

4. Number of years admitted to The Florida Bar: 18

5. Home Location: (list all) Sandestin \ Walton \ First \ First
City County Circuit DCA

6. FL Driver's License #: S. 97.0585(1)(c) F.S. Social Security #: S. 119.071(5)(a) F.S. Age: 53

7. Have you ever used or been known by another legal name? Yes ☐ No ☒ If Yes, explain:

8. List primary areas of practice

*9. Sex: Male ☒ Female ☐

*10. Race: White, Non-Hispanic ☒ Native American / Alaskan Native ☐
Hispanic American ☐ Asian / Pacific Islander ☐
African-American ☐

11. How did you learn of this vacancy? Escambia-Santa Rosa Bar Association Release

12. Can you discharge the responsibilities of this position, with or without accommodation? Yes ☒ No ☐

13. Commissioners are subject to Florida Financial Disclosure Laws. Are you willing to file the appropriate forms?

Yes ☒ No ☐ The form can be viewed at www.ethics.state.fl.us, Form 1 and is required after appointment.

14. Cellular Telephone Number: 850-974-2800

* This information will be used to provide demographic statistics and is not requested for the purposes of discriminating on any basis.

QUESTIONNAIRE FOR JNC APPOINTMENT

PLEASE TYPE OR PRINT
 SUBMIT A SEPARATE QUESTIONNAIRE FOR EACH APPOINTMENT

April 23, 2013

DATE COMPLETED

1. Name: Mr.,	Pleat,	David	B.
Mr./Mrs./Ms.	LAST	FIRST	MIDDLE / MAIDEN
2. Business Address:	4477 Legendary Drive,	Suite 202,	Destin,
	STREET	SUITE #	CITY
N/A	FL	32541	(850) 650-0599
POST OFFICE BOX	STATE	ZIP CODE	AREA CODE / PHONE NUMBER
3. Employer, Firm or Agency:	Pleat, Perry & Ritchie, P.A.		
4. Residence Address:	2910 Loblolly Court,	Sandestin,	Walton
	STREET	CITY	COUNTY
N/A	FL	32550	(850) 622-1798
POST OFFICE BOX	STATE	ZIP CODE	AREA CODE / PHONE NUMBER

Specify the preferred mailing address: Business ☒ Residence ☐ Fax#: _____

5. A. List all your places of residence during the last five (5) years.

ADDRESS	CITY & STATE	FROM	TO
2910 Loblolly Court	Sandestin, FL	2006	Present

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

ADDRESS	CITY & STATE	FROM	TO
1844 Quince Orchard Lane	N. Potomac, Maryland	1990	1995
Cape Jasmine Way	Gaithersburg, Maryland	1987	1990

6. Since what year have you been a continuous resident of Florida: 1995

7. Are you a United States citizen? Yes ☒ No ☐ If No, explain:

If you are a naturalized citizen, date of naturalization:

8. Date of Birth: 09/15/1959 Place of Birth: Bethesda, MD

9. Social Security Number: s. 119.071(5)(a) F.S.

10. Driver's License Number: s. 97.0585(1)(c) F.S.

11. Are you a registered Florida voter? Yes ☒ No ☐ County of registration: Walton

12. Education

A. High School: Woodward High School Year Graduated: 1977
(NAME AND LOCATION)

B. List all post-secondary educational institutions attended:

<u>NAME & LOCATION</u>	<u>DATES ATTENDED</u>	<u>CERTIFICATES / DEGREES RECEIVED</u>
Duquesne University Pittsburgh, P.A.	1978-1981	Undergraduate
University of Baltimore School of Law Baltimore, Maryland	1982-1985	J.D.

13. Are you or have you ever been a member of the armed forces of the United States? Yes ☐ No ☒

If Yes, list:

A. Dates of service: _____
B. Branch or component: _____
C. Date and type of discharge: _____

14. I am presently: Sole practitioner ☐ In a 2-10 lawyer office ☒ In a 11-35 lawyer office ☐ In a 35+ lawyer office ☐
Other ☐ Please explain: _____

15. Admitted to practice before which courts?

District of Columbia; U.S. District Court, Maryland; Maryland; Florida; Northern District of Florida

16. I practice predominately in the following fields (if trial, specify plaintiff / prosecution or defense):

Civil Trial, Plaintiff and Defendant, Insurance Defense, Personal Injury, Real Estate, Commercial and Association

17. List any area(s) of certification:

None.

18. List any Florida Bar appointments presently held or previously held within the past three (3) years:

First Judicial Circuit Grievance Committee of the Florida Bar

19. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation or ordinance? Yes ☒ No ☐ If Yes, give details: Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>
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20. Concerning your current employer, and for all your employment during the last five (5) years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

<u>EMPLOYER'S NAME AND ADDRESS</u>	<u>TYPE OF BUSINESS</u>	<u>OCCUPATION / JOB TITLE</u>	<u>PERIOD OF EMPLOYMENT</u>
Pleat, Perry & Ritchie, P.A. 4477 Legendary Drive, Suite 202 Destin, FL 32541	Law Firm	Shareholder/Attorney	1996 - Present

21. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes ☐ No ☒

If Yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<u>POSITION</u>	<u>EMPLOYING AGENCY</u>	<u>PERIOD OF EMPLOYMENT</u>
-----------------	-------------------------	-----------------------------

22. Do you now, or have you, within the last three (3) years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin, or gender? If so, detail the name and the nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Governor.

No.

23. List any memberships in any national or local bar associations (include dates of services and any office held).

<u>ASSOCIATION</u>	<u>DATES OF SERVICE(S)</u>	<u>OFFICE(S) HELD</u>
Association of Florida Trial Lawyers	1/04 - Present	None
Okaloosa County Bar Association	9/95 - Present	None
Walton County Bar Association	6/12 - Present	None
Escambia/Santa Rosa Bar Association	2/12 - Present	None

24. Do you currently hold an office or position (appointive, civil service or other) with the federal or any foreign government? Yes ☐ No ☒ If Yes, explain:

25. A. Have you ever been elected or appointed to any public office in this state? Yes ☐ No ☒ If Yes, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<u>OFFICE HELD</u>	<u>DATE OF ELECTION</u>	<u>TERM OF OFFICE</u>	<u>LEVEL OF GOVERNMENT</u>
--------------------	-------------------------	-----------------------	----------------------------

B. If your service was on an appointed board(s), commission(s), committee(s), or council(s):

1. How frequently were meetings scheduled?

2. If you missed any of the regularly schedule meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

<u>MEETINGS ATTENDED</u>	<u>MEETINGS MISSED</u>	<u>REASON FOR ABSENCE</u>
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26. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No ☒ If "Yes," give details:

<u>DATE</u>	<u>NATURE OF VIOLATION</u>	<u>DISPOSITION</u>
-------------	----------------------------	--------------------

27. Have you ever been suspended from any office by the Governor of the State of Florida? Yes ☐ No ☒ If Yes, list:

A. Title of office:

C. Reason for suspension:

B. Date of suspension:

D. Result: Reinstated ☐ Removed ☐ Resigned ☐

28. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes ☐ No ☒ If "Yes," list:

A. Title of office:

B. Term of appointment:

C. Confirmation results:

29. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ☐ No ☒ If Yes, explain:

30. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ☒ No ☐ If Yes, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>LICENSE / CERTIFICATE</u> <u>TITLE & NUMBER</u>	<u>ORIGINAL</u> <u>ISSUE DATE</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION / DATE</u>
Fla. Bar No. 59773	9/95	Florida Bar	None

31. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒

If Yes, explain:

<u>NAME OF BUSINESS</u>	<u>YOUR RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS RELATIONSHIP TO AGENCY</u>
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32. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒

If Yes, explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S</u> <u>RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS RELATIONSHIP</u> <u>TO AGENCY</u>
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33. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ☐ No ☒

A. Did you receive any compensation other than reimbursement for expenses? Yes ☐ No ☐

B. Name the agency or entity you lobbied for and the principal(s) represented:

<u>AGENCY LOBBIED</u>	<u>PRINCIPAL REPRESENTED</u>
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34. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE / PHONE NUMBER</u>
Dave Rauschkolb	P.O. Box 611602, Rosemary Beach, FL	32461	(850) 685-1061
Brian Anderson	161 Old Beach, Rd, Santa Rosa Beach, FL	32459	(850) 622-1724
David Barton	253 Leaning Pine Loop, Destin, FL	32541	(850) 837-3580

35. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE(S) HELD & TERM</u>	<u>DATE(S) OF MEMBERSHIP</u>
Okaloosa Bar Association	1201 Eglin Parkway Shalimar, FL 32579	Member	1996 - Present
Destin Chamber of Commerce	4484 Legendary Dr. #A Destin, FL 32541	Director, Chairman	

Walton Bar Association	60 Clayton Lane Santa Rosa Beach, FL 32459	Member
Destin Kiwanis Club	Destin, FL	Member
Florida Justice Association	218 S. Monroe Street Tallahassee, FL 32301	Member
Walton County Chamber of Commerce	63 S. Centre Trail Santa Rosa Beach, FL 32459	Member
Shelter House	102A Buck Drive, NE Ft. Walton Beach, FL 32548	Director
First Judicial Circuit Bench & Bar Professionalism Comm.	1940 Lewis Turner Blvd. Ft. Walton Beach, FL 32547	Member

36. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ☒ If Yes, explain:

37. State your experiences and interests or elements of your personal history that qualify you for this appointment.

Senior Partner of a law firm. Past member in several Bar Associations, non-profit and community Boards. Past Chairman of the Destin Chamber of Commerce. Active trial attorney for twenty-eight (28) years. Fair, hard working, compassionate and experienced. As an active litigator for twenty-eight years, I have tried hundreds of cases and have been a part of numerous appeals and participated in oral arguments. I believe my years of experience and involvement with our local Bar, as well as our local community, provide me with a broad and compelling understanding of the importance of our legal justice system. I would welcome the opportunity to assist in the process of finding qualified applicants to sit on the Bench.

Under penalty of perjury, I declare the foregoing facts are true, correct and complete to the best of my knowledge and belief.

Date: 5/1/13

Signature: 

RETURN COMPLETED APPLICATION TO:

EXECUTIVE DIRECTOR, THE FLORIDA BAR
651 EAST JEFFERSON STREET
TALLAHASSEE, FLORIDA 32399-2300
Fax: 850/561-5826



Wolf, JoLen R.
1st DCA, 2nd Circuit
Tallahassee
W/F NG 62/36

**JUDICIAL NOMINATING COMMISSION
APPLICATION FOR APPOINTMENT**

DATE: May 2, 2013

E-mail: jwolf@mills-appeals.com

1. Name: JoLen Rawls Wolf Attorney #: 0220655

2. Judicial Nominating Commission(s) requested: First District Court of Appeal; Second judicial Circuit
(Specify whether Supreme Court, District Court of Appeal or Circuit - list all that apply)

3. Are you applying for reappointment? Yes ☐ No ☒

4. Number of years admitted to The Florida Bar: 37

5. Home Location: (list all) Tallahassee \ Leon \ Second \ First
City County Circuit DCA

6. FL Driver's License #: s. 97.0585(1)(c) F.S. Social Security #: s. 119.071(5)(a) F.S. Age: 62

7. Have you ever used or been known by another legal name? Yes ☒ No ☐ If Yes, explain:
JoLen Rawls maiden name

8. List primary areas of practice Appellate

*9. Sex: Male ☐ Female ☒

*10. Race: White, Non-Hispanic ☒ Native American / Alaskan Native ☐
Hispanic American ☐ Asian / Pacific Islander ☐
African-American ☐

11. How did you learn of this vacancy? Word of mouth

12. Can you discharge the responsibilities of this position, with or without accommodation? Yes ☒ No ☐

13. Commissioners are subject to Florida Financial Disclosure Laws. Are you willing to file the appropriate forms?
Yes ☒ No ☐ The form can be viewed at www.ethics.state.fl.us, Form 1 and is required after appointment.

14. Cellular Telephone Number: 850 321-8694

* This information will be used to provide demographic statistics and is not requested for the purposes of discriminating on any basis.

QUESTIONNAIRE FOR JNC APPOINTMENT

PLEASE TYPE OR PRINT
SUBMIT A SEPARATE QUESTIONNAIRE FOR EACH APPOINTMENT

May 2, 2013

DATE COMPLETED

1. Name: Mrs.	Wolf	JoLen	Rawls
	Mr./Mrs./Ms. LAST	FIRST	MIDDLE / MAIDEN
2. Business Address:	203 North Gadsden Street	1-A	Tallahassee
	STREET	SUITE #	CITY
	Florida	32301	850 756-0897
	POST OFFICE BOX	STATE	ZIP CODE
			AREA CODE / PHONE NUMBER
3. Employer, Firm or Agency:	The Mills Firm		
4. Residence Address:	1881 Witchtree Acres	Tallahassee	Leon
	STREET	CITY	COUNTY
	Florida	32312	850 893-8687
	POST OFFICE BOX	STATE	ZIP CODE
			AREA CODE / PHONE NUMBER

Specify the preferred mailing address: Business ☒ Residence ☐ Fax#: 850 270-2474

5. A. List all your places of residence during the last five (5) years.

<u>ADDRESS</u>	<u>CITY & STATE</u>	<u>FROM</u>	<u>TO</u>
1881 Witchtree Acres	Tallahassee, FL	1984	present

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

<u>ADDRESS</u>	<u>CITY & STATE</u>	<u>FROM</u>	<u>TO</u>
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6. Since what year have you been a continuous resident of Florida: 1951

7. Are you a United States citizen? Yes ☐ No ☐ If No, explain:

If you are a naturalized citizen, date of naturalization:

8. Date of Birth: 2/28/51 Place of Birth: Marianna, FL

9. Social Security Number: s. 119.071(5)(a) F.S.

10. Driver's License Number: s. 97.0585(1)(c) F.S.

11. Are you a registered Florida voter? Yes ☒ No ☐ County of registration: Leon

12. Education

A. High School: Leon High, Tallahassee, FL Year Graduated: 1969
(NAME AND LOCATION)

B. List all post-secondary educational institutions attended:

<u>NAME & LOCATION</u>	<u>DATES ATTENDED</u>	<u>CERTIFICATES / DEGREES RECEIVED</u>
Furman University	1969-1970	
The Florida State University	1970-1973	B.A.
The Florida State University College of Law	1973-1976	J.D.

13. Are you or have you ever been a member of the armed forces of the United States? Yes ☐ No ☒

If Yes, list:

A. Dates of service: _____

B. Branch or component: _____

C. Date and type of discharge: _____

14. I am presently: Sole practitioner ☒ In a 2-10 lawyer office ☐ In a 11-35 lawyer office ☐ In a 35+ lawyer office ☐
Other ☐ Please explain: _____

15. Admitted to practice before which courts?

Florida Courts; United States Supreme Court

16. I practice predominately in the following fields (if trial, specify plaintiff / prosecution or defense):

Appellate

17. List any area(s) of certification:

None

18. List any Florida Bar appointments presently held or previously held within the past three (3) years:

None

19. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation or ordinance? Yes ☐ No ☒ If Yes, give details: Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>
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20. Concerning your current employer, and for all your employment during the last five (5) years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

<u>EMPLOYER'S NAME AND ADDRESS</u>	<u>TYPE OF BUSINESS</u>	<u>OCCUPATION / JOB TITLE</u>	<u>PERIOD OF EMPLOYMENT</u>
The Mills Firm	Law Firm	Of Counsel Attorney	2 years to date (2011-2013)
The Florida State University College of Law	Law School	Legal Writing Professor	9 years (2002-2011)

21. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes ☒ No ☐

If Yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<u>POSITION</u>	<u>EMPLOYING AGENCY</u>	<u>PERIOD OF EMPLOYMENT</u>
Assistant State Attorney	Palm Beach County State Attorney	2 years (1976-1978)
Research Assistant	Fourth District Court of Appeal	4 years (1978-1982)
Legal Writing Professor	The Florida State University College of Law	9 years (2002-2011)

Cabinet Aide

Attorney General's Office

1 year (1983)

22. Do you now, or have you, within the last three (3) years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin, or gender? If so, detail the name and the nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Governor.

No

23. List any memberships in any national or local bar associations (include dates of services and any office held).

<u>ASSOCIATION</u>	<u>DATES OF SERVICE(S)</u>	<u>OFFICE(S) HELD</u>
American Bar Association	2011-2013	
Tallahassee Bar Association	2013	

24. Do you currently hold an office or position (appointive, civil service or other) with the federal or any foreign government? Yes ☐ No ☒ If Yes, explain:

25. A. Have you ever been elected or appointed to any public office in this state? Yes ☐ No ☒ If Yes, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<u>OFFICE HELD</u>	<u>DATE OF ELECTION</u>	<u>TERM OF OFFICE</u>	<u>LEVEL OF GOVERNMENT</u>
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- B. If your service was on an appointed board(s), commission(s), committee(s), or council(s):

- How frequently were meetings scheduled?
- If you missed any of the regularly schedule meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

<u>MEETINGS ATTENDED</u>	<u>MEETINGS MISSED</u>	<u>REASON FOR ABSENCE</u>
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26. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No ☒ If "Yes," give details:

<u>DATE</u>	<u>NATURE OF VIOLATION</u>	<u>DISPOSITION</u>
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27. Have you ever been suspended from any office by the Governor of the State of Florida? Yes ☐ No ☒
If Yes, list:

A. Title of office:

C. Reason for suspension:

B. Date of suspension:

D. Result: Reinstated ☐ Removed ☐ Resigned ☐

28. Have you previously been appointed to any office that required confirmation by the Florida Senate?
Yes ☐ No ☒ If "Yes," list:

A. Title of office: _____

B. Term of appointment: _____

C. Confirmation results: _____

29. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ☐ No ☒ If Yes, explain:

30. Have you held or do you hold an occupational or professional license or certificate in the State of Florida?
 Yes ☐ No ☒ If Yes, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>LICENSE / CERTIFICATE</u>	<u>ORIGINAL</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION / DATE</u>
<u>TITLE & NUMBER</u>	<u>ISSUE DATE</u>		

31. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒

If Yes, explain:

<u>NAME OF BUSINESS</u>	<u>YOUR RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS RELATIONSHIP TO AGENCY</u>
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32. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒

If Yes, explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S</u>	<u>FAMILY MEMBER'S</u>	<u>BUSINESS RELATIONSHIP</u>
	<u>RELATIONSHIP TO YOU</u>	<u>RELATIONSHIP TO BUSINESS</u>	<u>TO AGENCY</u>

33. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ☐ No ☒

A. Did you receive any compensation other than reimbursement for expenses? Yes ☐ No ☐

B. Name the agency or entity you lobbied for and the principal(s) represented:

<u>AGENCY LOBBIED</u>	<u>PRINCIPAL REPRESENTED</u>
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34. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE / PHONE NUMBER</u>
Elaine N. Duggar	1391 Timberlaine Road, Tallahassee, FL	32312	850 386-6124
Edwin B. Browning, Jr.	P.O. Box 652, Madison, FL	323410652	850 973-4186
Jeanne B. Curtin	3002 Golden Eagle Dr. E., Tallahassee, FL	32312	850 893-0354

35. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE(S) HELD & TERM</u>	<u>DATE(S) OF MEMBERSHIP</u>
Stafford Inn of Court	Tallahassee, FL		2011- 2013
First District Inn of Court	Tallahassee FL		2011- present

36. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ☒ If Yes, explain:

37. State your experiences and interests or elements of your personal history that qualify you for this appointment.

As an Assistant State Attorney, I obtained trial experience and had the good fortune to practice before excellent trial judges, who displayed knowledge, willingness to listen, and even temperments. As a Research Assitant to the Honorable George W. Hersey on the Fourth District Court of Appeal, I learned the appellate process, how trial work and trial rulings shape the questions before an appellate court, and the "job" of an intermediate appellate court. Judge Hersey also taught me to analyze cases from each side's point of view and to maintin impartiality when making a recommendation to the panel of judges assigned to a case.

When I moved back to Tallahassee from West Palm Beach, I worked as a Cabinet aide for then Attorney General, Jim Smith. In that position, I worked on various issues that came before the Governor and Cabinet, making recommendations to the Attorney General. The position gave me a new and different way to see how the law is shaped and to understand the political process.

When I entered private practice, I worked in the family law area with Elaine Duggar. My work included trial support work for Mrs. Duggar, appellate work on family law cases, and work in estate planning and probate. Each of these areas gave me insight into the judicial process at various levels.


After my daughter experienced medical difficulties, I phased out my practice of law to focus on her needs. After about two years, I was able to return to work - this time as a Legal Writing Professor at FSU College of Law. In that position, I also taught courses in Florida disssolution of marriage and in family law, a course that included the many aspects of family law that are not related to dissolution of a marriage. This position gave me the opportunity to interact with students who were the future of the legal profession and judicial procees. For the Florida dissolution of marriage course, I created a "book "that I updated every year. In my classes, I emphasized ethical and civil behavior, as well as the legal aspects of the courses. And I learned new points regarding the law, both from the materials and from my students.

I am now practicing appellate law with a focus on family law appeals and post-judgment trial work. Again, I have learned new legal concepts and seen how the judiciary affects ordinary lives.

These varied experiences in the legal profession qualify me for this appointment, but elements of my personal history also show why I have a unique perspective and bond with assuring quality and impartiality in the judiciary. My father, John S. Rawls, was the fourth judge appointed to the First District Court of Appeal. Before that, he was a state senator from Jackson County, Florida and a private practioner in Marianna, Florida. From a very early age, I learned about politics, the law, the judicial process, and what makes a good judge. Although I did not carry on my father's tradition in the judiciary, my husband , Jim Wolf, did. He is presently the longest serving judge on the First District Court of Appeal.

Under penalty of perjury, I declare the foregoing facts are true, correct and complete to the best of my knowledge and belief.

Date: 5/7/13

Signature: 

RETURN COMPLETED APPLICATION TO:

EXECUTIVE DIRECTOR, THE FLORIDA BAR
651 EAST JEFFERSON STREET
TALLAHASSEE, FLORIDA 32399-2300
Fax: 850/561-5826



* Donnelly, Paul A.
1 DCA 8th Circuit
Gainesville
48/23 W/M
NG

**JUDICIAL NOMINATING COMMISSION
APPLICATION FOR APPOINTMENT**

DATE: February 22, 2012

E-mail: pdonnelly@laborattorneys.org

1. Name: Paul A. Donnelly

Attorney #: 0813613

2. Judicial Nominating Commission(s) requested: 8th Judicial Circuit, 1st District Court of Appeal

(Specify whether Supreme Court, District Court of Appeal or Circuit - list all that apply)

3. Are you applying for reappointment? Yes ☒ No ☐

4. Number of years admitted to The Florida Bar: 22

5. Home Location: (list all) Gainesville City Alachua County Eighth Circuit First DCA

6. FL Driver's License #: S. 97.0585(1)(c) F.S. Social Security #: S. 119.071(5)(a) F.S. Age: 47

7. Have you ever used or been known by another legal name? Yes ☐ No ☒ If Yes, explain:

*8. Sex: Male ☒ Female ☐

*9. Race: White, Non-Hispanic ☒ Native American / Alaskan Native ☐
Hispanic American ☐ Asian / Pacific Islander ☐
African-American ☐

10. How did you learn of this vacancy? I am the current chairperson of the 8th Judicial Circuit Judicial Nominating Commission.

11. Can you discharge the responsibilities of this position, with or without accommodation? Yes ☒ No ☐

12. Commissioners are subject to Florida Financial Disclosure Laws. Are you willing to file the appropriate forms?
Yes ☒ No ☐ The form can be viewed at www.ethics.state.fl.us, Form 1 and is required after appointment.

13. Cellular Telephone Number: 352-246-3279

* This information will be used to provide demographic statistics and is not requested for the purposes of discriminating on any basis.

QUESTIONNAIRE FOR JNC APPOINTMENT

PLEASE TYPE OR PRINT
SUBMIT A SEPARATE QUESTIONNAIRE FOR EACH APPOINTMENT

2/22/2012

DATE COMPLETED

1. Name: Mr.	Donnelly	Paul	Andrew
Mr./Mrs./Ms.	LAST	FIRST	MIDDLE / MAIDEN
2. Business Address:	2421 NW 41 st Street	Suite A-1	Gainesville
	STREET	SUITE #	CITY
	FL	32606	352-374-4001
POST OFFICE BOX	STATE	ZIP CODE	AREA CODE / PHONE NUMBER
3. Employer, Firm or Agency:	Donnelly & Gross, P.A.		
4. Residence Address:	1614 NW 12 th Road	Gainesville	Alachua
	STREET	CITY	COUNTY
	FL	32605	352-377-0720
POST OFFICE BOX	STATE	ZIP CODE	AREA CODE / PHONE NUMBER

Specify the preferred mailing address: Business ☒ Residence ☐ Fax#: 352-374-4046

5. A. List all your places of residence during the last five (5) years.

ADDRESS	CITY & STATE	FROM	TO
1614 NW 12 th Road	Gainesville, FL	2002	Present

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

ADDRESS	CITY & STATE	FROM	TO
N/A			

6. Since what year have you been a continuous resident of Florida: 1975

7. Are you a United States citizen? Yes ☒ No ☐ If No, explain:

If you are a naturalized citizen, date of naturalization:

8. Date of Birth: June 15, 1964 Place of Birth: Madison, Wisconsin

9. Social Security Number: s. 119.071(5)(a) F.S.

10. Driver's License Number: s. 97.0585(1)(c) F.S.

11. Are you a registered Florida voter? Yes ☒ No ☐ County of registration: Alachua

12. Education

A. High School: P.K. Yonge Laboratory School, Gainesville, FL Year Graduated: 1982
(NAME AND LOCATION)

B. List all post-secondary educational institutions attended:

<u>NAME & LOCATION</u>	<u>DATES ATTENDED</u>	<u>CERTIFICATES / DEGREES RECEIVED</u>
University of Florida, Gainesville, FL	1982-1986	B.A., Anthropology
University of Florida, Gainesville, FL	1986-1989	J.D.

13. Are you or have you ever been a member of the armed forces of the United States? Yes ☐ No ☒
If Yes, list:

A. Dates of service: _____

B. Branch or component: _____

C. Date and type of discharge: _____

14. I am presently: Sole practitioner ☐ In a 2-10 lawyer office ☒ In a 11-35 lawyer office ☐ In a 35+ lawyer office ☐
Other ☐ Please explain: _____

15. Admitted to practice before which courts?

The Florida Bar, 1989

U.S. District Court, Middle District of Florida, 1990

U.S. District Court, Northern District of Florida, 1992

U.S. Court of Appeals, Eleventh Circuit, 1994

U.S. Court of Appeals, Federal Circuit, 1999

16. I practice predominately in the following fields (if trial, specify plaintiff / prosecution or defense):

Labor and employment law - I counsel and defend businesses and professionals in employment law matters and represent fire-rescue and law enforcement associations statewide.

17. List any area(s) of certification:

18. List any Florida Bar appointments presently held or previously held within the past three (3) years:

19. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation or ordinance? Yes ☐ No ☒ If Yes, give details: Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>
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20. Concerning your current employer, and for all your employment during the last five (5) years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

<u>EMPLOYER'S NAME AND ADDRESS</u>	<u>TYPE OF BUSINESS</u>	<u>OCCUPATION / JOB TITLE</u>	<u>PERIOD OF EMPLOYMENT</u>
Donnelly & Gross, P.A. 2421 NW 41 st Street, Suite A-1 Gainesville, FL 32606	Law Practice	Partner / Lawyer	1992 to Present
University of Florida Frederic G. Levin College of Law P.O. Box 117621 Gainesville, FL 32611-7621	Law School	Adjunct Professor	2000-2008, 2010, 2011
Holden, Rappenecker & Eubank 5608 NW 43 rd Street Gainesville, FL 32653	Law Practice	Lawyer	2007, 2008

21. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes ☒ No ☐

If Yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<u>POSITION</u>	<u>EMPLOYING AGENCY</u>	<u>PERIOD OF EMPLOYMENT</u>
Adjunct Professor	University of Florida	2000-2008, 2010, 2011
Assistant Public Defender	4th Judicial Circuit	1989 to 1991

22. Do you now, or have you, within the last three (3) years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin, or gender? If so, detail the name and the nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Governor.

No

23. List any memberships in any national or local bar associations (include dates of services and any office held).

<u>ASSOCIATION</u>	<u>DATES OF SERVICE(S)</u>	<u>OFFICE(S) HELD</u>
8th Judicial Circuit Bar Association	approximately 15 years	Past Director, Current Member
Federal Bar Association	approximately 15 years	
Federal Bar Association, Gainesville Chapter	approximately 15 years	Charter Member

24. Do you currently hold an office or position (appointive, civil service or other) with the federal or any foreign government? Yes ☐ No ☒ If Yes, explain:

25. A. Have you ever been elected or appointed to any public office in this state? Yes ☒ No ☐ If Yes, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

<u>OFFICE HELD</u>	<u>DATE OF ELECTION</u>	<u>TERM OF OFFICE</u>	<u>LEVEL OF GOVERNMENT</u>
Commissioner, 8 th Circuit JNC	appointed 10/14/2008	2008 - 2012	State

B. If your service was on an appointed board(s), commission(s), committee(s), or council(s):

1. How frequently were meetings scheduled? annually and as needed to fill vacancies
2. If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

MEETINGS ATTENDED	MEETINGS MISSED	REASON FOR ABSENCE
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I do not believe I have ever missed a meeting.

26. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No ☒ If "Yes," give details:

DATE	NATURE OF VIOLATION	DISPOSITION
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27. Have you ever been suspended from any office by the Governor of the State of Florida? Yes ☐ No ☒
If Yes, list:

A. Title of office:

C. Reason for suspension:

B. Date of suspension:

D. Result: Reinstated ☐ Removed ☐ Resigned ☐

28. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes ☐ No ☒ If "Yes," list:

A. Title of office:

B. Term of appointment:

C. Confirmation results:

29. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ☐ No ☒ If Yes, explain:

30. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ☒ No ☐ If Yes, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE / CERTIFICATE TITLE & NUMBER	ORIGINAL ISSUE DATE	ISSUING AUTHORITY	DISCIPLINARY ACTION / DATE
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0813613, Law

1989

Florida Supreme Court
The Florida Bar

31. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☒ No ☐
If Yes, explain:

NAME OF BUSINESS	YOUR RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY
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Paul A. Donnelly

Self

Employed as Adjunct Professor by UF Levin College of Law

Donnelly & Gross, P.A.

Partner/Lawyer

Provided volunteer services and received reimbursement for out-of-pocket expenses for (1) instruction at seminars held by The Florida Bar and Department of Management Services, Division of Retirement and (2) inventory attorney services for The Florida Bar

32. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☒ No ☐
If Yes, explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S RELATIONSHIP TO YOU</u>	<u>FAMILY MEMBER'S RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS RELATIONSHIP TO AGENCY</u>
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Please see response to Question 31, above, as my wife, Laura Gross, is also a partner/lawyer with Donnelly & Gross, PA.

33. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ☐ No ☒

A. Did you receive any compensation other than reimbursement for expenses? Yes ☐ No ☐

B. Name the agency or entity you lobbied for and the principal(s) represented:
AGENCY LOBBIED PRINCIPAL REPRESENTED

34. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE / PHONE NUMBER</u>
Gloria Fletcher	4510 NW 6 th Place, Gainesville, FL	32607	352-374-4007
Jeff McAdams	3301 N. Main Street, Gainesville, FL	32609	352-258-9211
Charles I. Holden	5608 NW 43 rd Street, Gainesville, FL	32653	352-377-5900

35. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE(S) HELD & TERM</u>	<u>DATE(S) OF MEMBERSHIP</u>
James C. Adkins, Jr., American Inn of Court P.O. Box 1860 Alachua, FL 32616			approximately 20 years
American Inns of Court 1229 King Street, 2 nd Floor Alexandria, VA 22314			approximately 25 years
The Florida Bar, Labor and Employment Law Section 651 E. Jefferson Street Tallahassee, FL 32399			approximately 20 years
The Florida Bar, Real Property Law Section 651 E. Jefferson Street Tallahassee, FL 32399			approximately 5 years

36. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ☒ If Yes, explain:

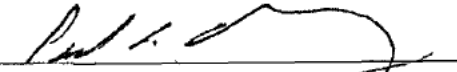
37. State your experiences and interests or elements of your personal history that qualify you for this appointment.

During my service on the 8th Judicial Circuit Judicial Nominating Commission, including the last two years when I served as Chairperson, we have had numerous circuit and county court vacancies, and for each vacancy we identified a slate of high-qualified candidates for gubernatorial appointment. I am further uniquely qualified for this appointment by my professional success, my broad experience with attorneys and judges in my circuit and throughout the State of Florida, and my continuing service to the legal profession through teaching law students at the University of Florida Frederic G. Levin College of Law, lecturing on behalf of The Florida Bar Labor and Employment Law Section and Local Government Law Section and Department of Management Services, Division of Retirement, and actively supporting local efforts to improve the skills, professionalism and ethics of the bench and bar.

I have resided in the 8th Judicial Circuit for more than thirty years, graduated from University of Florida Frederic G. Levin College of Law, and founded Donnelly & Gross, P.A., labor and employment lawyers. From our offices in Gainesville and Fort Myers, Donnelly & Gross, P.A., counsels and defends businesses and professionals in employment law matters and represents fire-rescue and law enforcement associations statewide from the Keys through the Panhandle. In addition to teaching and lecturing, I am a Master of the Bench of the James C. Adkins, Jr., American Inn of Court, past board member of the 8th Judicial Circuit Bar Association, charter member of Federal Bar Association Gainesville Chapter, and past member of our circuit's professionalism committee which drafted our circuit's original professionalism guidelines. Through peer ratings, I am AV-rated in Martindale Hubbell and have been selected for inclusion in The Best Lawyers of America, Bar Register of Preeminent Lawyers, and Florida Super Lawyers.

Under penalty of perjury, I declare the foregoing facts are true, correct and complete to the best of my knowledge and belief.

Date: 2/22/12

Signature: 

RETURN COMPLETED APPLICATION TO:

**EXECUTIVE DIRECTOR, THE FLORIDA BAR
651 EAST JEFFERSON STREET
TALLAHASSEE, FLORIDA 32399-2300
Fax: 850/561-9405**



Messer, James E, Jr.
1st DCA, 2nd Circuit
Tallahassee
w/m NG 51/19

JUDICIAL NOMINATING COMMISSION APPLICATION FOR APPOINTMENT

DATE: March 7, 2013 E-mail: jim@wrongfullyinjured.com

1. Name: James E. Messer, Jr. Attorney #: 0998753

2. Judicial Nominating Commission(s) requested: First District Court of Appeals
(Specify whether Supreme Court, District Court of Appeal or Circuit - list all that apply)

3. Are you applying for reappointment? Yes ☐ No ☒

4. Number of years admitted to The Florida Bar: 19

5. Home Location: (list all) Tallahassee \ Leon \ 2d \ 1st
City County Circuit DCA

6. FL Driver's License #: s. 97.0585(1)(c) F.S. Social Security #: s. 119.071(5)(a) F.S. Age: 50

7. Have you ever used or been known by another legal name? Yes ☐ No ☒ If Yes, explain:

8. List primary areas of practice Plaintiff's Personal Injury

*9. Sex: Male ☒ Female ☐

*10. Race: White, Non-Hispanic ☒ Native American / Alaskan Native ☐
Hispanic American ☐ Asian / Pacific Islander ☐
African-American ☐

11. How did you learn of this vacancy? Florida Bar

12. Can you discharge the responsibilities of this position, with or without accommodation? Yes ☒ No ☐

13. Commissioners are subject to Florida Financial Disclosure Laws. Are you willing to file the appropriate forms?
Yes ☒ No ☐ The form can be viewed at www.ethics.state.fl.us, Form 1 and is required after appointment.

14. Cellular Telephone Number: 850-510-3451

* This information will be used to provide demographic statistics and is not requested for the purposes of discriminating on any basis.

QUESTIONNAIRE FOR JNC APPOINTMENT

**PLEASE TYPE OR PRINT
SUBMIT A SEPARATE QUESTIONNAIRE FOR EACH APPOINTMENT**

March 7, 2013

DATE COMPLETED

1. Name: MR.	MESSER	JAMES	ELLIOTT JR..
Mr./Mrs./Ms.	LAST	FIRST	MIDDLE / MAIDEN

2. Business Address:	3375-A, CAPITAL CIR., N.E.		
	STREET	SUITE #	CITY
FLORIDA		32308	850-422-7773
POST OFFICE BOX	STATE	ZIP CODE	AREA CODE / PHONE NUMBER

3. Employer, Firm or Agency: FONVIELLE LEWIS FOOTE & MESSER

4. Residence Address:	696 STANDING PINES LN	TALLAHASSEE	LEON
	STREET	CITY	COUNTY
FLORIDA		32312	850-893-0602
POST OFFICE BOX	STATE	ZIP CODE	AREA CODE / PHONE NUMBER

Specify the preferred mailing address: Business ☒ Residence ☐ Fax#: 850-422-3449

5. A. List all your places of residence during the last five (5) years.

<u>ADDRESS</u>	<u>CITY & STATE</u>	<u>FROM</u>	<u>TO</u>
6960 STANDING PINES LN	TALLAHASSEE, FL	03/2006	03/2013

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

<u>ADDRESS</u>	<u>CITY & STATE</u>	<u>FROM</u>	<u>TO</u>
102 Spring Valley Ct.	Macon, GA	09/93 to 09/95	
835 Green Oak Terrace	Macon, GA	07/90 to 08/93	
29 Endl Ave.	Ft. Rucker, AL	12/85 to 07/90	
Schubertstrasse 14	Bad Kreuznach, GER	12/85 to 10/88	
Auf Dem Weiher 17	Bad Kreuznach, GER	11/85 to 12/85	
225 Green Valley Court	Enterprise, AL	05/85 to 12/85	
107 Fox Hill Dr.	Enterprise, AL	10/84 to 05/85	

Infantry Officer Basic Course

BOQ, Ft. Benning

06/84 to 10/84

6. Since what year have you been a continuous resident of Florida: 1995

7. Are you a United States citizen?

Yes ☒

No ☐

If No, explain:

If you are a naturalized citizen, date of naturalization:

8. Date of Birth: 03/21/1962

Place of Birth: Greensboro, NC

9. Social Security Number: s. 119.071(5)(a) F.S.

10. Driver's License Number: s. 97.0585(1)(c) F.S.

11. Are you a registered Florida voter?

Yes ☒

No ☐

County of registration:

LEON

12. Education

A. High School:

Lincoln High School, Tallahassee, FL

Year Graduated: 1980

(NAME AND LOCATION)

B. List all post-secondary educational institutions attended:

NAME & LOCATION

DATES ATTENDED

CERTIFICATES / DEGREES RECEIVED

Washington and Lee Univ., Lexington, VA

1980-1984

B.A., Economics

Mercer Univ., Macon, GA

1990-1993

J.D.

13. Are you or have you ever been a member of the armed forces of the United States? Yes ☒ No ☐

If Yes, list:

A. Dates of service: 1984-2007

B. Branch or component: ARMY

C. Date and type of discharge: 2007 - HONORABLE

14. I am presently: Sole practitioner ☐ In a 2-10 lawyer office ☒ In a 11-35 lawyer office ☐ In a 35+ lawyer office ☐
Other ☐ Please explain:

15. Admitted to practice before which courts?

All Florida State and Federal Courts

16. I practice predominately in the following fields (if trial, specify plaintiff / prosecution or defense):

Plaintiffs Personal Injury

17. List any area(s) of certification:

Board Certified in Civil Trial

18. List any Florida Bar appointments presently held or previously held within the past three (3) years:

N/A

19. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation or ordinance? Yes ☐ No ☒ If Yes, give details: Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.

DATE

PLACE

NATURE

DISPOSITION

20. Concerning your current employer, and for all your employment during the last five (5) years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME AND ADDRESS TYPE OF BUSINESS OCCUPATION / JOB TITLE PERIOD OF EMPLOYMENT

Fonvielle Lewis Foote & Messer 3375-A, Capital Cir., N.E., Tallahassee, FL Law Firm, Shareholder, 1999-present

21. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes ☐ No ☒

If Yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

POSITION EMPLOYING AGENCY PERIOD OF EMPLOYMENT

22. Do you now, or have you, within the last three (3) years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin, or gender? If so, detail the name and the nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Governor.

No

23. List any memberships in any national or local bar associations (include dates of services and any office held).

<u>ASSOCIATION</u>	<u>DATES OF SERVICE(S)</u>	<u>OFFICE(S) HELD</u>
Tallahassee Bar Association	1995-present	President 2012-13
Florida Justice Association	1999-present	BOD - 2003-04
The Florida Bar	1994-present	
The State Bar of Georgia	1993-present	
American Bar Assoc.	1993-present	
American Assoc. for Justice	1999-present	

24. Do you currently hold an office or position (appointive, civil service or other) with the federal or any foreign government? Yes ☐ No ☒ If Yes, explain:

25. A. Have you ever been elected or appointed to any public office in this state? Yes ☒ No ☐ If Yes, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE HELD DATE OF ELECTION TERM OF OFFICE LEVEL OF GOVERNMENT

Tallahassee Airport Committee 2002 2002-2006 Municipal

- B. If your service was on an appointed board(s), commission(s), committee(s), or council(s):

- How frequently were meetings scheduled? Monthly
- If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

MEETINGS ATTENDED MEETINGS MISSED REASON FOR ABSENCE

All

26. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No ☒ If "Yes," give details:

DATE

NATURE OF VIOLATION

DISPOSITION

27. Have you ever been suspended from any office by the Governor of the State of Florida? Yes ☐ No ☒
If Yes, list:

A. Title of office:

C. Reason for suspension:

B. Date of suspension:

D. Result: Reinstated ☐ Removed ☐ Resigned ☐

28. Have you previously been appointed to any office that required confirmation by the Florida Senate?
Yes ☐ No ☒ If Yes, list:

A. Title of office:

B. Term of appointment:

C. Confirmation results:

29. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ☐ No ☒ If Yes, explain:

30. Have you held or do you hold an occupational or professional license or certificate in the State of Florida?
Yes ☐ No ☐ If Yes, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE / CERTIFICATE
TITLE & NUMBER

ORIGINAL
ISSUE DATE

ISSUING AUTHORITY

DISCIPLINARY ACTION / DATE

0998753

1994

The Florida Bar

None

31. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒
If Yes, explain:

NAME OF BUSINESS

YOUR RELATIONSHIP TO BUSINESS

BUSINESS RELATIONSHIP TO AGENCY

32. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒
If Yes, explain:

NAME OF BUSINESS

FAMILY MEMBER'S
RELATIONSHIP TO YOU

FAMILY MEMBER'S
RELATIONSHIP TO BUSINESS

BUSINESS RELATIONSHIP
TO AGENCY

33. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ☐ No ☒

A. Did you receive any compensation other than reimbursement for expenses? Yes ☐ No ☐

B. Name the agency or entity you lobbied for and the principal(s) represented:
AGENCY LOBBIED PRINCIPAL REPRESENTED

34. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE / PHONE NUMBER
Alexander Clem, Esq.	20 N. Orange Ave, Suite 1600, Orlando, FL 32801		(800) 896-3062
Hon. John Cooper	301 S. Monroe, St., Tallahassee, FL 32310		(850) 577-4313
Kelly Johnson, Esq.	P.O. Box 11300, Tallahassee, FL		(850) 681-6810

35. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME	ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP
Tallahassee Memorial Hospital Foundation, Tallahassee, FL		Board of Trustees	2009-present
Tallahassee Memorial Hospital Cancer Center		Fundraising Committee Co-Chair	2010-present
The American Legion, Tallahassee, FL			2006-present
Capital City Tiger Bay Club, Tallahassee, FL			2006-present
Founder and Citizen Lobbyist – TextFreeDriving.Org			2007-present
The Exchange Club, Tallahassee, FL			1998-present

36. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ☒ If Yes, explain:

37. State your experiences and interests or elements of your personal history that qualify you for this appointment.

It is the obligation of every lawyer to serve the Bar, the State and in the public interest. I stand ready to serve.

Under penalty of perjury, I declare the foregoing facts are true, correct and complete to the best of my knowledge and belief.

Date: March 7, 2013

Signature: [Handwritten Signature]

RETURN COMPLETED APPLICATION TO:

EXECUTIVE DIRECTOR, THE FLORIDA BAR
651 EAST JEFFERSON STREET
TALLAHASSEE, FLORIDA 32399-2300
Fax: 850/561-5826



Rollini, Gigi
1st DCA, and Circuit
Tallahassee
w/F NG 37/9

**JUDICIAL NOMINATING COMMISSION
APPLICATION FOR APPOINTMENT**

DATE: March 7, 2013 E-mail: gigi.rollini@hklaw.com

1. Name: Gigi Rollini Attorney #: 684491

2. Judicial Nominating Commission(s) requested: First District Court of Appeal
(Specify whether Supreme Court, District Court of Appeal or Circuit - list all that apply)

3. Are you applying for reappointment? Yes ☐ No ☒

4. Number of years admitted to The Florida Bar: 9.5

5. Home Location: (list all) Tallahassee \ Leon \ 2d \ 1st
City County Circuit DCA

6. FL Driver's License #: s. 97.0585(1)(c) F.S. Social Security #: s. 119.071(5)(a) F.S. Age: 37

7. Have you ever used or been known by another legal name? Yes ☐ No ☒ If Yes, explain: _____

8. List primary areas of practice Appellate, Administrative/Civil Litigation

*9. Sex: Male ☐ Female ☒

*10. Race: White, Non-Hispanic ☒ Native American / Alaskan Native ☐
Hispanic American ☐ Asian / Pacific Islander ☐
African-American ☐

11. How did you learn of this vacancy? Florida Bar Board of Governors/Larry Sellers

12. Can you discharge the responsibilities of this position, with or without accommodation? Yes ☒ No ☐

13. Commissioners are subject to Florida Financial Disclosure Laws. Are you willing to file the appropriate forms?
Yes ☒ No ☐ The form can be viewed at www.ethics.state.fl.us, Form 1 and is required after appointment.

14. Cellular Telephone Number: 850-459-4905

* This information will be used to provide demographic statistics and is not requested for the purposes of discriminating on any basis.

QUESTIONNAIRE FOR JNC APPOINTMENT

PLEASE TYPE OR PRINT
SUBMIT A SEPARATE QUESTIONNAIRE FOR EACH APPOINTMENT

March 7, 2013

DATE COMPLETED

1. Name: Mrs. Rollini Gigi
Mr./Mrs./Ms. LAST FIRST MIDDLE / MAIDEN

2. Business Address: 315 S. Calhoun Street Suite 600 Tallahassee
STREET SUITE # CITY

P.O. Drawer 810 FL 32301 (Street)/32302 (PO Box) 850-425-5627
POST OFFICE BOX STATE ZIP CODE AREA CODE / PHONE NUMBER

3. Employer, Firm or Agency: Holland & Knight LLP

4. Residence Address: 5367 Carisbrooke Lane Tallahassee Leon
STREET CITY COUNTY

FL 32309 850-459-4905
POST OFFICE BOX STATE ZIP CODE AREA CODE / PHONE NUMBER

Specify the preferred mailing address: Business ☐ Residence ☒ Fax#: 850-224-8832

5. A. List all your places of residence during the last five (5) years.
ADDRESS CITY & STATE FROM TO
5367 Carisbooke Lane Tallahassee, FL May 2007 Present

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.
ADDRESS CITY & STATE FROM TO
N/A

6. Since what year have you been a continuous resident of Florida: 1976

7. Are you a United States citizen? Yes ☒ No ☐ If No, explain:

If you are a naturalized citizen, date of naturalization:

8. Date of Birth: 10/25/1975 Place of Birth: Ft. Wayne, Indiana (located to Sarasota, FL at 1 yr.)

9. Social Security Number: s. 119.071(5)(a) F.S.

10. Driver's License Number: s. 97.0585(1)(c) F.S.

11. Are you a registered Florida voter? Yes ☒ No ☐ County of registration: Leon

12. Education

A. High School: Pine View School for the Gifted/Booker Visual & Performing Arts High School - Sarasota, Florida **Year Graduated:** 1993

(NAME AND LOCATION)

B. List all post-secondary educational institutions attended:

<u>NAME & LOCATION</u>	<u>DATES ATTENDED</u>	<u>CERTIFICATES / DEGREES RECEIVED</u>
Florida State University	Aug. 2000-May 2003	J.D. (magna cum laude)
Florida State University	Aug. 1999-May 2003	M.P.A. (jointly w/ J.D.)
Florida State University	Aug. 1994-Dec. 1997	B.A.

13. Are you or have you ever been a member of the armed forces of the United States? Yes ☐ No ☒

If Yes, list:

A. Dates of service: _____

B. Branch or component: _____

C. Date and type of discharge: _____

14. I am presently: Sole practitioner ☐ In a 2-10 lawyer office ☐ In a 11-35 lawyer office ☐ In a 35+ lawyer office ☒
Other ☐ Please explain: _____

15. Admitted to practice before which courts?

Eleventh Circuit Court of Appeals, all Florida Courts

16. I practice predominately in the following fields (if trial, specify plaintiff / prosecution or defense):

Florida Appellate Law & Administrative/Civil Litigation/Trial Support

17. List any area(s) of certification:

N/A

18. List any Florida Bar appointments presently held or previously held within the past three (3) years:

Florida Bar Appellate Court Rules Committee (member of the Civil, Administrative & E-filing Subcommittees)

Florida Bar Board of Governors, Ex Officio (as Florida Association for Women Lawyers president)

19. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation or ordinance? Yes ☐ No ☒ If Yes, give details: Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.

<u>DATE</u>	<u>PLACE</u>	<u>NATURE</u>	<u>DISPOSITION</u>
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20. Concerning your current employer, and for all your employment during the last five (5) years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

<u>EMPLOYER'S NAME AND ADDRESS</u>	<u>TYPE OF BUSINESS</u>	<u>OCCUPATION / JOB TITLE</u>	<u>PERIOD OF EMPLOYMENT</u>
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Holland & Knight LLP	Law Firm	Attorney, Litigation & Appellate Team	June 2007-present
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21. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes ☒ No ☐

If Yes, identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<u>POSITION</u>	<u>EMPLOYING AGENCY</u>	<u>PERIOD OF EMPLOYMENT</u>
-----------------	-------------------------	-----------------------------

Adjunct Professor	Florida State University College of Law	Fall 2008-2010
Senior Judicial Clerk	First District Court of Appeal	Jan. 2003-June 2007
Judicial Extern	U.S. District Court, N. District of Fla.	Aug. 2002-Dec. 2002
Law Clerk (Fla. Bar Pub. Serv. Fellow)	Office of the State Attorney (2d Cir.)	May 2001-Aug. 2001
Legislative Aide	Florida House of Representatives	March 1998-June 1999
Aide	Office of the Governor of Florida	Jan. 1998-March 1998

22. Do you now, or have you, within the last three (3) years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin, or gender? If so, detail the name and the nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the Governor.

No.

23. List any memberships in any national or local bar associations (include dates of services and any office held).
- | <u>ASSOCIATION</u> | <u>DATES OF SERVICE(S)</u> | <u>OFFICE(S) HELD</u> |
|--------------------|----------------------------|-----------------------|
|--------------------|----------------------------|-----------------------|

National Assoc. of Women Lawyers (NAWL) July 2011-present

Florida Delegate

Florida Assoc. for Women Lawyers (FAWL) July 2007-present
Membership Director, Tallahassee Representative, Awards Chair, Member Advancement Chair, Florida Delegate to NAWL

President, President-Elect,

Tallahassee Women Lawyers July 2006-present
Representative, Director of Programs, WE Network Chair

President, President-Elect, FAWL

24. Do you currently hold an office or position (appointive, civil service or other) with the federal or any foreign government? Yes ☐ No ☒ If Yes, explain:

25. A. Have you ever been elected or appointed to any public office in this state? Yes ☐ No ☒ If Yes, state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):
- | <u>OFFICE HELD</u> | <u>DATE OF ELECTION</u> | <u>TERM OF OFFICE</u> | <u>LEVEL OF GOVERNMENT</u> |
|--------------------|-------------------------|-----------------------|----------------------------|
|--------------------|-------------------------|-----------------------|----------------------------|

- B. If your service was on an appointed board(s), commission(s), committee(s), or council(s):

1. How frequently were meetings scheduled?

2. If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

<u>MEETINGS ATTENDED</u>	<u>MEETINGS MISSED</u>	<u>REASON FOR ABSENCE</u>
--------------------------	------------------------	---------------------------

26. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ☐ No ☒ If "Yes," give details:
- | <u>DATE</u> | <u>NATURE OF VIOLATION</u> | <u>DISPOSITION</u> |
|-------------|----------------------------|--------------------|
|-------------|----------------------------|--------------------|

27. Have you ever been suspended from any office by the Governor of the State of Florida? Yes ☐ No ☒
If Yes, list:

A. Title of office:

C. Reason for suspension:

B. Date of suspension:

D. Result: Reinstated ☐ Removed ☐ Resigned ☐

28. Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes ☐ No ☒ If Yes, list:

A. Title of office:

B. Term of appointment:

C. Confirmation results:

29. Have you ever been refused a fidelity, surety, performance, or other bond? Yes ☐ No ☒ If Yes, explain:

30. Have you held or do you hold an occupational or professional license or certificate in the State of Florida?

Yes ☐ No ☒ If Yes, provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>LICENSE / CERTIFICATE</u>	<u>ORIGINAL</u>		
<u>TITLE & NUMBER</u>	<u>ISSUE DATE</u>	<u>ISSUING AUTHORITY</u>	<u>DISCIPLINARY ACTION / DATE</u>

31. Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒

If Yes, explain:

<u>NAME OF BUSINESS</u>	<u>YOUR RELATIONSHIP TO BUSINESS</u>	<u>BUSINESS RELATIONSHIP TO AGENCY</u>
-------------------------	--------------------------------------	--

32. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes ☐ No ☒

If Yes, explain:

<u>NAME OF BUSINESS</u>	<u>FAMILY MEMBER'S</u>	<u>FAMILY MEMBER'S</u>	<u>BUSINESS RELATIONSHIP</u>
	<u>RELATIONSHIP TO YOU</u>	<u>RELATIONSHIP TO BUSINESS</u>	<u>TO AGENCY</u>

33. Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes ☐ No ☒

A. Did you receive any compensation other than reimbursement for expenses? Yes ☐ No ☐

B. Name the agency or entity you lobbied for and the principal(s) represented:

<u>AGENCY LOBBIED</u>	<u>PRINCIPAL REPRESENTED</u>
-----------------------	------------------------------

34. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE / PHONE NUMBER</u>
Gwynne Young, Esq.	P.O. Box 3239, Tampa, FL	33601-3239	813-223-7000
The Hon. Robert Benton	2000 Drayton Dr, Tallahassee, FL	32399-0950	850-487-1000
Susan Healy, Esq.	999 Vanderbilt Beach Rd Ste 200, Naples FL	34108	239-649-5390

35. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE(S) HELD & TERM</u>	<u>DATE(S) OF MEMBERSHIP</u>
The Florida Bar, Appellate Practice Section, Administrative Law Section	Tallahassee, FL	Bar/Section Member	2003-present
Florida Bar Appellate Court Rules Committee		2012-2015 Term	2012-present
First District Appellate American Inn of Court	Tallahassee, FL	Barrister/2012-13	2011-present
America's Second Harvest of the Big Bend (food bank)	Tallahassee, FL	Board of Directors/2013-14	
NAWL	Chicago, IL	See Response to No. 23.	
FAWL	Tallahassee, FL	See Response to No. 23.	
TWL	Tallahassee, FL	See Response to No. 23.	

36. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes ☐ No ☒ If Yes, explain:

37. State your experiences and interests or elements of your personal history that qualify you for this appointment.

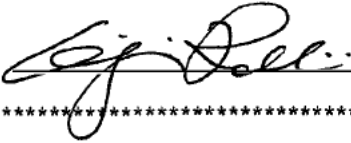
Gigi Rollini practices in Holland & Knight's Litigation Group in Tallahassee, Fla. Ms. Rollini's practice focuses on Florida appellate law (particularly appeals to Florida's District Courts of Appeal), general civil and administrative litigation and litigation support, and all aspects of administrative law, including licensing matters, health law, energy law and utility regulation. Ms. Rollini also serves as the Women's Initiative Coordinator for Holland & Knight's Tallahassee office.

Since entering private practice, Ms. Rollini has been recognized by Florida Super Lawyers magazine in both appellate and administrative law, and currently serves on The Florida Bar's Appellate Court Rules Committee and its civil appeals, administrative appeals and appellate e-filing subcommittees. She was named one of Florida's 2013 Top 40 Litigators Under 40 by the American Society of Legal Advocates, a 2012 Leader in the Law by the Florida Association for Women Lawyers and the 2010 Most Productive Young Lawyer in Florida by The Florida Bar's Young Lawyers Division. In addition to serving as president of the Tallahassee Women Lawyers, she also served as president of the Florida Association for Women Lawyers – only the fifth Tallahassee woman to serve as president of this statewide voluntary bar association since its inception in 1951. Ms. Rollini currently serves as Florida's Delegate to the National Association of Women Lawyers.

Prior to entering private practice, Ms. Rollini worked as senior law clerk to The Honorable Chief Judge Robert T. Benton II at Florida's First District Court of Appeal. While in law school, Ms. Rollini received a Florida Bar Foundation Public Service Fellowship enabling her to work in the Office of the State Attorney (2nd Judicial Circuit), where she focused on felony division cases involving children and women victims. Ms. Rollini also worked as a judicial intern for The Honorable Robert L. Hinkle at the U.S. District Court for the Northern District of Florida. Prior to law school, Ms. Rollini served as a legislative aide in the Florida House of Representatives.

Under penalty of perjury, I declare the foregoing facts are true, correct and complete to the best of my knowledge and belief.

Date: March 7, 2013

Signature: 

RETURN COMPLETED APPLICATION TO:

EXECUTIVE DIRECTOR, THE FLORIDA BAR
651 EAST JEFFERSON STREET
TALLAHASSEE, FLORIDA 32399-2300
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Subject: Florida v. Georgia, No. 142 Orig.
Date: Friday, October 02, 2015 6:13:01 PM
Attachments: [2015.10.02 - Second Supplemental Response to GA Interrogatory 7.pdf](#)
[2015.10.02 - Florida's October 2, 2015 Progress Report.pdf](#)

Dear Counsel:

Attached please find a Supplemental Response to Interrogatory 7, and Florida's October 2, 2015 Progress Report.
Thank you.

John S. Cooper

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No. 142, Original

**In The
Supreme Court of the United States**

STATE OF FLORIDA,

Plaintiff,

v.

STATE OF GEORGIA,

Defendant.

Before the Special Master

Hon. Ralph I. Lancaster

**STATE OF FLORIDA’S SECOND SUPPLEMENTAL RESPONSES TO STATE OF
GEORGIA’S FIRST SET OF INTERROGATORIES**

Pursuant to Rules 26(e) and 33 of the Federal Rules of Civil Procedure, the State of Florida hereby supplements its objections and responses to the State of Georgia’s First Set of Interrogatories (the “Requests”). The State of Florida reserves the right to further supplement these responses in accordance with Fed. R. Civ. P. 26(e), and provides these supplemental responses subject to and without waiver of the General Objections stated in its initial Objections and Responses to the Requests.

INTERROGATORY NO. 7:

Identify and describe in detail each and every injury that Florida alleges is caused, at least in part, by Georgia’s allegedly inequitable water use in the ACF Basin, including for each injury the nature, magnitude, and alleged economic harm of that injury.

SUPPLEMENTAL RESPONSE:

Subject to and without waiving the General and Specific Objections served on February 26, 2015, Florida responds as follows:

In the broad sense, Florida has alleged harm to the Apalachicola Region’s ecosystem and economy due to Georgia’s increased consumption of water. Compl. ¶ 5.

Florida has alleged (and continues to allege) harm in the following more specific ways:

- Environmental/Ecological harm: Florida has alleged that the Apalachicola Bay and River's ecosystems and species have been, and will continue to be, harmed by Georgia's depletions, including overall biodiversity in the Region. Compl. ¶ 25-26. Specifically, Florida is alleging the following injuries:
 - Apalachicola Bay: Florida is alleging specific harm to the Bay's productive estuarine ecosystem. Compl. ¶¶ 27, 57; Br. in Supp. of Compl. 20. Fish and shellfish in this ecosystem that are harmed by reduced inflow include oysters, shrimp, blue crab, and finfish. Compl. ¶¶ 31-32. The reduction in abundance of these species also reduces their ecosystem services which include water filtration and flood attenuation. Compl. ¶ 34. Oysters are the most striking example of the harm Georgia has already inflicted upon Florida, but are just one such example. Compl. ¶¶ 54-56, Montagna Decl. ¶¶ 4-6. More broadly, the increases in salinity levels and reduction in nutrient levels in the Bay as a result of low flows will alter the historical community structure and species within the Bay, changing its character and resulting in permanent injury to Florida. Compl. ¶¶ 31, 55-56, Montagna Decl. ¶¶ 4-7.
 - Apalachicola River: Florida is alleging harm to a variety of species and their habitat present in the River, including protected mussels and the Gulf sturgeon. Compl. ¶ 29, 52-53. The reduction in flow affects the available habitat for these species, as well as for non-threatened and endangered species of freshwater fish. Compl. ¶ 58. Reductions in flow also reduce the extent of flooding, which affects floodplain trees such as the Ogeechee tupelo tree. Compl. ¶¶ 25-26, 58. Specific examples of harm that has already occurred, and will continue to occur unless Georgia curbs its consumption, are stranding of mussels, dying of floodplain trees, and reductions in the spawning and rearing habitat of freshwater fish. Allan Decl. ¶¶ 10-12. The River basin is also home to the largest diversity of reptiles and amphibians in the U.S., and such species (including the species for which Florida has received grants) may also have been harmed by Georgia's consumption. Allan Decl. ¶ 8.
- Economic and social harm: Florida is also alleging that the Apalachicola Region's population, which relies heavily on the health of the ecosystem, has been and continues to be harmed though such injury stands separate and apart from the ecological injuries asserted above. Compl. ¶¶ 5, 30, 42.
 - Seafood industry: Reductions in flow have reduced the abundance of valuable estuarine species including oysters, shrimp, blue crab, and finfish. Compl. ¶¶ 31-32, 54-56, Br. in Supp. of Compl. 6, 21.
 - Recreation: Reductions in flow affect species that are used in recreational fishing and attract tourists. Br. in Supp. of Compl. 6, 9, 21.

- Documentation: Proof of injury to Florida can be found in many publicly available documents and datasets, including but not limited to the following:

DESCRIPTION	AVAILABLE AT
Apalachicola National Estuarine Research Reserve – Oyster Growth Data	FL-ACF-00000030 through FL-ACF-00002573
Apalachicola National Estuarine Research Reserve – Trawling Data	FL-ACF-00002574 through FL-ACF-00002576
Apalachicola National Estuarine Research Reserve – GIS Data	FL-ACF-00002577 through FL-ACF-00002626
Apalachicola National Estuarine Research Reserve – System Wide Monitoring Program Data (Salinity, Chemical Nutrients, Weather)	FL-ACF-00002627 through FL-ACF-00004987 <i>Also available at:</i> National Estuarine Research Reserve System Centralized Data Management Office, http://cdmo.baruch.sc.edu/
Florida Department of Agriculture & Consumer Services – Oyster Data	FL-ACF-00005033 through FL-ACF-00006145
Florida Fish and Wildlife Conservation Commission – Fisheries Independent Monitoring Data & Reports	FL-ACF-00038875 through FL-ACF-00038940 FL-ACF-01806879 through FL-ACF-01811872
Fish and Wildlife Service – Biological Opinions on the Corps’ (Revised) Interim Operating Plan for Jim Woodruff Dam Fish and Wildlife Service – Fish and Wildlife Coordination Act Letters and Reports Related to the ACF Master Water Control Manual Update U.S. Army Corps of Engineers – Biological Assessments and Other Reports Related to the (Revised) Interim Operating Plan for Jim Woodruff Dam U.S. Army Corps of Engineers – Reports Related to the ACF Master Water Control Manual Update	In Georgia’s possession
Robert Livingston – Historical Trawling and Other Data	FL-ACF-01812218
Academic literature and government reports, listed in Appendix A	Publicly available (or previously produced)

As Georgia notes, Florida only has to articulate a “basis for each injury it claims” to allow Georgia to understand Florida’s alleged harm and requested relief, and Florida asserts this description of its harm sufficiently puts Georgia on notice of the various distinct ways in which Florida has been injured.

Florida continues to investigate through its experts additional specific ways in which Georgia’s consumption has harmed the Apalachicola ecosystem and economy, as well as the full magnitude of such harm. Florida reserves the right to supplement its response to this Interrogatory as additional information is developed.

Respectfully submitted,

/s/

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APPENDIX A

LIST OF ARTICLES AND REPORTS EVIDENCING, SUPPORTING, OR DISCUSSING HARM TO THE APALACHICOLA RIVER AND BAY ECOSYSTEMS

- Abell, R. A., et al. (2000). *Freshwater ecoregions of North America: A conservation assessment*. Washington, DC: Island Press.
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- Beck, M. B., et al. (2011). Shellfish reefs at risk: A global analysis of problems and solutions. *Bioscience*, 61, 107-116.
- Benke A. C., et al. (1985). Importance of the snag habitat for animal production in a southeastern stream. *Fisheries*, 10, 8-13.
- Benke, A. C. & Wallace, J. B. (2014). High secondary production in a Coastal Plain river is dominated by snag invertebrates and fuelled mainly by amorphous detritus. *Freshwater Biology*, 60, 236-255.
- Bennet, W. A. (2005). Critical assessment of the Delta smelt population in the San Francisco Estuary, California. *San Francisco Estuary and Watershed Science*, 3, 73.
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- Bergquist, D. C., et al. (2006). Development of ecosystem indicators for the Suwannee River estuary: Oyster reef habitat quality along a salinity gradient. *Estuaries and Coasts* 29, 353-360.
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No. 142, Original

In the
Supreme Court of the United States

STATE OF FLORIDA,

Plaintiff,

v.

STATE OF GEORGIA,

Defendant.

Before the Special Master

Hon. Ralph I. Lancaster

THE STATE OF FLORIDA’S OCTOBER 2, 2015 PROGRESS REPORT

The State of Florida respectfully submits this Progress Report to the Special Master pursuant to Section 4 of the December 3, 2014 Case Management Plan (“CMP”), as subsequently amended.

I. CHANGES IN THE GENERAL STATUS OF THE MATTER.

Since the State of Florida’s September 4, 2015 Progress Report, Florida has: (1) issued subpoenas and deposition notices for eighteen depositions, pursuant to Section 6.2 and Appendix C of the CMP; (2) continued to produce thousands of pages of responsive documents to Georgia pursuant to its broad production requests; (3) served additional written discovery; (4) begun taking its previously noticed depositions; (5) worked to resolve discovery disputes with third parties; and (6) participated in multiple meet-and-confer calls with Georgia on discovery issues. Additional detail about Florida’s discovery efforts is provided below.

II. DISCOVERY EFFORTS.

A. Written Discovery Among The Parties

Since the September 4, 2015 Progress Report, Florida has continued to move forward with written discovery. Specifically, on September 25, 2015 Florida served its Third Set of Interrogatories to Georgia and its First Set of Requests for Admission. For its part, Georgia served Interrogatories and 336 separate Requests for Admission on the same day.

B. Production of Responsive Documents

The States are continuing to produce documents on a rolling basis. As noted previously, Florida has mobilized a large document review team to review and produce responsive information in accordance with the schedule established by the CMP. To date, Florida has produced approximately 660,000 emails (including more than 160,000 this week), more than 100,000 pages of non-email electronically stored information, and nearly 90,000 documents received from third parties. In all, Florida has produced more than 3 million pages of documents in response to Georgia's document requests.

The States continue to meet-and-confer to facilitate the discovery process and to resolve discovery issues promptly. As noted in previous Progress Reports, the States have devoted a considerable amount of time to further developing and refining the parameters of electronic discovery, and have reached agreement on an initial set of email custodians and search terms for each side. However, certain issues regarding email productions have arisen.

First, Georgia has informed Florida that it did not preserve the email accounts of four of Florida's selected custodians—Harold Reheis, Carol Couch, Allen Barnes, and Ed Holcombe. Reheis, Couch, and Barnes were Directors of the Georgia Environmental Protection Division for the majority of the period since litigation over the ACF was filed in 1990 and were integral to prior compact negotiations between the States and water policy in Georgia during relevant

periods. Similarly, Holcombe is the former Chief of Staff to Governor Purdue and a key member of the Governor's 2009 Water Contingency Task Force studying potential conservation measures. Georgia has yet to provide a full or satisfactory explanation for why these email accounts were not preserved. Florida is concerned that these issues have remained unresolved for so long and is raising them yet again with Georgia.

Second, in the September 30 deposition of Dr. Martin Kistenmacher, counsel for Florida learned that Georgia counsel (who is now also representing witnesses from Georgia universities) chose not to produce relevant Kistenmacher emails that Florida had subpoenaed specifically for purposes of the deposition.¹ Florida was disappointed when Georgia indicated that the emails were not being produced, but nevertheless proceeded with the initial scheduled day of the deposition. Although the written objections to production submitted by the Office of the Georgia Attorney General indicated that email records would be “unduly burdensome” to produce (these objections did not identify any privilege from production), the witness testified that he has preserved the subject emails for production in a specific folder on his computer, and would not be inconvenienced by such a production. Failure to produce the Kistenmacher and other relevant email files, and certain metadata, impacted the deposition. Counsel lacked context and explanations for key analytical documents that were the focus of the deposition. And the witness encountered difficulties authenticating certain documents and differentiating between drafts and final versions of others. We have been unable to schedule a meet and confer session with Georgia on this issue before this coming Monday, and remain uncertain if the emails will be produced. The deposition remains open pending resolution of this issue.

¹ By agreement among the parties, Georgia and Florida universities were previously regarded as third parties subject to subpoena, and thus outside of the scope of the email custodian agreement between the States. Florida's subpoena *duces tecum* for Dr. Kistenmacher specifically requested the communications at issue.

These two issues have not yet ripened into disputes, but given the rapid pace of discovery in the case, Florida felt compelled to mention them now. If at all possible, we will work to resolve these and other ongoing issues with Georgia amicably.

C. Written Discovery to Third Parties

Florida has continued on a daily basis to pursue responses to its written discovery from numerous non-parties, including a number of federal agencies and departments.

1. Touhy Requests and Subpoenas to Federal Agencies

The States are continuing to cooperate with the agencies and departments upon which they have served *Touhy* requests. Since the September 4, 2015 status report, Florida has received supplemental productions from USGS and the Corps, and has followed up with counsel for the United States regarding additional documents for production from the Corps, and counsel for the State Department regarding its production in response to Florida's July 8, 2015 *Touhy* request for production of documents. Although certain key materials have not yet been produced, Florida believes that the U.S. Government is diligently responding to its requests.

In addition, on September 21, 2015 counsel for Florida informed counsel for the United States that it intended to seek testimony from seven U.S. agency employees, specifically including four from USFWS, two from USGS, and one from the Corps. Florida has (to date) delayed serving these requests pending resolution of the question of deposition limits raised by Georgia. Given the pace of discovery, Florida may serve these requests in the coming week.

The States will continue to meet and confer with the agencies regarding their *Touhy* requests to facilitate the agencies' response to them.

2. Non-Party Subpoenas Seeking Production of Documents

Florida has not served any additional subpoenas for production of documents since the September 4 Progress Report. Thus far, counsel for Florida has conferred with representatives of,

or otherwise obtained documents from 90 of the 93 entities it has subpoenaed. Florida continues to work with these subpoenaed third parties to facilitate production of documents and resolve any outstanding issues. With the exception of a few entities, noted below, these efforts have been successful. Subpoenaed entities have made at least a partial production of documents, yielding almost 90,000 documents produced to date. Florida will continue to make every effort to facilitate the third parties' timely, cost-efficient production of documents. However, given the scope of the search required to respond, several of the non-parties have been unable to complete their productions within 120 days. Florida is continuing to work with counsel for these entities to facilitate production, and will apprise the Special Master promptly of any concerns that cannot be resolved by the parties.

As noted above, the vast majority of the subpoenaed entities have worked cooperatively with Florida to produce responsive documents. However, as reported previously, *see August 7, 2015 Progress Report* at 3-4 & *September 4, 2015 Progress Report* at 3-5, Florida has a continuing disagreement with ACF Stakeholders, Inc. ("ACFS") over the production of responsive documents it is seeking to discover. ACFS is a group of non-litigants, the majority of whom are located in Georgia. Among other activities, the group cooperated with advisors (including certain researchers and professors at the Georgia Institute of Technology) to analyze the impacts of agricultural irrigation and other upstream consumption on river flows in the ACF Basin, for purposes of making public recommendations to policy makers in the region. Florida is pursuing these analyses because they incorporate key data relevant to issues in this case, and because the analyses demonstrate that Georgia researchers and professors specializing in relevant fields developed data and reached conclusions at odds with the position of the State of Georgia in this litigation.

As Florida noted in its September 4 Progress Report, Florida has sought to avoid imposing significant financial burdens on ACFS—a non-profit with limited funding—so Florida has pursued discovery of ACFS’s modeling and technical files from other entities involved in the ACFS process, including the Georgia Water Resources Institute (“GWRI,” a part of the Georgia Institute of Technology, now represented by Georgia counsel), Atkins, and Black & Veatch. *September 4, 2015 Progress Report* at 4-5. To date, Florida has obtained the vast majority of the analytical documents developed during the ACFS process—most of which were provided by GWRI.

Notwithstanding GWRI’s production of these materials, counsel for ACFS continues to attempt to prevent production of additional relevant documentation, insisting that non-privileged email communications relating to and explaining these analyses must not be produced. Florida does not object to maintaining the confidentiality of this material under this Court’s confidentiality order. ACFS has never asserted attorney-client privilege as a basis for withholding these communications, and Florida believes that ACFS counsel’s position is not “substantially justified” under Federal Rules of Civil Procedure. Florida desires to resolve this issue and has repeatedly requested that ACFS counsel produce a log of the documents withheld so that a specific focused motion to compel can be pursued. To date, ACFS counsel has refused to provide any such log. We are currently working with counsel for Black and Veatch and Atkins to narrow any remaining issues so that an appropriate motion to compel can be brought.

D. Depositions

Written discovery concludes on November 10, and a number of the key depositions in this case will necessarily occur after that date. That said, Florida has been aggressively pursuing deposition discovery already, and (based on documents received to date) has carefully targeted each of its depositions to elicit specific probative information. As counsel for Florida noted in

the September 29, 2015 hearing on Georgia's request for a limit of 20 depositions per side, Florida anticipates taking up to 40 or 45 fact depositions. Florida has already noticed 28 depositions of Georgia witnesses and third parties, and, as noted above, has notified counsel for the United States that it intends to seek testimony from up to seven employees of federal agencies. Florida anticipates noticing up to eight to ten other depositions in the coming weeks.

Since the September 4, 2015 Progress Report, Florida has served subpoenas seeking testimony from eighteen additional individuals and organizations.

1. Judson Turner: Judson Turner is the current Director of the Georgia Environmental Protection Division ("EPD"). Mr. Turner was former Georgia Governor Sonny Perdue's executive counsel and also served as the then-governor's legal representative in negotiations with the Corps and USFWS regarding drought operations at the federal reservoirs of the ACF Basin. Turner has served both Governors Perdue and Nathan Deal as special executive counsel in negotiations between the states of Alabama, Georgia and Florida related to the ACF Basin. Turner signed an Affidavit on January 10, 2013 detailing Georgia's projected water supply demands through the year 2040, and has specific knowledge relevant to a large number of issues in this case.

2. Allen Barnes: Allen Barnes was the Director of the Georgia EPD from 2009-2011. Barnes was one of Governors Perdue's and Deal's chief negotiators with Florida and Alabama over allocation of water in the ACF Basin, both while he worked at the EPD and as a private contractor while working at Joe Tanner and Associates. Barnes was also involved in Georgia decisions regarding application of its Flint River Drought Protection Act, and should testify about a number of relevant Flint River issues.

3. Harold Reheis: Harold was the Director of the Georgia EPD from 1991-2003. He was directly involved with Georgia's water management policies and practices, including in the ACF Basin, while he worked at the EPD. Reheis managed water resource allocation and was involved in the interstate water compact negotiations among Georgia, Alabama and Florida.

4. Joe Tanner: Joe Tanner served as Commissioner of the Georgia Department of Natural Resources, from the department's creation in 1972 until May 1984 and from December 1990 until May 1995. Tanner participated in ACF Compact negotiations on behalf of Georgia, and has other relevant knowledge specifically relevant to arguments in this case.

5. Robert Kerr: Robert Kerr was the founding Director of the Pollution Prevention Assistance Division (P2AD) of the Georgia Department of Natural Resources. Prior to becoming the director of P2AD, Kerr served as the executive director of the Georgia Hazardous Waste Management Authority. Kerr represented Georgia on policy matters relative to two interstate water compacts. He also represented Georgia as the lead negotiator in the negotiations between Alabama, Florida, Georgia and the federal government to develop water allocation formulas under those compacts.

6. Wei Zeng: Wei Zeng is the head of the Hydrological Analysis Unit of the Watershed Protection Branch of the Georgia EPD. The Hydrological Analysis Unit provides mathematical modeling, analytical, and other technical support for water basin management issues, including in the ACF Basin. The Unit also develops water quality and surface water availability resources assessments for each river basin in Georgia. Zeng has been involved in hydrological modeling of the ACF Basin for years and has authored myriad reports, memoranda, presentations, and other communications regarding water demand, use, and flows in the ACF Basin. Georgia has produced over 30,500 of Zeng's documents in this matter.

7. Nap Caldwell: Napoleon “Nap” Caldwell is the Section Chief of the Water Supply Program in the Watershed Protection Branch of the Georgia EPD, working with Watershed Protection. Caldwell has been with the Georgia EPD for the past 20 years, he has advised the EPD Directory and Assistant Director on water and wastewater regulatory and policy matters. He oversees state water conservation and management projects, including fielding comments on proposed water and drought rules and working with population and hydrology data related to ground water permitting and water storage.

8. Cliff Lewis: Cliff Lewis is the Program Manager of the Agricultural Permitting Unit of the Georgia EPD. In this position, Lewis provides technical assistance to public and private officials, consultants, and the general public regarding hydro-geological and geological issues. He also coordinates EPD activities related to the Lower Flint River Drought Protection Act, inspects and monitors irrigation facilities to ensure compliance with state and federal regulations, and is responsible for reviewing and issuing withdrawal permit applications, as well as maintaining the permit files and databases. From 2008 through 2012, Lewis was an Assistant Branch Chief in the EPD Watershed Protection Branch and from 2005 through 2009 he was the EPD Farm Use Water Permitting Program Manager. He has been engaged in water allocation and compliance in Georgia for ten years and has a broad knowledge specifically relevant to this case.

9. David Eigenberg: David Eigenberg is the Deputy Executive Director of the Georgia Soil & Water Conservation Commission (“GSWCC”). GSWCC, and in turn, Eigenberg, were involved in the water metering program implemented by the State of Georgia (H.B. 579) to help conserve water resources. Eigenberg was also involved with the Flint River Surface and Groundwater Conservation project in which the Commission was charged with

piloting a cost-share project for the installation of water-saving irrigation technologies and/or improvements to irrigation systems in agricultural Georgia for the purpose of restoring natural discharge in the Flint River.

10. Bill Frechette: Bill Frechette is a geologist and Groundwater Unit Coordinator for the Georgia EPD. He reviews applications for groundwater permits, particularly municipal and industrial groundwater permits, including in the ACF Basin. Frechette also monitors permittees' groundwater use reports to analyze whether permittees have exceeded their permitted withdrawals. To perform his permitting duties, Frechette receives and analyses statistical data for water use and return flows in Georgia.

11. Aris Georgakakos: Dr. Aris Georgakakos is currently a Professor at the School of Civil and Environmental Engineering at Georgia Tech and Director of the GWRI. He specializes in climate/hydrologic/river basin modeling, served as a consultant to the State of Georgia, and to ACFS. He is a co-author of reports studying the hydrology of the ACF Basin. *See, e.g.,* Georgakakos, A.P., and M. Kistenmacher (2012): Unimpaired Flow Assessment for the Apalachicola Chattahoochee-Flint River Basin. Technical Report, GWRI, Georgia Tech., Atlanta, Georgia, 211p. He was the Principal Investigator for the report "Development of an Integrated Water Resources Management Plan for the Apalachicola-Chattahoochee-Flint (ACF) River Basin," sponsored by the ACF Stakeholders Association (2011-2014).

12. ARCADIS: ARCADIS is a global asset and design consulting firm. Among other things, the Georgia EPD contracted with ARCADIS-USA to develop unimpaired flow data used in the State Water Plan's Surface Water Availability Resource Assessment task. Such data contains stream flow under "natural" or "unimpaired" conditions, i.e. stream flow that would

have resulted without the human alterations. ARCADIS also provided EPD with water availability modeling, irrigation acreage, and other data related to hydrology in the ACF Basin.

13. Jon Ambrose: Dr. Jon Ambrose has been an employee of the Department of Natural Resources of Georgia for more than 28 years. Ambrose was recently named chief of the Georgia Wildlife Resources Division's Nongame Conservation Section in July 2014. As chief, Ambrose supervises an agency charged with conserving Georgia's rare and other nongame wildlife, such as fish and mussels, as well as native plants, and their natural habitats. Ambrose has worked directly on mussel conservation strategies in the lower Flint River Basin and studied the stream flow requirements and water use impacts on wildlife in the Flint River Basin.

14. Jason Wisniewski: Jason Wisniewski is a Wildlife Biologist at the Georgia Department of Natural Resources since 2004. Georgia identified Mr. Wisniewski as an individual that provided information included in Georgia's interrogatory responses. He is a mussel specialist who has created and run models to evaluate the impacts of hydrological changes on mussels. He has published many articles related to this topic such as: C.P. Shea, J.T. Peterson, M.J. Conroy, J.M. Wisniewski (2013), Evaluating the influence of land use, drought and reach isolation on the occurrence of freshwater mussel species in the lower Flint River Basin, Georgia (USA). *Freshwater Biology*; and J.C. Dycus, J.M. Wisniewski, J.T. Peterson (2014), The effects of flow and stream characteristics on the variation in freshwater mussel growth in a Southeast U.S. river basin. *Freshwater Biology*. These issues are directly relevant to impacts of agricultural irrigation on river flow.

15. Mark Masters: Mark Masters is the Director of the Georgia Water Planning and Policy Center at Albany State University. The Center acts as headquarters for the Flint River Water Planning and Policy Center. Masters conducts research focused on agricultural water use,

basin planning and the regional impacts of alternative water policies. Georgia water planning activities will be a key subject in this litigation.

16. Menghong Wen: Menghong Wen works in the Hydrological Analysis Unit of the Watershed Protection Branch of the Georgia EPD. Wen specialized in analysis of ground water and surface water withdrawals and flow levels. Wen also has knowledge of the models used to calculate streamflow simulations, and is a co-author of many reports and presentations studying the hydrology of the ACF Basin. *See, e.g.,* M. Wen, H. Liang, and W. Zeng (2011): Using the USGS Dougherty Plain Groundwater Model for Ensemble Analysis. Proceedings of the 2011 Georgia Water Resources Conference *available at* <http://www.gwri.gatech.edu/sites/default/files/files/docs/2011/3.1.3Zeng.pdf>; *see also* reports co-authored with Yi Zhang, cited below.

17. Yi Zhang: Yi Zhang is a former member of the Hydrological Analysis Unit of the Watershed Protection Branch of the Georgia EPD. Zhang is a co-author of a number of reports and presentations studying the hydrology of the ACF Basin. *See, e.g.,* Y. Zhang and M. Wen (2005), Watershed Modeling and Calibration for Spring Creek Sub-basin in Flint Basin of Georgia Using EPA BASINS/HSPF Modeling Tool. Georgia Water Resources Conference, p. 752; and Y. Zhang, D. Hawkins, W. Zeng, and M. Wen (2005), The Framework of GIS-based Decision Support Systems (DSS) for Water Resources, Georgia Water Resources Conference p. 769.

18. Jeff Regan: Jeff Regan works in the Hydrological Analysis Unit of the Watershed Protection Branch of the Georgia EPD. He is involved in the collection and analysis of data and modeling regarding water withdrawals and returns in the ACF Basin relevant to the issues before the Court.

As provided in Section 3 of Appendix C of the Case Management Plan, Florida is working with both counsel for the subpoenaed individuals and entities and counsel for Georgia to schedule these depositions at mutually convenient times and places. To date, Florida has scheduled multiple previously-noticed depositions, and has taken one—that of Dr. Martin Kistenmacher on September 30. Florida anticipates scheduling a large number of depositions over the next several weeks, and anticipates completing all noticed depositions by January 15, 2016, as required by the Case Management Plan.

III. UNRESOLVED DISPUTES.

There are no unresolved disputes with third parties other than the disputes detailed above, and no unresolved disputes between the States. While the States have identified certain issues regarding the sufficiency of written discovery responses and the completeness of designated and identified email custodians, they continue to meet and confer on a frequent basis to resolve such issues. As noted in prior Progress Reports, Florida believes that the scope and frequency of counsel interaction has facilitated—and will continue to facilitate—resolution of the foregoing and other issues.

IV. OTHER ISSUES OF CONCERN.

A. Technological Issues with the Production of Models and Data Sets

As Florida has noted in prior Progress Reports, technological issues with models and other data sets are slowing the States' progress in discovery. The States are continuing to discuss technological issues associated with the production of certain data sets and scientific models, but the production of such documentation remains challenging. Moreover, the assimilation and analysis of the data and modeling information produced to date by Georgia and various third parties is time consuming for both States, and has required multiple meet-and-confer sessions regarding the accessibility and scope of what has been produced. Florida anticipates such issues

will continue to arise as discovery progresses.

B. Timing

With the extensions of the discovery schedule granted by the Court on April 8, 2015 and May 11, 2015, Florida anticipates completing discovery in accordance with the schedule delineated in Sections 6 and 7 of the CMP, as amended.

V. FURTHER DISCOVERY ANTICIPATED DURING THE COMING MONTH.

Florida continues to analyze responses it received from Georgia and various third parties, and intends to serve additional deposition notices during the coming month. As it has endeavored to do throughout this proceeding, Florida will work to minimize the burden and narrow the scope of any additional discovery requests it issues to Georgia or any third parties.

Respectfully submitted,

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Attorneys for the State of Florida

From: [Ed Tellechea](#)
To: [Cerio, Tim](#)
Subject: Fw: ACLU Challenge of Abortion Restriction Law
Date: Thursday, June 11, 2015 9:04:34 AM
Attachments: [Complaint Concerning Constitutional Challenge To Statute Or Ordinance.pdf](#)
[Exhibit\(S\).pdf](#)
[Emergency Motion For Temporary Relief.pdf](#)
[Exhibit\(S\).pdf](#)
[Notice Amended Notice ToForOf.pdf](#)

See attachments below.

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*** Florida has a broad public records law. Most written communications, including emails, to or from state officials are public records subject to disclosure upon request. ***

----- Forwarded by Ed Tellechea/OAG on 06/11/2015 09:01 AM -----

From: Benjamin Stevenson
To: Peter Antonacci EOG , "GeneralCounsel@doh.state.fl.us" , "Ed Tellechea BoM" , Donna McNulty BoOS , "Stuart F. Williams AHCA"
Cc: Nancy Abudu , Renée Paradis (rparadis@aclu.org) , "Jennifer Lee (jlee@aclu.org)" , "richard@nettally.com" , "akatz@reprorights.org" , "TZegeye@reprorights.org"
Date: 06/11/2015 08:51 AM
Subject: ACLU Challenge of Abortion Restriction Law

Counselors –

We filed this morning a constitutional challenge to HB 633 imposing a 24-hour waiting period for abortions, which Gov. Scott signed into law yesterday afternoon. Please find attached the filed complaint and motion for an emergency injunction along with their exhibits and a notice of constitutional challenge.

We will request an immediate hearing on our motion. Please let me know if you will represent the respective parties or if we should coordinate with other counsel.

Benjamin James Stevenson | Staff Attorney

American Civil Liberties Union Foundation of Florida

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Because Freedom Can't Protect Itself | www.aclufl.org

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IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity as
Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of the
Florida Board of Medicine; FLORIDA BOARD OF
OSTEOPATHIC MEDICINE; ANNA HAYDEN,
D.O., in her official capacity as Chair of the Florida
Board of Osteopathic Medicine; FLORIDA
AGENCY FOR HEALTH CARE
ADMINISTRATION; and ELIZABETH DUDEK,
in her official capacity as Secretary of the Florida
Agency for Health Care Administration,

Defendants.

Case No. _____

COMPLAINT

I. PRELIMINARY STATEMENT

1. This action challenges the validity of House Bill 633 under the Florida Constitution. *See* Ch. 2015-1__, § 1, Laws of Fla. ("H.B. 633" or "the Act") (amending § 390.0111, Fla. Stat). H.B. 633 was signed by Governor Rick Scott on June 10, 2015, and is scheduled to take effect on July 1, 2015. The Act is attached hereto as Exhibit A-1.

2. H.B. 633 will impose an unwarranted twenty-four-hour delay and requirement of an additional trip to their doctor on women seeking abortion care in Florida. Existing law already requires physicians to provide patients with certain state-mandated information in

person, including the nature and risks of the procedure and the risks of carrying a pregnancy to term, and the probable gestational age of the embryo or fetus, as verified by ultrasound. H.B. 633 will require that information to be provided in person at least twenty-four hours before the abortion is performed. The Act thus will require a woman seeking to terminate a pregnancy to make an additional trip to her doctor at least twenty-four hours before she can then return to obtain her abortion. Violations of the Act will subject physicians and health care facilities to disciplinary action, including license revocation, license non-renewal, and monetary fines.

3. Article I, section 23 of the Florida Constitution guarantees the right to privacy of Florida citizens. This includes a woman's right to decide to terminate a pregnancy.

4. In imposing a mandatory delay and an additional-trip requirement before a woman may obtain abortion care, the Act will unlawfully intrude upon this right and violate the privacy rights of Florida women.

5. The Florida Legislature does not impose a similar mandatory delay or additional-trip requirement on any other medical procedure.

6. Both current Florida law and current medical best practices ensure that a woman's decision to obtain an abortion is fully informed. The state cannot meet its burden of proving that the Act satisfies strict scrutiny by furthering a compelling state interest through the least intrusive means, as required by the Florida Constitution's protection of the right to privacy.

7. If it goes into effect, the Act will cause immediate and irreparable harm to all Florida women seeking abortions and to Plaintiffs. It will also make it more difficult to obtain a medication abortion, and will impose particular harms on low-income women, women who have been abused or sexually assaulted, women facing medical risks from pregnancy that do not rise

to the level of a life-threatening medical emergency, and women who seek abortion due to a diagnosis of a severe fetal anomaly.

8. In addition, the Act will violate women's right to equal protection of the laws, as guaranteed by article I, section 2 of the Florida Constitution, by impermissibly singling out abortion as the only type of medical care for which a delay prior to the procedure is mandated by Florida law, and by impermissibly discriminating against women on the basis of their sex and on the basis of gender stereotypes.

9. Plaintiffs seek a declaratory judgment and a temporary and permanent injunction pursuant to Chapter 86, Florida Statutes, and Florida Rules of Civil Procedure Rule 1.610 to prevent the violation of their constitutional rights, those of their patients, and those of all Florida women.

II. JURISDICTION AND VENUE

10. This Court has jurisdiction over this action pursuant to article V, section 5(b) of the Florida Constitution and Sections 26.012 and 86.011, Florida Statutes.

11. Venue is proper in this Court pursuant to section 47.011, Florida Statutes because Defendants are located in this Circuit.

III. THE PARTIES

A. Plaintiffs

12. Plaintiff Gainesville Woman Care LLC d/b/a Bread and Roses Women's Health Center ("Bread and Roses") is a clinic located in Gainesville, Florida, which provides safe, legal, high-quality reproductive health care services to Florida women. Bread and Roses provides surgical abortions up to thirteen weeks and six days of pregnancy, dated from the first day of a woman's last menstrual period ("LMP"), and medication abortions up to eight weeks LMP.

Bread and Roses also offers pregnancy testing, contraception counseling and services, and referrals for other reproductive health care services, as well as for prenatal care and adoption services. Bread and Roses is licensed biannually and inspected annually by the Florida Agency for Health Care Administration. Bread and Roses sues on behalf of itself, its doctor, and its patients.

13. Plaintiff Medical Students for Choice is a not-for-profit organization that seeks to ensure abortion remains safe and legal in the United States and abroad. The organization works to destigmatize abortion provision and to make reproductive health care, including abortion care, a standard part of medical school education and residency training. Medical Students for Choice is composed of individual members who are organized into chapters located at medical school campuses and residency programs in seventeen countries, including seven affiliated chapters in Florida. Florida members of Medical Students for Choice receive training in abortion care and assist in providing abortions across the state, under the guidance and supervision of licensed physicians. Medical Students for Choice sues on behalf of its members and their patients.

B. Defendants

14. Defendant State of Florida, through its Legislature and Governor, adopted the challenged Act.

15. Defendant Florida Department of Health is the state agency authorized to impose penalties on providers of abortion care for violations of the Act. Defendant John H. Armstrong, M.D., is Secretary of the Department. Defendant Armstrong is sued in his official capacity as Secretary of Health for the State of Florida, as are his agents and successors.

16. Defendant Florida Board of Medicine is part of the Florida Department of Health. Defendant James Orr, M.D., is the Chair of the Florida Board of Medicine. Pursuant to Florida

law, the Florida Board of Medicine exercises supervisory powers over the state’s physicians and conducts disciplinary proceedings and imposes penalties against physicians. Defendants Florida Board of Medicine and Orr are authorized to impose penalties on providers of abortion for violations of the Act. Defendant Orr is sued in his official capacity as Chair of the Florida Board of Medicine, as are his agents and successors.

17. Defendant Florida Board of Osteopathic Medicine is part of the Florida Department of Health. Defendant Anna Hayden, D.O., is the Chair of the Florida Board of Osteopathic Medicine. Pursuant to Florida law, the Florida Board of Osteopathic Medicine exercises supervisory powers over the state’s osteopathic physicians and conducts disciplinary proceedings and imposes penalties against osteopathic physicians. Defendants Florida Board of Osteopathic Medicine and Hayden are authorized to impose penalties on providers of abortion for violations of the Act. Defendant Hayden is sued in her official capacity as Chair of the Florida Board of Osteopathic Medicine, as are her agents and successors.

18. Defendant Florida Agency for Health Care Administration is the state agency authorized to license abortion clinics, including Plaintiff Bread and Roses, and to refuse to renew those licenses for failure to comply with the Act. Defendant Elizabeth Dudek is Secretary of the Agency. Defendant Dudek is sued in her official capacity as Secretary of the Agency for Health Care Administration, as are her agents and successors.

IV. STATUTORY FRAMEWORK

19. Florida’s general informed consent law for medical procedures is codified at section 766.103, Florida Statutes. It provides for informed consent “in accordance with an accepted standard of medical practice among members of the medical profession,” with a doctor providing information that would allow “a reasonable individual, . . . under the circumstances,

[to] have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures.” § 766.103, Fla. Stat. The general informed consent statute does not mandate any waiting period or additional visit to a patient’s medical provider. *Id.*

20. Florida has a separate statutory provision for obtaining informed consent from patients seeking abortion. Under the current statutory scheme, a “termination of pregnancy” may not be performed or induced “except with the voluntary and informed . . . consent of the pregnant woman;” such consent is “voluntary and informed” if the “physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, informed the woman” of certain information, including “the nature and risks of the procedure, the probable gestational age of the fetus, and the risks to the woman and the fetus of carrying the pregnancy to term.” § 390.0111(3)(a)(1), Fla. Stat. A woman must confirm in writing that she has received this information orally from her physician. *Id.*

21. Pursuant to the Florida Supreme Court’s decision in *State v. Presidential Women’s Center*, 937 So. 2d 114 (Fla. 2006), the existing abortion-specific informed consent statute requires physicians to obtain informed consent in the same manner as is required under the general informed consent statute, and the information to be disclosed to patients—the risks of the procedure and the alternatives—is analogous to what is required under the general informed consent statute and at common law.

22. Section one of H.B. 633 would amend current law to provide that a woman’s consent to an abortion is “voluntary and informed” only if she makes an additional, separate visit to her provider’s office to receive that same information, at least twenty-four hours before returning for her procedure. H.B. 633 § 1.

23. The Act incorporates a narrow exception to the mandatory delay and additional-trip requirements for a life-threatening “medical emergency”—and even then, only where a physician “has obtained at least one corroborative medical opinion attesting to the medical necessity for emergency procedures and to the fact that to a reasonable degree of medical certainty the continuation of the pregnancy would threaten the life of the pregnant woman.” § 390.0111(3)(b), Fla. Stat. If a second physician is not available, the physician must “document reasons for the medical necessity in the patient’s medical records.” *Id.*

24. Thus, the Act’s mandatory delay and additional-trip requirements apply for every woman who seeks abortion care to protect her life or health because she is suffering from an illness, disease, or medical condition—except if and when that illness or condition rises to the level of a life-threatening medical emergency. There is no exception to the mandatory delay for non-emergency threats to a woman’s life, and no exception to protect a woman’s health.

25. The Act also makes no exception for women who receive a diagnosis of a severe fetal anomaly during pregnancy. Thus, a woman seeking to end her pregnancy after receiving such a diagnosis must fulfill the delay and additional-trip requirements before she can terminate.

26. The only other exception to the Act’s requirements applies if, at the time the patient “schedules or arrives for her appointment . . . she presents to the physician a copy of the restraining order, police report, medical record, or other court order or documentation evidencing that she is obtaining the abortion because she is a victim of rape, incest, domestic violence, or human trafficking.” H.B. 633 § 1.

27. This “exception” is no exception at all: The reality is that most women who are victims of rape, domestic violence, or other forms of assault do not seek medical attention in the

aftermath of these crimes or report these incidents to law enforcement. This narrow exception's stringent requirements provide no relief for these women.

28. Physicians are subject to disciplinary action for violating the Act, including revocation of their licenses to practice medicine and administrative fines of up to \$10,000 for each violation. § 390.011(3)(c), Fla. Stat.; *see also* §§ 458.331, 459.015, 456.072(2), Fla. Stat.

29. In addition, abortion clinics may be prevented from renewing their clinic licenses for violations of the Act. Fla. Admin. Code R. 59A-9.020.

30. The Act, by its terms, is scheduled to take effect July 1, 2015. H.B. 633 § 3.

V. STATEMENT OF FACTS

31. Legal abortion is one of the safest procedures in contemporary medical practice.

32. Women decide to terminate a pregnancy for a variety of reasons, including familial, medical, financial, and personal. Some women have abortions because they conclude that it is not the right time in their lives to have a child or to add to their families; some to preserve their life or their health; some because they receive a diagnosis of a severe fetal medical condition or anomaly; some because they have become pregnant as a result of rape; and others because they choose not to have biological children.

33. Approximately one in three women in this country will have an abortion by age forty-five. A majority of women having abortions (61%) already have at least one child, while most (66%) also plan to have a child or additional children in the future.

34. Women in Florida may obtain two types of abortion care: medication abortion and surgical abortion. Medication abortion is a method of terminating an early pregnancy by taking medications that cause the woman to undergo a procedure similar to an early miscarriage.

Medication abortion is available only through nine weeks LMP. Surgical abortion is available in Florida through twenty-three weeks and six days LMP.

35. Plaintiff Bread and Roses currently uses a comprehensive informed consent process for abortion, available on the day of the procedure, which provides women with the state-mandated information, as well as all other information necessary for them to fully understand the risks and benefits of abortion and of the alternatives to abortion. This process also ensures that after thoroughly considering this information, a woman gives consent that is informed and voluntary, and that she is confident in her decision. Bread and Roses gives its patients multiple opportunities to ask questions and discuss any concerns with their physician prior to an abortion.

36. Thus, Bread and Roses' existing informed consent process is consistent with current best medical practices, requirements under current Florida law, and informed consent processes for medical procedures with a comparable degree of risk.

37. The Act's requirement that all women seeking abortion care receive certain state-mandated information in person and at least twenty-four hours prior to the procedure will require women to make a minimum of two trips to their health care provider and to wait at least one additional day before they are able to obtain an abortion.

38. This forced delay and additional-trip requirement will injure all Florida women seeking abortions in multiple ways.

39. First, the Act will require women who have decided to terminate a pregnancy to make an additional, unnecessary visit to the clinic, and to wait twenty-four hours before the state permits them to effectuate their decision. This unwarranted intrusion into their personal privacy and autonomy, the interference with the physician-patient relationship, the judgment and moral

disapproval from the state the Act communicates, and the anxiety associated with delaying an abortion that a woman has decided she wants will harm all Florida women seeking this care.

40. Second, the Act will impose tangible costs: the mandatory extra trip will require greater outlays of time and money, including an additional day's absence from work, home, and/or school. For many women it will involve lost wages and added travel and child-care costs, and for some women, it will also require an overnight stay away from home.

41. Third, by requiring a woman to make time for and to take an additional trip to her health care provider, the Act will threaten her confidentiality. Forcing a woman to make an unnecessary additional trip increases the risk that her partner, family members, employer, co-workers, or others whom she has not told will learn that she is having an abortion.

42. Fourth, the Act will cause delays of greater than twenty-four hours for some women. For many women, it will be difficult, if not impossible, to schedule an appointment on two consecutive days due to work and/or school schedules, child-care availability, and the need to secure transportation to and from a provider. Moreover, Plaintiff Bread and Roses' doctor has a limited schedule, allowing her to provide care on only certain days, which will likely be true at other clinics as well. The mandatory delay and additional-trip requirement will thus significantly delay some women in obtaining abortion care.

43. Delay in obtaining an abortion can in turn cause additional harms. Although abortion is extremely safe, delays in performing an abortion increase the risk to a woman's health and well-being. Even a short delay will be sufficient to prolong some women's pregnancies into the second trimester, thereby significantly increasing the inconvenience and risk associated with the procedure, and/or requiring travel to a more distant health care provider if the

original provider does not offer services at that later point in pregnancy. Abortions are also more expensive the later they are performed.

44. Fifth, the additional-trip requirement exposes patients to further harassment by anti-abortion activists including those who regularly picket Plaintiff Bread and Roses.

45. The mandatory delay and additional-trip requirements will also be problematic for women seeking a medication abortion, which is available only early in pregnancy. Medication abortion allows patients to end a pregnancy at the earliest stages without undergoing a surgical procedure, and some women prefer it because they find it to be less invasive and more like a spontaneous miscarriage; others prefer medication abortion because it is more private and allows them to feel more in control of the process. For some women, medication abortion is medically indicated for physiological reasons that make surgical abortion difficult or impossible to perform. For other women, such as survivors of sexual assault, medication abortion is indicated to protect their mental health, as it is less intrusive into a woman's body. The delays the Act will impose, as described *supra* ¶¶ 42-43, will push some women beyond the timeframe in which medication abortion is an available option.

46. While a follow-up appointment is not considered medically necessary after a surgical abortion in most circumstances, the standard of care in the United States is to recommend some manner of a follow-up visit for a medication abortion. As a result, the Act's additional-trip requirement may fall more heavily on medication abortion patients. Some women may thus choose to have a surgical abortion, instead of the medication abortion they would otherwise prefer, to avoid yet another visit to their provider.

47. In addition to these harms common to all Florida women seeking abortions, and in addition to the difficulty it poses to women who would prefer medication abortion, the

mandatory delay and additional-trip requirements will pose particular harms to especially vulnerable populations of Florida women: low-income women; women who are the victims of domestic violence and those whose pregnancy is the result of rape or other forms of abuse; those who face medical risks from pregnancy that fall short of a life-threatening medical emergency; those whose pregnancies involve a severe fetal anomaly; and those minors who must seek a judicial bypass of the parental notification law in order to obtain a safe and legal abortion.

48. Nationally, approximately 70% of women seeking abortions are below 200% of the federal poverty level (“the FPL”), a frequent measure of low-income populations: in approximate terms, 40% are below the FPL, and another 30% are between 100% and 200% of the FPL. Because Florida’s poverty rate is higher than the national rate, it is likely that an even greater majority of women seeking abortions in Florida are low-income.

49. Low-income women will have the most difficulty in rearranging inflexible work schedules at low-wage jobs; arranging and paying for child-care; paying for the travel costs for an additional trip to the clinic; foregoing lost wages for missed work; paying for any increased costs associated with a later procedure; and saving up the money required to cover any or all of these additional expenses.

50. Women who are the victims of domestic violence will also face particular challenges as a result of this law. Having a child with an abuser can legally bind the woman to her abuser for life; having an infant to care for can make it that much harder for a woman to escape. Abusers may, if they know a woman is pregnant, try to force her to carry to term. Additional trips to the clinic increase exponentially the likelihood that an abuser will discover that his victim is terminating a pregnancy.

51. For a woman who has survived rape, the additional-trip requirement is likewise menacing: forcing her to make an unnecessary additional trip may be emotionally and psychologically damaging and increases the risk of unwanted disclosure of the rape and resulting pregnancy. Moreover, the many logistical difficulties of arranging a separate visit to the provider, including taking time off from work and/or school, arranging child-care, and making the necessary travel arrangements, are likely to be even more difficult for a woman following a traumatic event such as a rape.

52. The Act's narrow exception for victims of rape, incest, domestic violence, and human trafficking—which requires documentation—is meaningless for the vast majority of women who become pregnant under these horrific circumstances. The reality is that the majority of victims do not seek police or medical assistance in the aftermath of these crimes.

53. Forcing such women to make an additional trip in order to obtain abortion care may threaten their safety or well-being, could significantly delay them in seeking care, and could prevent them from obtaining an abortion altogether.

54. The Act will also threaten the health of Florida women seeking abortion care to protect their lives or health. While the Act incorporates a limited exception for medical emergencies that “threaten the *life* of the pregnant woman,” § 390.0111(3)(c), Fla. Stat., (emphasis added), there exists no exception for non-emergency threats to a woman's life or for *any* kind of threat to a woman's health.

55. For women who decide to terminate a wanted pregnancy after receiving a diagnosis of a severe fetal anomaly, the mandatory delay and additional-trip requirements are especially cruel, and will delay physicians in exercising their judgment to provide the care that is most appropriate for patients who have made that decision.

56. The Act will further infringe upon the right to abortion of minor women who choose to seek a judicial bypass of the requirement that they notify a parent, as permitted by Section 390.01114, Florida Statutes. Those minors will need to make an extra trip to the provider, in addition to the separate trips, delays, stresses, and costs involved in obtaining a judicial bypass.

57. Finally, by imposing a delay on abortion—a delay the Legislature does not impose on any other medical procedure—the Act suggests to abortion patients that the Legislature believes women are not competent to render considered, appropriate medical decisions for themselves and their families, and must instead be forced by the state to reconsider their medical decisions. This mandatory delay reflects and perpetuates the stereotype that women do not understand the nature of the abortion procedure, do not think carefully about their decision, and/or are less capable of making informed decisions about their health care than are men.

58. The Legislature considered a number of amendments that would have either ameliorated the Act's effects or applied its requirements to other procedures, all of which were rejected:

- One amendment would have imposed similar mandatory delay and additional-trip requirements before a man could obtain a vasectomy. *See* S.B. 724, A. 829796, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-2; *H.B. 633 – Informed Patient Consent*, Florida House of Representatives, <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=53704> (last visited June 5, 2015) [hereinafter *H.B. 633 Legislative History*]
- Another would have permitted women certain of their decisions to waive the Act's requirements and receive the mandated information on the same day as the abortion procedure. *See* H.B. 633, A. 213635, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-3; *H.B. 633 Legislative History*.
- Another would have allowed women who live 100 miles or more from the nearest abortion provider to waive the mandatory delay and additional-trip requirements. *See*

S.B. 724, A. 449942, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-4; *S.B. 274 – Termination of Pregnancies*, Florida House of Representatives, <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=53671&> (last visited June 5, 2015) [hereinafter *S.B. 724 Legislative History*].

- Two more would have permitted the informed consent information to be provided to the woman electronically, rather than in person, twenty-four hours before her abortion procedure. *See* S.B. 724, A. 853480, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-5; S.B. 724, A. 231828, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-6; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.
- Two others would have allowed the physician who would perform the abortion to delegate the informed consent requirements to a registered nurse, licensed practical nurse, advanced registered nurse, nurse practitioner, or physician assistant, addressing the delay for women sometimes created by doctors' limited clinic schedules. *See* S.B. 724, A. 930638, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-7; *H.B. 633*, A. 711443, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-8; *H.B. 633 Legislative History*.
- Three amendments would have allowed women who are victims of rape, incest, domestic violence, or human trafficking to waive the mandatory delay and additional-trip requirements without requiring official documentation. *See* S.B. 724, A. 874120, 974400, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-9; S.B. 724, A. 888882, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-10; S.B. 724, A. 113284, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-11; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.
- Two others would have waived the mandatory delay and additional-trip requirements for women who have received a diagnosis of a severe fetal anomaly. *See* SB. 724, A. 591932, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-12; Ex. A-11. *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.
- Two would have created an exception from the mandatory delay and additional-trip requirements in cases where the pregnancy poses a risk to the woman's health. *See* Ex. A-11, A-12; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.

59. If the Act goes into effect, Bread and Roses' physician risks the loss of her license to practice medicine and other disciplinary penalties for any violation of the Act.

60. If the Act goes into effect, Bread and Roses faces non-renewal of its license as an abortion clinic for failure to comply with the Act.

61. If the Act goes into effect, members of Medical Students for Choice who are trained in and assist in the provision of abortion care in Florida will be forced to deliver care that is not in the best interests of patients, that is antithetical to the instruction they otherwise receive regarding the informed consent process, and that is detrimental to their training as conscientious physicians, due to their participation in medical care that puts patients at risk of harm.

62. Florida law does not impose the Act's unnecessary and onerous provisions upon any other medical procedure.

63. The Act will irreparably harm Plaintiffs' patients in numerous ways, including by requiring women who have decided to terminate a pregnancy to make an additional, unnecessary visit to the clinic and to wait twenty-four hours before the state permits them to effectuate their decision; intruding into their personal privacy and autonomy; interfering with the physician-patient relationship; conveying judgment and moral disapproval from the state; requiring unnecessary delay that perpetuates outdated stereotypes about women; making the process of obtaining an abortion more costly; threatening the health of women seeking abortions; threatening the confidentiality of women seeking abortions; and cruelly forcing women pregnant under untenable circumstances to wait to terminate their pregnancies.

64. The state has no compelling interest in imposing the mandatory delay and additional-trip requirements on women who have made the decision to terminate their pregnancies.

65. Even if the mandatory delay were justified, the state has no compelling interest in requiring a patient to make an additional trip to her health care provider to receive the mandated information in person.

66. Even if there were compelling state interests behind these unnecessary requirements, there are other, less intrusive means that would adequately serve these interests.

VI. CLAIMS FOR RELIEF

COUNT I – RIGHT TO PRIVACY

67. Plaintiffs hereby reaffirm and reallege each and every allegation made in ¶¶ 1-66 above as if set forth fully herein.

68. The Act violates the right to privacy of women seeking and obtaining abortions in the state of Florida, as guaranteed by article I, section 23 of the Florida Constitution.

COUNT II – RIGHT TO EQUAL PROTECTION

69. Plaintiffs hereby reaffirm and reallege each and every allegation made in ¶¶ 1-66 above as if set forth fully herein.

70. The Act violates Plaintiffs’ and their patients’ rights to equal protection of the laws in the state of Florida, as guaranteed by article I, section 2 of the Florida Constitution, by:

(a) singling out abortion for onerous and medically unnecessary restrictions that the Florida Legislature does not impose upon any other medical procedure for which people may consent; and

(b) discriminating against women on the basis of their sex and on the basis of gender stereotypes.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray that this Court:

1. Issue a declaratory judgment that Section 1 of H.B. 633 violates the rights of Plaintiffs, their patients, and Florida women, as protected by the Florida Constitution, and is therefore void and of no effect.

2. Issue temporary and final injunctive relief, without bond, restraining the enforcement, operation and execution of Section 1 of H.B. 633 by enjoining Defendants, their agents, employees, appointees, or successors from enforcing, threatening to enforce, or otherwise applying the provisions of that statute.
3. Grant Plaintiffs' costs.
4. Grant such further relief as may be just and proper.

Respectfully submitted this 11th day of June 2015.

/s/ Benjamin James Stevenson

Benjamin James Stevenson

FL Bar #598909

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Attorneys for Medical Students for Choice

*Pro Hac Vice Application Forthcoming

Exhibit A-1



ENROLLED

HB 633, Engrossed 1

2015 Legislature

1
2 An act relating to informed patient consent; amending
3 s. 390.0111, F.S.; revising conditions for the
4 voluntary and informed consent to a termination of
5 pregnancy; reenacting s. 390.012(3)(d), F.S., relating
6 to Agency for Health Care Administration rules
7 regarding medical screening and evaluation of abortion
8 clinic patients, to incorporate the amendment made by
9 this act to s. 390.0111, F.S., in a reference thereto;
10 providing an effective date.
11

12 Be It Enacted by the Legislature of the State of Florida:
13

14 Section 1. Paragraph (a) of subsection (3) of section
15 390.0111, Florida Statutes, is amended to read:

16 390.0111 Termination of pregnancies.—

17 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
18 be performed or induced except with the voluntary and informed
19 written consent of the pregnant woman or, in the case of a
20 mental incompetent, the voluntary and informed written consent
21 of her court-appointed guardian.

22 (a) Except in the case of a medical emergency, consent to
23 a termination of pregnancy is voluntary and informed only if:

24 1. The physician who is to perform the procedure, or the
25 referring physician, has, at a minimum, orally, while physically
26 present in the same room, and at least 24 hours before the



ENROLLED

HB 633, Engrossed 1

2015 Legislature

27 procedure ~~in person~~, informed the woman of:

28 a. The nature and risks of undergoing or not undergoing
29 the proposed procedure that a reasonable patient would consider
30 material to making a knowing and willful decision of whether to
31 terminate a pregnancy.

32 b. The probable gestational age of the fetus, verified by
33 an ultrasound, at the time the termination of pregnancy is to be
34 performed.

35 (I) The ultrasound must be performed by the physician who
36 is to perform the abortion or by a person having documented
37 evidence that he or she has completed a course in the operation
38 of ultrasound equipment as prescribed by rule and who is working
39 in conjunction with the physician.

40 (II) The person performing the ultrasound must offer the
41 woman the opportunity to view the live ultrasound images and
42 hear an explanation of them. If the woman accepts the
43 opportunity to view the images and hear the explanation, a
44 physician or a registered nurse, licensed practical nurse,
45 advanced registered nurse practitioner, or physician assistant
46 working in conjunction with the physician must contemporaneously
47 review and explain the images to the woman before the woman
48 gives informed consent to having an abortion procedure
49 performed.

50 (III) The woman has a right to decline to view and hear
51 the explanation of the live ultrasound images after she is
52 informed of her right and offered an opportunity to view the



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HB 633, Engrossed 1

2015 Legislature

53 images and hear the explanation. If the woman declines, the
54 woman shall complete a form acknowledging that she was offered
55 an opportunity to view and hear the explanation of the images
56 but that she declined that opportunity. The form must also
57 indicate that the woman's decision was not based on any undue
58 influence from any person to discourage her from viewing the
59 images or hearing the explanation and that she declined of her
60 own free will.

61 (IV) Unless requested by the woman, the person performing
62 the ultrasound may not offer the opportunity to view the images
63 and hear the explanation and the explanation may not be given
64 if, at the time the woman schedules or arrives for her
65 appointment to obtain an abortion, a copy of a restraining
66 order, police report, medical record, or other court order or
67 documentation is presented which provides evidence that the
68 woman is obtaining the abortion because the woman is a victim of
69 rape, incest, domestic violence, or human trafficking or that
70 the woman has been diagnosed as having a condition that, on the
71 basis of a physician's good faith clinical judgment, would
72 create a serious risk of substantial and irreversible impairment
73 of a major bodily function if the woman delayed terminating her
74 pregnancy.

75 c. The medical risks to the woman and fetus of carrying
76 the pregnancy to term.

77
78 The physician may provide the information required in this



ENROLLED

HB 633, Engrossed 1

2015 Legislature

79 subparagraph within 24 hours before the procedure if requested
80 by the woman at the time she schedules or arrives for her
81 appointment to obtain an abortion and if she presents to the
82 physician a copy of a restraining order, police report, medical
83 record, or other court order or documentation evidencing that
84 she is obtaining the abortion because she is a victim of rape,
85 incest, domestic violence, or human trafficking.

86 2. Printed materials prepared and provided by the
87 department have been provided to the pregnant woman, if she
88 chooses to view these materials, including:

89 a. A description of the fetus, including a description of
90 the various stages of development.

91 b. A list of entities that offer alternatives to
92 terminating the pregnancy.

93 c. Detailed information on the availability of medical
94 assistance benefits for prenatal care, childbirth, and neonatal
95 care.

96 3. The woman acknowledges in writing, before the
97 termination of pregnancy, that the information required to be
98 provided under this subsection has been provided.

99
100 Nothing in this paragraph is intended to prohibit a physician
101 from providing any additional information which the physician
102 deems material to the woman's informed decision to terminate her
103 pregnancy.

104 Section 2. For the purpose of incorporating the amendment



ENROLLED

HB 633, Engrossed 1

2015 Legislature

made by this act to section 390.0111, Florida Statutes, in a reference thereto, paragraph (d) of subsection (3) of section 390.012, Florida Statutes, is reenacted to read:

390.012 Powers of agency; rules; disposal of fetal remains.—

(3) For clinics that perform or claim to perform abortions after the first trimester of pregnancy, the agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter, including the following:

(d) Rules relating to the medical screening and evaluation of each abortion clinic patient. At a minimum, these rules shall require:

1. A medical history including reported allergies to medications, antiseptic solutions, or latex; past surgeries; and an obstetric and gynecological history.

2. A physical examination, including a bimanual examination estimating uterine size and palpation of the adnexa.

3. The appropriate laboratory tests, including:

a. Urine or blood tests for pregnancy performed before the abortion procedure.

b. A test for anemia.

c. Rh typing, unless reliable written documentation of blood type is available.

d. Other tests as indicated from the physical examination.

4. An ultrasound evaluation for all patients. The rules shall require that if a person who is not a physician performs



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HB 633, Engrossed 1

2015 Legislature

131 an ultrasound examination, that person shall have documented
132 evidence that he or she has completed a course in the operation
133 of ultrasound equipment as prescribed in rule. The rules shall
134 require clinics to be in compliance with s. 390.0111.

135 5. That the physician is responsible for estimating the
136 gestational age of the fetus based on the ultrasound examination
137 and obstetric standards in keeping with established standards of
138 care regarding the estimation of fetal age as defined in rule
139 and shall write the estimate in the patient's medical history.
140 The physician shall keep original prints of each ultrasound
141 examination of a patient in the patient's medical history file.

142 Section 3. This act shall take effect July 1, 2015.

Exhibit A-2



829796

LEGISLATIVE ACTION

Senate

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House

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Floor: 1/F/2R

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04/23/2015 11:18 AM

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Senators Sobel and Margolis moved the following:

Senate Amendment (with title amendment)

Before line 14

insert:

Section 1. Subsection (2) of section 381.0051, Florida
Statutes, is amended to read:

381.0051 Family planning.—

(2) ACCESS TO SERVICES; PROHIBITIONS; INFORMED CONSENT.—

(a) Except as otherwise provided in this section, no
medical agency or institution of this state or unit of local
government shall interfere with the right of any patient or



829796

physician to use medically acceptable contraceptive procedures, supplies, or information or to restrict the physician-patient relationship.

(b) Except in the case of a medical emergency, consent to a vasectomy is voluntary and informed only if the physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, while physically present in the same room, and at least 24 hours before the procedure informed the man of the nature and risks of undergoing or not undergoing the proposed procedure which a reasonable patient would consider material to making a knowing and willful decision of whether to undergo a vasectomy.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete line 3

and insert:

s. 381.0051, F.S.; providing conditions for the voluntary and informed consent to a vasectomy; amending s. 390.0111, F.S.; revising conditions for the

Exhibit A-3

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	_____	(Y/N)
ADOPTED AS AMENDED	_____	(Y/N)
ADOPTED W/O OBJECTION	_____	(Y/N)
FAILED TO ADOPT	_____	(Y/N)
WITHDRAWN	_____	(Y/N)
OTHER		

Committee/Subcommittee hearing bill: Judiciary Committee
Representative Kerner offered the following:

Amendment (with directory amendment)

Remove line 22 and insert:

(a) Except in the case of a medical emergency or as
provided in paragraph (b), consent to

Between lines 94 and 95, insert:

(b) A pregnant woman seeking an abortion may decide not to
undergo the 24-hour delay required under paragraph (a).

1. In the event that a patient exercises her right to
waive the 24-hour delay, the patient's health care provider is
not subject to any criminal, civil, or administrative penalty
for failure to secure consent 24 hours before the procedure. The
patient's signature noting that she has exercised her right to

Amendment No. 2

17 waive certain requirements is sufficient proof of provider
18 compliance.

19 2. This paragraph does not alter the health care
20 provider's duty to obtain voluntary and informed consent as
21 otherwise required by this subsection.

22 -----
23
24 **D I R E C T O R Y A M E N D M E N T**

25 Remove lines 14-15 and insert:

26 Section 1. Paragraph (a) of subsection (3) of section
27 390.0111, Florida Statutes, is amended, paragraphs (b) and (c)
28 of subsection (3) are redesignated as paragraphs (c) and (d),
29 respectively, and a new paragraph (b) is added to that
30 subsection, to read:

Exhibit A-4



449942

LEGISLATIVE ACTION

Senate

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House

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Floor: 3/F/2R

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04/23/2015 11:25 AM

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Senator Gibson moved the following:

Senate Amendment (with title amendment)

Delete line 85

and insert:

incest, domestic violence, or human trafficking. A woman may
waive the 24-hour waiting period if she lives 100 miles or more
from the nearest abortion provider. If a woman has exercised her
right to waive the state-mandated delay, the woman's health care
provider is not subject to any criminal, civil, or
administrative penalty for failure to secure consent 24 hours in
advance of the procedure. The patient's signature noting that



449942

she has exercised her right to waive the 24-hour waiting period requirement is sufficient proof of the provider's compliance with the requirements of this subparagraph. This subparagraph does not alter the health care provider's duty to obtain voluntary and informed consent as otherwise required by this section.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete line 5

and insert:

pregnancy; providing an exception; authorizing a woman to waive the 24-hour waiting period requirement under certain circumstances; providing that a health care provider is not subject to penalties under certain circumstances; providing for construction; reenacting s. 390.012(3)(d), F.S., relating

Exhibit A-5



853480

LEGISLATIVE ACTION

Senate

House

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Floor: 2/F/2R

04/23/2015 11:21 AM

Senator Sobel moved the following:

Senate Amendment

Delete lines 22 - 34
and insert:

(a) Except in the case of a medical emergency, consent to a
termination of pregnancy is voluntary and informed only if:

1. The physician who is to perform the procedure, or the
referring physician, has, at a minimum, orally or
electronically, ~~in person~~, informed the woman of:

a. The nature and risks of undergoing or not undergoing the
proposed procedure that a reasonable patient would consider



853480

material to making a knowing and willful decision of whether to
terminate a pregnancy, at least 24 hours before the procedure.

b. The probable gestational age of the fetus, verified by
an ultrasound, at the time the termination of pregnancy is to be
performed.

Exhibit A-6



231828

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
03/31/2015	.	
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The Committee on Health Policy (Sobel) recommended the following:

Senate Amendment

Delete lines 22 - 34
and insert:

(a) Except in the case of a medical emergency, consent to a termination of pregnancy is voluntary and informed only if:

1. The physician who is to perform the procedure, or the referring physician, has, at a minimum, orally or electronically, ~~in person~~, informed the woman of:

a. The nature and risks of undergoing or not undergoing the



231828

proposed procedure that a reasonable patient would consider material to making a knowing and willful decision of whether to terminate a pregnancy, at least 24 hours before the procedure.

b. The probable gestational age of the fetus, verified by an ultrasound, at the time the termination of pregnancy is to be performed.

Exhibit A-7



930638

LEGISLATIVE ACTION

Senate

House

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Floor: 5/F/2R

04/23/2015 11:34 AM

Senator Sachs moved the following:

Senate Amendment (with directory and title amendments)

Between lines 103 and 104
insert:

(b) The physician who is to perform a termination of pregnancy may delegate the acts in sub-subparagraph (a)1.a. to a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant.

===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

And the directory clause is amended as follows:



930638

12 Delete line 15
13 and insert:
14 390.0111, Florida Statutes, is amended, a new paragraph (b) is
15 added to that subsection, and present paragraphs (b) and (c) are
16 redesignated as paragraphs (c) and (d), respectively, to read:
17
18 ===== T I T L E A M E N D M E N T =====
19 And the title is amended as follows:
20 Delete line 5
21 and insert:
22 pregnancy; providing an exception; authorizing a
23 physician to delegate certain informed consent
24 responsibilities to specified health care
25 professionals; reenacting s. 390.012(3)(d), F.S.,
26 relating

Exhibit A-8

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 633 (2015)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED (Y/N)

ADOPTED AS AMENDED (Y/N)

ADOPTED W/O OBJECTION (Y/N)

FAILED TO ADOPT (Y/N)

WITHDRAWN (Y/N)

OTHER

Committee/Subcommittee hearing bill: Health & Human Services
Committee

Representative Berman offered the following:

Amendment (with title amendment)

Between lines 94 and 95, insert:

(b) A physician who is to perform a termination of
pregnancy may delegate the acts in sub-subparagraph(3)(a)1.a.
to a registered nurse, licensed practical nurse, advanced
registered nurse practitioner, or physician assistant.

T I T L E A M E N D M E N T

Remove line 5 and insert:

pregnancy; allowing certain health care professionals to inform
a woman of the nature and risks associated with undergoing an

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 633 (2015)

Amendment No.

17 | abortion and with continuing with her pregnancy; reenacting s.
18 | 390.012(3)(d), F.S., relating

Exhibit A-9



874120

LEGISLATIVE ACTION

Senate

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House

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Floor: 7/F/2R

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04/23/2015 11:55 AM

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Senator Clemens moved the following:

Senate Amendment (with title amendment)

Delete line 85

and insert:

incest, domestic violence, or human trafficking. A woman who
states that she is a victim of rape, incest, domestic violence,
or human trafficking and is not able to present to the physician
a copy of a restraining order, police report, medical record, or
other court order or documentation evidencing her statement has
a right to waive the 24-hour mandatory waiting period. In the
event a woman exercises her right to waive the state-mandated



874120

delay, the woman's health care provider is not subject to any
criminal, civil, or administrative penalties for failure to
secure consent 24 hours in advance of the procedure. A signed
acknowledgement from the woman stating that she has exercised
her right to waive certain requirements is sufficient proof of
provider compliance. This section does not alter the health care
provider's duty to obtain voluntary and informed consent as
otherwise required by this section.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete line 5

and insert:

pregnancy; providing exceptions; providing that a
health care provider is not subject to penalties under
certain circumstances; providing that the act does not
alter a certain duty of a health care provider;
reenacting s. 390.012(3)(d), F.S., relating



974400

LEGISLATIVE ACTION

Senate

House

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Floor: 8/F/2R

04/23/2015 12:00 PM

Senator Clemens moved the following:

Senate Amendment

Delete line 85
and insert:
incest, domestic violence, or human trafficking. The woman may
waive the requirements of this subparagraph if she attests that
she is aware of the risk and has had 24 hours to consider her
decision to terminate the pregnancy.

Exhibit A-10



888882

LEGISLATIVE ACTION

Senate	.	House
Comm: RS	.	
04/21/2015	.	
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The Committee on Fiscal Policy (Margolis) recommended the following:

Senate Amendment

Between lines 76 and 77
insert:

The woman may waive the requirements of this subparagraph if the pregnancy is the result of rape or incest.

Exhibit A-11



113284

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
04/15/2015	.	
	.	
	.	
	.	

The Committee on Judiciary (Joyner) recommended the following:

Senate Amendment

Between lines 76 and 77
insert:

The woman may waive the requirements of this subparagraph if the pregnancy is the result of rape or incest or is a risk to the woman's health or if a severe fetal anomaly exists.

Exhibit A-12



591932

LEGISLATIVE ACTION

Senate

House

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Floor: 6/F/2R

04/23/2015 11:41 AM

Senator Thompson moved the following:

Senate Amendment

Delete line 85
and insert:
incest, domestic violence, or human trafficking or when, on
the basis of a physician's good faith clinical judgment, there
is a risk to the woman's health or the presence of a severe
fetal anomaly incompatible with sustainable life.

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity as
Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of the
Florida Board of Medicine; FLORIDA BOARD OF
OSTEOPATHIC MEDICINE; ANNA HAYDEN,
D.O., in her official capacity as Chair of the Florida
Board of Osteopathic Medicine; FLORIDA
AGENCY FOR HEALTH CARE
ADMINISTRATION; and ELIZABETH DUDEK,
in her official capacity as Secretary of the Florida
Agency for Health Care Administration,

Case No. _____

Defendants.

**PLAINTIFFS' MOTION FOR AN EMERGENCY TEMPORARY INJUNCTION
AND/OR A TEMPORARY INJUNCTION**

Pursuant to Florida Rule of Civil Procedure 1.610, Plaintiffs GAINESVILLE WOMAN CARE LLC d/b/a BREAD AND ROSES WOMEN'S HEALTH CENTER ("Bread and Roses") and MEDICAL STUDENTS FOR CHOICE ("MSFC") move the Court for a temporary injunction enjoining Defendants STATE OF FLORIDA, FLORIDA DEPARTMENT OF HEALTH, JOHN H. ARMSTRONG, M.D, FLORIDA BOARD OF MEDICINE, JAMES ORR,

M.D., FLORIDA BOARD OF OSTEOPATHIC MEDICINE, ANNA HAYDEN, D.O.,
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, and ELIZABETH DUDEK
("Defendants" or "the state") from enforcing House Bill 633, before that Act's effective date of
July 1. In support of their motion, Plaintiffs state as follows:

INTRODUCTION

Absent injunctive relief from this Court, a sweeping restriction on Florida women's ability to access abortion services, unprecedented in this state, will take effect on July 1, 2015. Section one of Florida House Bill 633, signed by Governor Scott last night (June 10, 2015) would require a woman seeking an abortion to make an additional, unnecessary trip to her health care provider at least twenty-four hours before obtaining an abortion, in order to receive the same information she may currently receive on the day of the procedure. *See* Ch. 2015-1__, § 1, Laws of Fla. ("H.B. 633" or "the Act") (amending § 390.0111, Fla. Stat). The Act's unnecessary and burdensome requirements are imposed regardless of the distance a woman must travel to reach her provider, her own medical needs, her judgment, her doctor's judgment, or her individual life circumstances. By subjecting all women seeking abortion care to both a mandatory twenty-four-hour delay and an additional-trip requirement—a burden placed on patients seeking no other medical procedure in Florida, much less a medical procedure protected by the state Constitution as a fundamental right—the Act can only serve to deter women from seeking abortions, and to punish and discriminate against those who do.

By impeding a woman's access to abortion, the Act violates her right to privacy as guaranteed under article I, section 23 of the Florida Constitution. Because Plaintiffs are likely to succeed on the merits of their claims and they, along with their patients and all Florida women seeking abortions, will suffer irreparable harm if the Act is not enjoined, and because an

injunction will serve the public interest, this Court should issue immediate temporary injunctive relief against enforcement of the Act.

STATEMENT OF THE CASE

A. Current Florida Informed Consent Laws

“Informed consent” refers to the ethical obligations of doctors and other health care professionals to ensure that a patient is informed about a procedure, has the capacity to consent to a procedure, and does in fact consent to a procedure. Decl. of Kenneth W. Goodman, attached hereto as Ex. B-4, (“Goodman Decl.”) ¶ 7. Florida has a general informed consent statute that applies to all medical procedures, providing that informed consent is valid where a doctor or other health professional conforms to accepted standards of medical practice such that “a reasonable individual, from the information provided by the [doctor], under the circumstances, would have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures.” § 766.103, Fla. Stat. This statutory standard reflects best medical practices. Goodman Decl. ¶¶ 7-8. No waiting period or additional trip is required under Florida law for any other procedure. § 766.103, Fla. Stat.; Goodman Decl. ¶ 13.

Prior to H.B. 633’s enactment, Florida law had a specific informed consent statute for abortion, which provided that a “termination of pregnancy” may not be performed or induced “except with the voluntary and informed written consent of the pregnant woman.” § 390.0111(3), Fla. Stat. Such consent is “voluntary and informed” if the “physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, informed the woman” of certain information, including “the nature and risks of . . . [the] procedure,” “the probable gestational age of the fetus,” and the “risks to the woman and the fetus of carrying the pregnancy to term.” *Id.* Pursuant to the Florida Supreme Court’s decision in *State v.*

Presidential Women's Center, 937 So. 2d 114 (Fla. 2006), the abortion-specific informed consent statute requires physicians to obtain informed consent in the same manner as is required under the general informed consent statute, and the information to be disclosed to patients—the risks of the procedure and the alternatives—is analogous.

B. Provisions of the Act

H.B. 633, which is effective July 1, adds two provisions to Section 390.0111(3), Florida Statutes. First, it requires that the information be provided in person twenty-four hours prior to the procedure. This forces the woman to make a separate, additional visit to a provider's office, at least twenty-four hours before her appointment to obtain the abortion care she seeks. H.B. 633 § 1. Second, the Act provides a narrow exception to the mandatory delay and additional-trip requirements for a woman who, when she “schedules or arrives for her appointment . . . presents to the physician a copy of a restraining order, police report, medical record, or other court order or documentation evidencing that she is obtaining the abortion because she is a victim of rape, incest, domestic violence, or human trafficking.” *Id.*

The only other exception to the mandatory delay and additional-trip requirements is the exception in the current version of the informed consent law for “a medical emergency.” § 390.0111(3), Fla. Stat. The statute does not define “medical emergency,” but provides that in a medical emergency, “a physician may terminate a pregnancy” after “obtain[ing] at least one corroborative medical opinion attesting to the medical necessity for emergency medical procedures and to the fact that to a reasonable degree of medical certainty the continuation of the pregnancy would threaten the life of the pregnant woman.” § 390.0111(3)(b), Fla. Stat. (allowing physician to proceed absent corroborating opinion only if a second physician is not available). There is no exception for threats to a woman's life that are not “medical emergencies,” and no exception for threats of any kind to a woman's health.

C. The Effect of the Act on Women Seeking Abortion Care in Florida

The Act harms all Florida women seeking abortions: Today, a woman in Florida can obtain an abortion once she and her doctor believe it is appropriate—which means that she may do so upon her first visit to a clinic, just as patients in Florida may do when seeking all other comparable medical procedures. *See* Decl. of Christine L. Curry, attached hereto as Ex. B-3, (“Curry Decl.”) ¶¶ 9, 14; Goodman Decl. ¶ 13. If the Act were allowed to go into effect, that woman would have to make an additional, unnecessary trip to the clinic, and wait at least twenty-four hours before obtaining the abortion care she seeks. This in itself is a burden. Further, the mandatory delay and additional-trip requirements will force women to expend more time and money, including an additional day’s absence from work, home, and/or school. They will require paying for additional travel costs and child-care; involve lost wages for many women; and require an overnight stay away from home for some women. Decl. of Kristin Davy, attached hereto as Ex. B-2, (“Davy Decl.”) ¶ 5; Decl. of Sheila Katz, attached hereto as Ex. B-5, (“Katz Decl.”) ¶ 18.

The Act will also require that a physician be at the health center to provide the required information on the patient’s first visit. For Plaintiff Bread and Roses, this requirement will lead to delays far greater than 24 hours for patients, because its sole physician works no more than two days per week. Davy Decl. ¶ 16. Moreover, because it is likely not possible to staff a physician at every facility offering abortions each single day of the week, and because many women will not be able to take time away from their existing obligations to travel on two consecutive days, the Act will inevitably force many women to delay their abortion procedures by a significantly longer period of time than twenty-four hours. Curry Decl. ¶¶ 15, 20; Davy Decl. ¶¶ 16. That will in turn impose medical harm on women: While abortion is an extremely safe procedure, the later an abortion takes place in pregnancy, the greater the medical risks for

the woman, and the greater the cost as well. Curry Decl. ¶¶ 13, 15; Davy Decl. ¶ 18. The additional-trip requirement also poses a very real threat to a woman's confidentiality and privacy by increasing the risk that partners, family members, employers, co-workers, or others will discover that she is having an abortion. Davy Decl. ¶ 20; Katz Decl. ¶ 17. For some women, the mandatory delay and additional-trip requirements will prevent them from obtaining a medication abortion, which is an early method of ending a pregnancy involving drugs rather than surgery. Curry Decl. ¶¶ 10, 15. Medication abortion is medically indicated for physiological or mental health reasons for some women and is strongly preferred over surgical abortion by others for personal reasons. *Id.* ¶¶ 10-12; Davy Decl. ¶¶ 7, 17.

The mandatory delay and additional-trip requirements will also pose particular harms to especially vulnerable groups of Florida women, including low-income women; women who are victims of intimate partner violence; those whose pregnancy is the result of rape or other forms of abuse; those with wanted pregnancies that involve a severe fetal anomaly, and those with medical complications of pregnancy that are not immediately life-threatening. For these women, the mandatory delay and additional-trip requirements may inflict psychological harm, increase significantly costs and burdens, threaten their safety, threaten their health and even their lives, or prevent them from obtaining an abortion altogether. Davy Decl. ¶¶ 14, 19; Katz Decl. ¶¶ 15-23; Decl. of Lenore Walker, attached hereto as Ex. B-6, ("Walker Decl.") ¶¶ 16-25; Curry Decl. ¶¶ 15-19.

Low-income women will have the greatest difficulty in rearranging inflexible work schedules at low-wage jobs; arranging and paying for childcare; paying for the travel costs for an additional trip to the clinic; foregoing lost wages for missed work; and paying any additional costs associated with a later procedure. Katz Decl. ¶¶ 15-22; Davy Decl. ¶¶ 13-15. A significant

number of women seeking abortions have incomes that are at, or below, the federal poverty level. Nationally, in 2008, 42% of women having abortions had incomes below the federal poverty level, and another 27% had incomes below 200% of the federal poverty level, which is often considered a better measure of who is low-income. Katz Decl. ¶¶ 10, 14-15. Florida has a higher poverty rate than the United States, and a higher proportion of people living below 200% of the poverty line; thus, it is likely a large majority of women seeking abortions in Florida are low-income. *Id.* ¶¶ 8, 10, 15. Low-income women will find it more difficult to pay these increased costs without foregoing other necessities. *Id.* ¶ 22. The need to find and save money to pay for additional costs resulting from the Act will likely delay low-income women in seeking abortions, causing the harms associated with delay discussed *supra*.

For a woman with an abusive partner who is seeking an abortion without detection, the need for privacy—and thus the threat posed by the Act—is particularly acute. Walker Decl. ¶ 17. Women in abusive relationships often are carefully monitored and have limited unaccounted-for time. *Id.* ¶¶ 11, 18, 21. Forcing these women to make a medically unnecessary trip is not only cruel, but could also subject them to further violence. *Id.* ¶¶ 17-21.

Similarly, forcing women whose pregnancies are the result of rape or other violent crimes to comply with the Act’s requirements may cause them further trauma and psychological harm. *Id.* ¶¶ 22-24. While the Act does contain a purported “exception” for these circumstances, a woman who has survived these crimes cannot avail herself of it unless she first reports the crime to authorities. That makes the “exception” meaningless: Most victims of these forms of violence and abuse do not report the abuse to authorities in the first instance, and they too will be forced to wait before terminating pregnancies that result from this violence. *Id.* ¶¶ 26-29.

Those women with wanted pregnancies who seek abortions to protect their medical well-being or because they have received a diagnosis of a severe fetal anomaly will also face grave harms. While the Act incorporates a limited exception for medical emergencies that immediately threaten a woman's life, there is no exception for non-emergency threats to a woman's life, and no exception for *any* threat to a woman's health.¹ The Act will thus impose serious medical risks on women facing one of the numerous complications of pregnancy that threaten a woman's life or health outside the dangerously narrow confines of the Act's exception for life-threatening medical emergencies. Curry Decl. ¶¶ 18-19. The Act also contains no exception for women whose pregnancies involve grave or even lethal fetal anomalies, on whom the Act may impose psychological harm. Curry Decl. ¶ 16.

Finally, by imposing a waiting period on abortion—a waiting period the Legislature does not impose on any other medical procedure—the Act stigmatizes women seeking abortions and sends the message that they are incompetent decision-makers. This waiting period reflects and perpetuates the gender stereotype that women do not understand the nature of the abortion procedure, have not thought carefully about their decision to have an abortion, or are less capable of making an informed decision about their health care than men.

D. The Effect of the Act on Abortion Providers in Florida

The Act is enforced through penalties against doctors who provide abortions, who face both monetary fines of up to \$10,000 for each violation and disciplinary sanctions up to and

¹ The underlying statute provides that a physician's "reasonable belief that complying with the requirements of informed consent would threaten the life or health of the patient is a defense to any action brought under this paragraph." § 390.0111(3)(c), Fla. Stat. This affirmative defense to disciplinary action in limited cases, which a physician must prove to the medical board before she can avail herself of it, does not constitute an adequate health exception, nor provide any protection to licensed abortion clinics for potential violations of the Act.

including revocation of their licenses to practice medicine. § 390.0111(3)(c), Fla. Stat.; *see also* §§ 458.331, 459.015, 456.072(2), Fla. Stat. Abortion clinics, which must be licensed by the Florida Agency for Healthcare Administration, may be prevented from renewing their clinic licenses for violations of the Act. Fla. Admin. Code R. 59A-9.020.

ARGUMENT

A. Standard for Granting a Motion for Injunctive Relief

The “obvious purpose” of a temporary injunction is to maintain the status quo pending the determination of a case. *Smith v. Hous. Auth.*, 3 So. 2d 880, 881 (Fla. 1941) (en banc). Plaintiffs are entitled to a temporary injunction if they “satisfy a four-part test under Florida law: ‘a substantial likelihood of success on the merits; lack of an adequate remedy at law; irreparable harm absent the entry of an injunction; and that injunctive relief will serve the public interest.’” *Liberty Counsel v. Fla. Bar Bd. of Governors*, 12 So. 3d 183, 186 n.7 (Fla. 2009) (quoting *Reform Party of Fla. v. Black*, 885 So. 2d 303, 305 (Fla. 2004)); *see also St. John’s Inv. Mgmt. Co. v. Albaneze*, 22 So. 3d 728, 731 (Fla. 1st DCA 2009). As set forth below, Plaintiffs easily satisfy these four requirements, and granting a temporary injunction will preserve the status quo, allowing Florida women to continue making informed decisions about their own medical care without burdensome, unnecessary, and unconstitutional intrusion by the state.

B. Plaintiffs Have a Substantial Likelihood of Success on the Merits of Their Claim that the Act Violates the Right to Privacy

Plaintiffs have a substantial likelihood of success on the merits of their claim that the Act violates a woman’s fundamental right to privacy as guaranteed by article I, section 23 of the Florida Constitution, by infringing on her right to access abortion services. As discussed below, the Florida Supreme Court has repeatedly held that laws infringing on a woman’s privacy right

to determine whether or not to continue a pregnancy are subject to strict scrutiny. The Act unquestionably infringes on that right and cannot survive such scrutiny.

1. The Florida Constitution Requires Strict Scrutiny of All Incursions on the Fundamental Right to Privacy, Including a Woman's Right to Decide to End a Pregnancy

The Florida Constitution begins with a Declaration of Rights. “No other broad formulation of legal principles, whether state or federal, provides more protection from government overreaching or a richer environment for self-reliance and individualism than does this ‘stalwart set of basic principles.’” *Traylor v. State*, 596 So. 2d 957, 963 (Fla. 1992) (quoting *State ex rel. Davis v. City of Stuart*, 120 So. 335, 347 (Fla. 1929)). Unlike the Federal Constitution, the Florida Constitution’s Declaration of Rights contains “an express, freestanding Right of Privacy Clause,” added to the Constitution directly by Florida citizens in a 1980 general election. *N. Fla. Women’s Health & Counseling Servs., Inc. v. State*, 866 So. 2d 612, 619 (Fla. 2003) (“*North Florida*”). Florida’s explicit constitutional guarantee of the right to privacy provides in relevant part:

Every natural person has the right to be let alone and free from governmental intrusion into the person’s private life except as otherwise provided herein.

Art. I, § 23, Fla. Const.

As recognized by Florida courts, this *explicit* state right to privacy affords greater protections from governmental intrusion and is “a broader, more protective right” than the *implicit* right to privacy recognized under the Federal Constitution. *North Florida*, 866 So. 2d at 619; *id.* at 634 (“While the United States Supreme Court has read into the federal constitution an *implicit* right of privacy, that particular right is a weak version of our *explicit* freestanding state right” (internal footnote omitted)); *see also In re T.W.*, 551 So. 2d 1186, 1191-92 (Fla. 1989) (Florida’s “amendment embraces more privacy interests, and extends more protection to the

individual in those interests, than does the federal Constitution.”). As the Florida Supreme Court has explained at length:

Article I, section 23, was intentionally phrased in strong terms. The drafters of the amendment rejected the use of the words “unreasonable” or “unwarranted” before the phrase “governmental intrusion” in order to make the privacy right as strong as possible. Since the people of this state exercised their prerogative and enacted an amendment to the Florida Constitution which expressly and succinctly provides for a strong right of privacy not found in the United States Constitution, it can only be concluded that the right is much broader in scope than that of the Federal Constitution.

Winfield v. Div. of Pari-Mutuel Wagering, 477 So. 2d 544, 548 (Fla. 1985); *see also Von Eiff v. Azicri*, 720 So. 2d 510, 514 (Fla. 1998) (“The state constitutional right to privacy is much broader in scope, embraces more privacy interests, and extends more protection to those interests than its federal counterpart.”).

Under Florida law, an infringement upon the fundamental right to privacy warrants judicial review under the strict scrutiny standard, and is “presumptively unconstitutional unless proved valid by the State.” *North Florida*, 866 So. 2d at 626. The state bears the evidentiary “burden of proof to . . . justify an intrusion on privacy,” and in order to meet this burden, the state must demonstrate “that the challenged regulation serves a compelling state interest and accomplishes its goal through the use of the least intrusive means.” *In re T.W.*, 551 So. 2d at 1192 (quoting *Winfield*, 477 So. 2d at 547). This standard is a “highly stringent” one. *North Florida*, 866 So. 2d at 620-21 (quoting *In re T.W.*, 551 So. 2d at 1192). Indeed, “no government intrusion in the personal decisionmaking cases . . . has survived” such scrutiny. *Id.*

The Florida Supreme Court has repeatedly held that the state constitutional right to privacy “is clearly implicated in a woman’s decision of whether or not to continue her pregnancy.” *In re T.W.*, 551 So. 2d at 1192; *see also North Florida*, 866 So. 2d at 620-22, 632; *Renee B. v. Fla. Agency for Health Care Admin.*, 790 So. 2d 1036, 1041 (Fla. 2001). The

constitutional right to privacy “embodies the principle that [f]ew decisions are more personal and intimate, more properly private, or more basic to individual dignity and autonomy, than a woman’s decision . . . whether to end her pregnancy. A woman’s right to make that choice freely is fundamental.” *In re T.W.*, 551 So. 2d at 1193 (internal quotations and citations omitted).

In *In re T.W.*, the Florida Supreme Court held that strict scrutiny applied to restrictions on abortion that implicated the right to privacy. *Id.* In assessing whether the state had shown a compelling state interest, the court looked to the original trimester framework of *Roe v. Wade*, 410 U.S. 113 (1973). The *In Re T.W.* court held that “the state’s interest in maternal health” does not “become[] compelling” until “the end of the first trimester;”² the state’s interest in embryonic or fetal life only “becomes compelling upon viability.” *In re T.W.*, 551 So. 2d at 1193. The state is thus foreclosed from asserting a compelling interest in maternal health before the end of the first trimester, or a compelling interest in potential life before viability. “[P]rior to the end of the first trimester, the abortion decision must be left to the woman and may not be significantly restricted by the state. Following this point, the state may impose significant restrictions only in the least intrusive manner designed to safeguard the health of the mother.” *In re T.W.*, 551 So. 2d at 1193; *see also North Florida*, 866 So. 2d at 639-40 (reaffirming *In re T.W.*).

Since *In re T.W.*, Florida courts have consistently applied strict scrutiny to statutes that impose state-created burdens on a woman’s right to decide whether or not to continue a

² As the Florida Supreme Court recognized in *In re T.W.*, 551 So. 2d at 1193, the reason that *Roe* had identified the end of the first trimester as meaningful for women’s health restrictions is that in 1973, abortion beyond the first trimester was considered more dangerous than carrying to term. *Roe*, 410 U.S. at 163. With advances in medical technology, the evidence no longer supports this assumption. *See In re T.W.*, 551 So. 2d at 1197 (Ehrlich, J., concurring).

pregnancy.³ In 2003, the Florida Supreme Court held a newly enacted parental notification law unconstitutional under the strict scrutiny standard. *See North Florida*, 866 So. 2d 612. The law required a minor to notify a parent of her decision to have an abortion, or to convince a court that she was mature enough to make that decision on her own or that an abortion was in her best interests. *Id.* at 615. In *North Florida*, the court once again underscored the strength of the Florida Constitution’s protection of the right to privacy, especially as compared to federal protections. The court expressly rejected the state’s arguments that it should apply the lower, undue burden standard the U.S. Supreme Court articulated in *Planned Parenthood v. Casey*, rather than strict scrutiny,⁴ in determining whether a state law impermissibly infringes on the right to decide to end a pregnancy:

³ In *Renee B.*, the Florida Supreme Court determined that the exclusion of medically necessary abortions from Medicaid coverage did not implicate the privacy right: “the right of privacy does not create an entitlement to the financial resources to avail herself of this choice.” *Renee B. v. Fla. Agency for Health Care Admin.*, 790 So. 2d 1036, 1041 (Fla. 2001). That is, while the state cannot itself impose particular burdens on abortion without satisfying strict scrutiny, in *Renee B.*, “the State ha[d] imposed no restriction on access to abortions that was not already present.” *Id.* However, the *Renee B.* court emphasized that if the right to privacy were implicated, as is clearly the case here, strict scrutiny would apply. *Id.* at 1040.

⁴ In *Casey*, the United States Supreme Court upheld a twenty-four-hour waiting period, but only under this lesser, undue burden standard. *See Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 885 (1992). Unlike the strict scrutiny standard Florida applies, the lesser undue burden standard does not require that a law serve a compelling state interest through the least restrictive means, but instead required that the law not impose an undue burden on a woman’s right to choose while serving an “important” interest, which could include an interest in protecting potential life. *See generally Casey*, 505 U.S. 833; *In re T.W.*, 551 So. 2d at 1193. As discussed further *infra*, the Florida Supreme Court and the Florida people have emphatically rejected attempts to lessen Florida’s constitutional protection of the right to privacy. *See North Florida*, 866 So. 2d at 635-36; *Initiative Information: Prohibition on Public Funding of Abortions; Construction of Abortion Rights*, Fla. Dep’t of St., Division of Elections, <http://dos.elections.myflorida.com/initiatives/initdetail.asp?account=10&seqnum=82> (last visited June 6, 2015) (proposed amendment defeated with fifty-five percent of Florida voters in opposition).

Florida courts consistently have applied the “strict” scrutiny standard whenever the Right of Privacy Clause was implicated, regardless of the nature of the activity. The “undue burden” standard, on the other hand, is an inherently ambiguous standard and has no basis in Florida’s Right of Privacy Clause.

North Florida, 866 So. 2d at 635 (internal footnote omitted). The court stated that adopting the federal standard would require “abandon[ing] an extensive body of clear and settled Florida precedent in favor of an ambiguous federal standard,” and most important, it would require the court “to forsake the will of the people”:

If Floridians had been satisfied with the degree of protection afforded by the federal right of privacy, they never would have adopted their own freestanding Right of Privacy Clause. In adopting the privacy amendment, Floridians deliberately opted for substantially more protection than the federal charter provides.

Id. at 635-36. Indeed, Florida voters reasserted their will in 2012, when they defeated a ballot initiative that would have rolled back the independent state constitutional protection of abortion in favor of the lower federal constitutional standard. *See Initiative Information: Prohibition on Public Funding of Abortions; Construction of Abortion Rights*, Fla. Dep’t of St., Division of Elections, <http://dos.elections.myflorida.com/initiatives/initdetail.asp?account=10&seqnum=82> (last visited June 5, 2015).⁵ There can thus be no question that the Right of Privacy Clause protects the right to choose abortion and subjects laws that burden that right to strict scrutiny.

2. *Unlike the Prior Version of the Informed Consent Law as Construed, the Act Singles Out Abortion for a State-Imposed Burden and Is Therefore Subject to Strict Scrutiny*

Under the Florida Supreme Court’s interpretation of the state constitution’s strong privacy clause, strict scrutiny is required whenever the Legislature singles out abortion in

⁵ Earlier, in 2004, Florida voters did ratify a separate ballot initiative that authorized the Legislature to enact a parental notification requirement for abortion. *See* Article X, § 22, Fla. Const.

imposing a burden on access to health care. The Act is just such a burden, as illustrated by the history and holding of *State v. Presidential Women's Center*, 937 So. 2d 114 (Fla. 2006).

The challenged Act is an amendment to the Women's Right to Know Act, originally passed in 1998, and challenged in *Presidential Women's Center*, *see id.* at 115. That statute was upheld only after the state accepted a limiting construction to bring it in line with informed consent laws for other medical procedures. *See id.* at 120-21. Prior to that limiting construction, the Right to Know Act imposed unique burdens on abortion and the Court of Appeals had accordingly applied strict scrutiny and held the statute was unconstitutional. The intermediate court noted that unlike the informed consent requirements for other medical procedures, the challenged law would "not allow a physician to tailor the information to the woman's circumstances, [and] infringe[d] on the woman's ability to receive her physician's opinion as to what is best for her, considering her circumstances." *State v. Presidential Women's Ctr.*, 707 So. 2d 1145, 1150 (Fla. 4th DCA 1998).

On appeal before the Florida Supreme Court, the state, for the first time, offered a limiting construction permitting physicians to provide information tailored to each individual patient, rather than information that would be considered material by an abstract "reasonable patient." *Presidential Women's Ctr.*, 937 So. 2d at 119. The state also conceded that the mandated informed consent information only contemplated medical risks, not social, economic, or other risks. *Id.* Accordingly, the Supreme Court upheld the statute, *so construed*, as "comparable to [the informed consent requirements] of the common law and other Florida informed consent statutes implementing the common law." *Id.* at 118.

In contrast to the requirement ultimately upheld as construed in *Presidential Woman's Center*, the Act challenged in the instant case goes far beyond common law and other Florida

informed consent statutory requirements: It singles out women seeking abortion care and will require them, alone among patients, to receive state-mandated information in person at least twenty-four hours before their medical procedure. As the proponents of the Act themselves admitted, the Florida Legislature has never imposed a mandatory waiting period for any other medical procedure.⁶ *See* Fla. H.R., recording of proceedings (Apr. 22, 2015), *available at* http://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2015041243&TermID=86, 1:27:55 - 1:28:04, (Representative Sullivan Closing on H.B. 633). The Act imposes a unique burden on women seeking abortion care. It burdens their right to privacy and is thus subject to strict scrutiny under the Florida Constitution.

3. *The Act Cannot Survive Strict Scrutiny*

As detailed above, under Florida law, a statutory requirement that infringes upon a woman's right to privacy in choosing abortion is presumptively unconstitutional unless the state can prove that it "serves a compelling state interest and accomplishes its goal through the use of the least intrusive means." *Winfield*, 477 So. 2d at 547; *see also In re T.W.*, 551 So. 2d at 1192 (applying this standard to abortion restriction); *North Florida*, 866 So. 2d at 620 (same). The Act will neither serve a compelling state interest, nor employ the least intrusive means to serve any such hypothetical interest.

a. The Act Will Not Serve a Compelling State Interest

The Florida Supreme Court has recognized only two compelling state interests that can justify restrictions on abortion: the promotion of maternal health and potential life. *In re T.W.*,

⁶ The only patients who must observe a waiting period in Florida do so pursuant to *federally* mandated guidelines, not state law, and those are patients who qualify for Medicaid and seek financial coverage for sterilization procedures. *See* Fla. Admin. Code R. 64F-7.007(2) (citing statute codifying federal Medicaid requirement of 30-day waiting period for Medicaid-reimbursed sterilization, with exceptions).

551 So. 2d at 1193-94. However, both are significantly limited: the state's interest in maternal health becomes compelling no earlier than the beginning of the second trimester and its interest in potential life becomes compelling only after viability. *Id.*; see also *Presidential Women's Ctr.*, 707 So. 2d at 1149. Thus, "[u]nder Florida law, prior to the end of the first trimester, the abortion decision must be left to the woman *and may not be significantly restricted by the state.*" *In re T.W.*, 551 So.2d at 1193.

Here, the Act will serve no compelling state interests recognized by the Florida Supreme Court. There is no compelling interest in protecting potential life before viability; there is no compelling interest in protecting maternal health before the second trimester. But by its terms, the Act will apply throughout a woman's pregnancy.⁷ For this reason alone, the state is unable to demonstrate that the Act will further a compelling state interest and it must be struck down.

b. The Act Would Not Serve a Compelling Interest in Maternal Health Even if It Were Limited to Second-Trimester Abortions

Even if the Act were limited to the second trimester of pregnancy (which it is not), the state could not demonstrate it would serve a compelling state interest in protecting women's health, for two reasons.

First, the Florida Supreme Court has held that where the state claims it has a compelling interest in burdening abortion, the state's failure to impose parallel burdens on comparable medical procedures requires the conclusion that the state interest is not, in fact, compelling. In *In re T.W.*, the state claimed a compelling interest in protecting minors, but the state required parental consent only when a minor sought an abortion, and not for any other pregnancy-related medical procedure. "In light of this wide authority that the state grants [to minors,] we are

⁷ Florida generally bans post-viability abortions, with certain limited exceptions to protect a woman's health or life. § 390.01112, Fla. Stat.

unable to discern a special compelling interest on the part of the state under Florida law in protecting the minor only where abortion is concerned.” 551 So. 2d at 1195.

Hence, because the Florida Legislature has not imposed a mandatory delay and additional-trip requirement on any other medical procedure, including those that pose greater risks than abortion, there cannot be a genuine “compelling interest” in protecting women’s health that will be furthered by the Act. Curry Decl. ¶ 14; Goodman Decl. ¶¶ 13-14. Most medical procedures performed in the state of Florida are governed by the general informed consent statute, which, as the Supreme Court noted in *Presidential Women’s Center*, imposes obligations that are comparable to the *current* abortion-specific informed consent statute. See § 766.103, Fla. Stat.; *Presidential Women’s Center*, 937 So. 2d at 120; Goodman Decl. ¶ 13. That general informed consent statute does not require a patient to make a separate visit at least twenty-four hours before receiving medical services in order to hear, in person, information that could be provided on the day of the service. See § 766.103, Fla. Stat. Nor has the Florida Legislature deemed it necessary to require a patient to make a separate trip to a health center or hospital in order to fulfill informed consent requirements for any other pregnancy-related treatment, or for *any other* medical procedure, including procedures that are riskier than a first- or second-trimester abortion procedure.⁸ Curry Decl. ¶ 14; Goodman Decl. ¶ 14. In fact, the Legislature soundly rejected an amendment to the Act that would have imposed a similar twenty-four-hour waiting period for a vasectomy, a surgical sterilization procedure for men with comparable risks.

⁸ The *Presidential Women’s Center* opinion cites to three informed consent statutes that apply to specific medical procedures: breast cancer treatment, electroconvulsive and psychosurgical procedures, and, for inmates, psychiatric treatment. See 937 So. 2d at 118 (citing §§ 458.324, 458.325, 945.48, Fla. Stat. (2005)). These three statutes, both at the time of *Presidential Women’s Center* and now, require the physician to give information and to receive consent from the patient—but do not require information to be provided in person hours or days prior to the procedure, and thus do not impose a separate trip and delay.

See Compl., Ex. A-2, at 2; *H.B. 633 – Informed Patient Consent*, Fla. H.R., <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=53704&> (last visited June 5, 2015) [hereinafter *H.B. 633 Legislative History*]; see also *Women's Med. Ctr. of Providence, Inc. v. Cannon*, 463 F. Supp. 531, 537 (D.R.I. 1978) (vasectomy comparably risky to, or potentially more risky than, abortions). Because the Act targets only abortion and not comparable or riskier medical procedures, any state claim that a “compelling” interest in women’s health animates the Act must be rejected.

Second, the Act will not only fail to further, but will actually harm, any interest the state could possibly assert in maternal health. As explained in more detail *supra*, the Act’s requirements in practice will cause some women to delay their procedures far longer than a day, thus increasing their medical risk. See *supra* pp. 5-6. While abortion is an extremely safe medical procedure, delaying a woman in obtaining care increases the risk she faces. Curry Decl. ¶¶ 13, 15. Moreover, as the Act includes no exception for abortions necessary to protect a woman’s health, the Act will force a physician to wait even where delay unquestionably imposes additional medical risk on a patient whose health is already threatened by continued pregnancy. See § 390.0111(3)(a), Fla. Stat. Indeed, under the Federal Constitution as well as the Florida State Constitution, the lack of any exception to the mandatory waiting period when necessary to preserve a woman’s health is a fatal flaw. The United States Supreme Court in *Casey*, for example, held that it “would be required to invalidate the restrictive operation of” a twenty-four-hour mandatory delay if “it foreclose[d] the possibility of an *immediate* abortion despite some significant health risks. . . . [F]or the essential holding of *Roe* forbids a State from interfering with a woman’s choice to undergo an abortion procedure if continuing her pregnancy would constitute a threat to her *health*.” 505 U.S. at 880 (emphases added). But that is exactly what the

Act will do: It forecloses the possibility of an immediate abortion despite threats to a woman's health, by allowing an immediate abortion only in life-threatening medical emergencies.

Therefore, rather than serving a state interest in maternal health, the Act will do the opposite, and must certainly fall under Florida's Declaration of Rights.

c. The Act Does Not Use the Least Intrusive Means to Address Any Interest the State Might Assert

Even if there were a compelling state interest underlying the Act—which there is not, *see supra* Parts 3.a-b—“the state may impose significant restrictions only in the least intrusive manner designed to” serve those interests. *In re T.W.*, 551 So. 2d at 1193. “Any inquiry under this prong must consider procedural safeguards relative to the intrusion.” *Id.* at 1195-96. The state cannot meet its burden of demonstrating that the Act is the least intrusive means of serving any interest it may assert.

First, as discussed above, the state is already using less intrusive means to ensure that a woman's decision to have an abortion is well informed. Under current law, women are already advised of exactly the information the Act will require, § 390.0111(3)(a), Fla. Stat., and indeed have been receiving safe and legal abortion care in Florida for forty years with no need for a mandatory delay to ensure their decisions are informed. A less intrusive means of ensuring that women's decisions are informed is thus the current law; the Act will add only stigma, burden, and delay.

Second, even if the Florida Legislature had evidence that the current law were somehow inadequate, which it does not, it could easily have strengthened the law's requirements in a less intrusive way, as demonstrated by the numerous proposed Amendments to the Act that the Legislature rejected. Several of these would have made the Act less intrusive for all women:

- Amendment 213635 would have permitted a woman to waive the Act's requirements and have the procedure on the same day as receiving the required information. *See* Compl. Ex. A-3. This would have allowed women who wanted a day or more to consider the information they had received to do so, without imposing such delay on all women. That amendment was rejected. *See H.B. 633 Legislative History*.
- Amendments 853480 and 231828 would have allowed a woman to receive the required information in advance of the procedure over the phone, via mail, or by viewing a web site. *See* Compl. Ex. A-5, A-6. Women would still meet with their physicians to confirm their receipt and understanding of the information and to discuss any questions or concerns. Those amendments were rejected. *See H.B. 633 Legislative History; S.B. 724 – Termination of Pregnancies*, Fla. H.R., <http://myfloridahouse.gov/sections/Bills/billsdetail.aspx?BillId=53671> (last visited June 5, 2015) [hereinafter *S.B. 724 Legislative History*].
- Amendments 930638 and 711443 would have allowed doctors to delegate provision of the required information to a registered nurse or a physician assistant, mitigating difficulties clinics may have scheduling a doctor to be present on multiple days and the resulting delay to women. *See* Compl. Ex. A-7, A-8. Those amendments were rejected. *See H.B. 633 Legislative History*.

Other rejected amendments would have alleviated the intrusion the Act will impose on specific groups of women:

- Amendments 591932 and 113284 would have incorporated an exception for women with health conditions that do not rise to the level of a threat to the woman's life. *See* Compl. Ex. A-11, A-12; *H.B. 633 Legislative History; S.B. 724 Legislative History*.

- Amendment 449942 would have allowed a woman who lives more than 100 miles away from the nearest abortion provider to waive the mandatory delay and additional-trip requirement. *See* Compl. Ex. A-4; *H.B. 633 Legislative History*.
- Amendments making a meaningful exception for victims of certain crimes were also introduced. As explained in Part C, *supra*, a woman qualifies for the Act’s exception only if she has “documentation” that she is “a victim of rape, incest, domestic violence, or human trafficking.” H.B. 633. This punitively narrow exception is meaningless for the majority of sexual assault and domestic violence victims who do not report their assaults to the authorities. Several amendments would have dispensed with the Act’s demeaning and unnecessary “proof” requirements. *See* Compl. Ex. A-9, A-10, A-11; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.
- Amendments 591932 and 113284 would have added an exception to the Act’s requirements in the event that a woman receives a diagnosis of a severe fetal anomaly. *See* Comp., Ex. A-11, A-12; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.

Many of the amendments the Florida Legislature rejected reflect the current practices of other states’ abortion-specific mandated information and waiting period requirements,⁹ further

⁹ *See, e.g.*, Ga. Code Ann. § 31-9A-3(1) (state-mandated information can be given “by telephone” and by “a qualified agent”); Idaho Code § 18-609(3)(c), (4) (physician’s agent can certify patient’s receipt of state-mandated information); Ky. Rev. Stat. § 311.725(1)(a) (mandated information can be provided verbally by telephone, and by other professionals, including social workers); Mich. Comp. Laws § 333.17015(3) (mandated information can be provided by a “qualified person” in addition to doctor); Minn. Stat. § 145.4242(a)(1) (mandatory information can be provided by telephone); N.D. Cent. Code § 14-02.1-03 (mandatory information can be provided by telephone and designated agent of physician); Neb. Rev. Stat. § 28-327-(2) (mandatory information can be provided by telephone and by certain agents of physician); S.C. Code § 44-41-330(C), (D) (mandatory information can be mailed by health

demonstrating that the Florida Legislature did not utilize the least intrusive means available. *See North Florida*, 866 So. 2d at 642 (Anstead, C.J., concurring) (legislation at issue is not the least intrusive means, as other states have “less intrusive schemes that serve the same purpose”).

Whatever interests it may assert, the state could have pursued those interests through means less intrusive than forcing every patient seeking an abortion to make an additional trip to her doctor at least 24 hours prior to the procedure.

* * *

The Act cannot survive judicial review under strict scrutiny: the state lacks a compelling interest, and the Act is not narrowly tailored to serve any interest the state may assert, compelling or no. It is thus no surprise that the vast majority of courts to consider mandatory delays under strict scrutiny have struck them down.¹⁰ Plaintiffs are likely to succeed on the merits of their argument that the Act should meet the same fate.

worker); V.A. Code § 18.2-76(B) (mandatory information can be provided by trained professional; waiting period reduced to two hours for patients who travel at least 100 miles); Wis. Stat. § 253.10(3)(c)(2) (mandatory information can be provided by qualified person); W. Va. Code § 16-2I-2(a) (mandatory information can be provided by telephone and by health professional).

¹⁰ *See, e.g., City of Akron v. Akron Ctr. for Reprod. Health, Inc.*, 462 U.S. 416, 449-51 (1983), *overruled on other grounds by Casey*, 505 U.S. 833; *Zbaraz v. Hartigan*, 763 F.2d 1532, 1535-39 (7th Cir. 1985), *aff'd*, 484 U.S. 171 (1987); *Planned Parenthood Ass’n of Kansas City, Missouri, Inc. v. Ashcroft*, 655 F.2d 848, 866 (8th Cir.), *supplemented* 664 F.2d 687 (8th Cir. 1981), *rev’d on other grounds* 462 U.S. 476 (1983); *Planned Parenthood League of Massachusetts v. Bellotti*, 641 F.2d 1006, 1014-16 (1st Cir. 1981); *Charles v. Carey*, 627 F.2d 772, 785-87 (7th Cir. 1980); *Wynn v. Carey*, 599 F.2d 193, 196 n.6 (7th Cir. 1979); *Eubanks v. Brown*, 604 F. Supp. 141, 145-47 (W.D. Ky. 1984); *Margaret S. v. Edwards*, 488 F. Supp. 181, 212-13 (E.D. La. 1980); *Women’s Cmty. Health Ctr., Inc. v. Cohen*, 477 F. Supp. 542, 550-52 (D. Me. 1979); *Leigh v. Olson*, 497 F. Supp. 1340, 1347-48 (D.N.D. 1980); *Am. Coll. of Obstetricians & Gynecologists, Pa. Section v. Thornburgh*, 552 F. Supp. 791, 797-99 (E.D. Pa. 1982); *Women’s Med. Ctr. of Providence, Inc. v. Roberts*, 530 F. Supp. 1136, 1145-47 (D.R.I. 1982); *Planned Parenthood of Middle Tennessee v. Sundquist*, 38 S.W.3d 1, 22-25 (Tenn. 2000); *Mahaffey v. Attorney Gen. of Michigan*, No. 94-406793 AZ, 1994 WL 394970, at *6-7 (Mich.

C. Plaintiffs Lack an Adequate Remedy at Law and Will Suffer Irreparable Harm if an Injunction Is not Issued

Plaintiffs must also prove “two interrelated requirements” necessary to establish their right to injunctive relief: that the injury they allege cannot be adequately remedied at law and irreparable harm will occur if an injunction is not issued. *Liza Danielle, Inc. v. Jamko, Inc.*, 408 So. 2d 735, 738 (Fla. 3d DCA 1982).

Plaintiffs lack an adequate remedy at law where damages are unavailable or are “so speculative as not to be susceptible of proof.” *So. Colonization Co. v. Derfler*, 75 So. 790, 794 (Fla. 1917); *see also Thompson v. Planning Comm’n*, 464 So. 2d 1231, 1237 (Fla. 1st DCA 1985) (where calculation of damages is speculative, legal remedy is inadequate). Money damages are ordinarily not available for violations of Florida state constitutional privacy rights. *See Resha v. Tucker*, 670 So. 2d 56, 59 (Fla. 1996) (Grimes, C.J., concurring); *see also Tucker v. Resha*, 634 So. 2d 756, 757 (Fla. 1st DCA 1994); *Stephens v. Geoghegan*, 702 So. 2d 517, 521 n.1 (Fla. 2d DCA 1997) (“[v]iolation of privacy provisions of the Florida Constitution does not give rise to a cause of action for money damages” (citation omitted)); *cf. Garcia v. Reyes*, 697 So. 2d 549, 551 (Fla. 4th DCA 1997) (“there is ‘no support for the availability of an action for money damages, based [] on . . . violation of the right of due process, as guaranteed by the Florida Constitution’” (emphasis and citation omitted)); *Fernez v. Calabrese*, 760 So. 2d 1144, 1146 (Fla. 5th DCA 2000) (relying on *Garcia*, 697 So. 2d at 651).

Alternatively, Plaintiffs satisfy their burden of showing irreparable harm where they demonstrate injury that cannot be adequately compensated by money damages. *See Liza Danielle*, 408 So. 2d at 738 (“[i]rreparable injury is an injury of such a nature that it cannot be

Cir. Ct. July 15, 1994), *rev’d on other grounds sub nom. Mahaffey v. Attorney Gen.*, 564 N.W.2d 104 (Mich. App. Ct. 1997).

redressed in a court of law”; “the injury must be of a peculiar nature, so that compensation in money cannot atone for it” (quoting 29 Fla. Jur. 2d, Injunctions § 22 at 674-75)). The threatened or actual loss of constitutional rights, even for a minimal period of time, constitutes *per se* irreparable harm. *See, e.g., Ne. Fla. Chapter of Ass’n of Gen. Contractors of Am. v. City of Jacksonville*, 896 F.2d 1283, 1285 (11th Cir. 1990) (“on-going violation[s]” of the right to privacy “constitute[] irreparable injury”); *Brenner v. Scott*, 999 F. Supp. 2d 1278, 1291 (N.D. Fl. 2014) (enjoining Florida constitutional provision and statutes banning same-sex marriage because “the ongoing unconstitutional denial of a fundamental right almost always constitutes irreparable harm.”); *see also Elrod v. Burns*, 427 U.S. 347, 373 (1976) (holding that loss of constitutional “freedoms . . . unquestionably constitutes irreparable injury”). Here, the deprivation of a woman’s fundamental right to privacy, guaranteed by article I, section 23 of the Florida Constitution, *see supra* Part B.2, will result in irreparable harm.

Thus, an injunction is appropriate and necessary in this case to protect against the violations of women’s constitutional rights. *Cf. Deerfield Med. Ctr. v. City of Deerfield Beach*, 661 F.2d 328, 338 (5th Cir. Unit B 1981) (explaining that a threatened violation of women’s constitutional right to abortion mandates a finding of irreparable injury because “once an infringement has occurred it cannot be undone by monetary relief”). In previous abortion cases asserting violations of the right to privacy under the Florida Constitution, Florida courts have found injunctions to be the proper remedy. *See, e.g., North Florida*, 866 So. 2d at 640 (Fla. 2003) (permanently enjoining the state from enforcing parental notification statute, based in part on violation of right to privacy); *Presidential Women’s Ctr.*, 707 So. 2d 1145 (upholding trial court’s decision temporarily enjoining state from enforcing informed consent statute, based in part on alleged violation of right to privacy). Because the Act will undermine women’s health

and deprive them of their rights under the Florida Constitution, the Act threatens irreparable harm for which there is no adequate remedy at law.

D. Considerations of Public Interest Support Issuance of an Injunction

Finally, the issuance of an injunction will serve the public interest. No public interest is served by enforcing unconstitutional laws, while the public has a significant interest in ensuring that constitutional rights are not violated, and that citizens can access needed reproductive health care without unwarranted hardship. *See, e.g., A Choice for Women v. Butterworth*, 54 F. Supp. 2d 1148, 1159 (S.D. Fla. 1998) (finding that “the public interest is well served when the Court protects the constitutional rights of the public; in this case, the constitutionally protected right of women to have abortions”); *see also Carey v. Klutznick*, 637 F.2d 834, 839 (2d Cir. 1980) (“the public interest [] requires obedience to the Constitution”); *Saint v. Neb. Sch. Activities Ass’n*, 684 F. Supp. 626, 630 (D. Neb. 1988) (holding that public interest is served by preventing violations of an individual’s constitutional rights). A temporary injunction will preserve the status quo by allowing Plaintiff Bread and Roses and other abortion providers in the state to continue providing and the Florida members of Medical Students for Choice to continue assisting in providing and their patients to continue receiving safe and informed reproductive health care services until this case can be resolved on the merits.

CONCLUSION

Because Plaintiffs have shown a substantial likelihood of success on the merits, that irreparable harm will result if the Act is not enjoined, that they lack an adequate remedy at law, and that the relief requested will serve the public interest, this Court should issue a temporary injunction against enforcement of the Act before it goes into effect on July 1.

Dated: June 11, 2015

Respectfully submitted,

/s/ Benjamin James Stevenson

Benjamin James Stevenson

FL Bar #598909

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AMERICAN CIVIL LIBERTIES UNION
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*Pro Hac Vice Application Forthcoming

Exhibit B-2

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

Case No. _____

v.

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity
as Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of
the Florida Board of Medicine; FLORIDA
BOARD OF OSTEOPATHIC MEDICINE;
ANNA HAYDEN, D.O., in her official
capacity as Chair of the Florida Board of
Osteopathic Medicine; FLORIDA AGENCY
FOR HEALTH CARE ADMINISTRATION;
and ELIZABETH DUDEK, in her official
capacity as Secretary of the Florida Agency for
Health Care Administration,

Defendants.

DECLARATION OF KRISTIN DAVY

I, Kristin Davy, am over 18 years of age and declare and state the following based on my personal knowledge:

1. I am the owner of Gainesville Woman Care LLC d/b/a Bread and Roses Women's Health Center ("Bread and Roses" or "the Clinic"), located in Gainesville, which has provided safe and legal abortion care for women in Florida for three decades. I have worked at Bread and Roses since 1998, and been its owner and director since 2004.

2. As the Clinic's owner and director, I oversee its daily operations, business matters, and compliance with all applicable laws and regulations. Bread and Roses was last inspected by the Florida Agency for Health Care Administration in mid-March of this year and no deficiencies were found.

3. Bread and Roses is a plaintiff in this lawsuit on behalf of itself, its patients, and its doctor. Based on my knowledge and experience working at and operating Bread and Roses, I submit this declaration in support of Plaintiffs' Motion for an Emergency Temporary Injunction and/or a Temporary Injunction against Section 1 of 2015 House Bill 633.

4. For nearly thirty years, Bread and Roses has provided safe, compassionate, and legal abortion care to the women of Florida. I have read this law and understand that it requires the doctor who will perform the abortion procedure, or the referring physician, to counsel the patient in person and 24 hours before the abortion procedure. For the reasons I discuss below, by requiring women seeking abortion services to make an additional trip to the clinic, this law will infringe upon women's access to abortion.

5. If this law were to go into effect, I believe our patients would be harmed in several ways: virtually all will be burdened by the additional logistical difficulties of arranging to be away from school or work to make the additional trip to the clinic, and many will need to save more money to pay for travel, childcare, and related expenses; many will be delayed in obtaining the care that they need as a result of these additional logistical difficulties, particularly our most vulnerable patients; some may be at increased risk of having their decision to seek an abortion revealed to others, despite their desire to keep that confidential; and some women, particularly those who must travel long distances or are very poor, may be unable to overcome all of these difficulties and will therefore be forced to carry an unwanted pregnancy to term.

BREAD AND ROSES AND OUR PATIENTS

6. At Bread and Roses, we provide high quality surgical abortion services up to 13 weeks and 6 days of pregnancy, as measured from the woman's last menstrual period ("LMP"), and medication abortions up to 8 weeks LMP. In addition to abortion care, we also offer pregnancy tests and options counseling and refer for prenatal care and adoption services. We provide roughly 800 abortions each year. Our abortions cost between \$450 and \$675. The average appointment for a surgical abortion lasts three to four hours, and for a medication abortion about two hours. Our medical director is an obstetrician-gynecologist and has been the only doctor providing abortions at Bread and Roses for the past ten years. She is now in semi-retirement and provides abortions only two days per week.

7. Surgical abortion involves the use of instruments to evacuate the contents of the uterus. In contrast, a woman undergoing a medication abortion (sometimes referred to as RU 486 or the abortion pill), terminates an early pregnancy by taking medications that cause her to miscarry within a relatively short time. In my experience, a patient's reasons for deciding to have a medication abortion are often very strongly held, personal, and important to her. Many women choose medication abortion because they find it less invasive and more like a spontaneous miscarriage. Some patients also choose medication abortion because it allows them to feel more in control of the process and offers more privacy because the abortion is completed at home.

8. At Bread and Roses we take very seriously our responsibility as health care providers to make sure that every patient's decision to have an abortion is voluntary and informed. Before an abortion is performed, we take a full medical history from the patient, perform additional laboratory tests, and walk her through the abortion procedure, making sure the woman understands what the procedure entails, the side effects, and the risks of the

procedure. Every patient is given multiple opportunities to ask questions and discuss concerns, if any, with our staff, including the physician, prior to the abortion procedure. Bread and Roses takes a number of additional steps to ensure that every patient has considered her options, is confident in her decision, and was not coerced into obtaining an abortion. For example, we meet with the patient alone, where she can discuss freely any questions or concerns she may have.

9. Florida also already regulates the nature of the counseling patients receive before obtaining an abortion. Pursuant to existing law, our doctor discusses the relevant medical information, including the risks of the procedure and alternatives, and performs an ultrasound and offers the woman the opportunity to view the image. The woman is also offered the opportunity to receive printed materials prepared by the state, which include a description of the fetus at various stages of development, a list of entities that offer alternatives to abortion, and detailed information regarding medical assistance for prenatal care, childbirth, and neonatal care.

10. The overwhelming majority of our patients have carefully considered their options, understand the nature of the abortion procedure, and are sure of their decision to have an abortion by the time they schedule their procedure. These women are currently able to obtain an abortion on the first day they come to the clinic.

11. Occasionally, we have patients who seek an appointment not for abortion, but for a pregnancy test and/or options counseling, and we schedule those appointments on days when we do not offer abortion care. If, after undergoing options counseling, the woman decides she would like to terminate her pregnancy, we will schedule her for an abortion on another day. Or, if the woman decides she would like to carry the pregnancy to term or consider adoption, we will refer her for prenatal care or adoption services.

12. Our patients seek abortions for a variety of reasons. Many of our patients already have children and are seeking an abortion because they understand the responsibilities of raising a child and feel that they cannot care for another child at this time. Some of our patients are students at nearby universities, colleges, and community colleges and want to complete their education before they start a family. Other patients seek abortions because they want to leave an abusive relationship, and fear that a pregnancy will tie them legally to their abuser.

13. In Florida, Medicaid does not cover abortion care except in cases of rape, incest, and when the woman's life is endangered. Most of our patients must pay for their abortions out of pocket, and the \$450-675 can be a significant and unexpected expense. Many of our patients have difficulty paying for the procedure and approximately one-fourth of our patients receive funding from charitable organizations that help poor women pay for abortions. Many of our patients must turn to friends and family to pay for the abortion, or forego other important expenses in order to gather the necessary funds.

EFFECT OF THE 24-HOUR DELAY AND ADDITIONAL-TRIP REQUIREMENT

14. The requirement that every patient meet in person with the physician who will perform the abortion, or the referring physician, at least 24 hours before the procedure, will add to the burdens our patients already face by requiring them to make an additional trip to the clinic in order to have an abortion. Based on working with our patients over the past seventeen years, I know that for some women, making an extra trip to the clinic will simply be too much. It will be especially difficult for those women who come from far away. These women will face a difficult choice: either pay for a hotel to stay overnight, pay for and arrange for childcare, miss work or school, and forego lost wages for a few days; or take two trips to the clinic and make a separate set of arrangements for work, childcare, or school for that extra visit.

15. Even women who live near the clinic will be significantly burdened. Many of our patients have jobs with unpredictable schedules, or schedules that are not set well in advance, such as those in the food service or retail industries. It is hard to overstate how extremely difficult it is for some women to ensure that they will not be scheduled to work during their single appointment. Requiring these women to arrange at least two shifts off work in a single week so that they can make an extra visit to the clinic will be tremendously difficult, and may threaten their employment. This is a profound risk and burden on the lives of these women and their families. Moreover, this will double the amount of lost wages these women suffer, adding to the expense of having an abortion. For our patients who already have children, arranging for childcare so they can attend even one appointment can be costly and/or difficult. Requiring a woman to arrange for childcare for two days in a week will again pose a greater burden.

16. As mentioned above, Bread and Roses has had a single doctor for the last ten years, who is now semi-retired and provides care at the clinic only two days per week. It already can be difficult for our patients to find time to match their work and family obligations with our schedule. If a woman must make an additional trip to the clinic, these difficulties will be exacerbated, and may cause her to wait at least an extra week for her abortion at our clinic.

17. Such delays may push patients past the gestational age for having a medication abortion, which, as I explained above, many of our patients prefer for personal reasons. This delay may also push patients past the gestational age up to which we schedule surgical abortions—13 weeks and 6 days LMP.

18. Moreover, aside from the increased risks of the procedure, I understand that there are patients for whom it is particularly inadvisable to delay the procedure, including those suffering from severe symptoms of pregnancy, and those who are in abusive relationships and

may need to conceal their pregnancy. Finally, the costs of the procedure go up as gestational age increases. This is especially true for procedures after the first trimester. This will only exacerbate the obstacles our patients must overcome, as they must save even more money to have a later procedure.

19. While the additional-trip requirement will inconvenience all of our patients and will burden their access to abortion, it will be especially dangerous for some of our most vulnerable patients—women who are victims of intimate partner violence. We have had patients who were in abusive relationships and wanted to extricate themselves from these dangerous situations. These women desperately wanted abortions in order to terminate pregnancies that could potentially tie them to their abusive partners forever. These women had an extremely difficult time concealing their pregnancies, gathering the funds to pay for their abortions, and finding the time to evade the scrutiny of their abusive partners for the three to four hours necessary for the abortion procedure. While it can be difficult and embarrassing for women to ask others for support and assistance to pay for and obtain an abortion—for example, by asking for a ride to the clinic, or for childcare—for women in abusive relationships, these concerns are exacerbated. We have treated some women whose friends and families did not want to provide assistance or support for the woman in obtaining an abortion, out of fear that should the abusive partner learn of the abortion, he would target them for helping her. For these women, an additional trip to the clinic would not only be extremely difficult, but could be fatal. Each additional trip to the clinic is another opportunity for the woman to be caught by her abusive partner. When a patient reveals to us that she is a victim of intimate partner violence, we provide her with information regarding local resources, including shelters, counselors, and groups at the university, which can provide assistance.

20. The question of confidentiality raises a broader concern. The decision to terminate a pregnancy is a deeply private one, and all of our patients, not just those in abusive relationships, have concerns about protecting their privacy. Requiring a woman to make an additional visit will only increase the chance that she will be seen or judged by people she knows. Moreover, it also subjects our patients to further harassment by anti-abortion activists who are routinely outside our clinic holding signs with upsetting messages and images, yelling messages at all who walk through our doors. While we occasionally have volunteers who escort our patients, that is not always the case. For many of our patients it can be very distressing to be harassed and called horrible names while walking into our clinic. Forcing our patients to endure this harassment and humiliation once more will harm our patients' emotional well-being.

21. For all of these reasons I believe the Act is unnecessary and will, in fact, harm women in Florida seeking abortions.

Under penalties of perjury, I declare that I have read the foregoing declaration and that the facts stated in it are true to the best of my knowledge and belief.

Executed on June 5, 2015 in Gainesville, Florida.

/s/ Kristin Davy
Kristin Davy

Exhibit B-3

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity as
Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of the
Florida Board of Medicine; FLORIDA BOARD OF
OSTEOPATHIC MEDICINE; ANNA HAYDEN,
D.O., in her official capacity as Chair of the Florida
Board of Osteopathic Medicine; FLORIDA
AGENCY FOR HEALTH CARE
ADMINISTRATION; and ELIZABETH DUDEK,
in her official capacity as Secretary of the Florida
Agency for Health Care Administration,

Case No. _____

Defendants.

DECLARATION OF CHRISTINE L. CURRY, M.D., Ph.D.

I, CHRISTINE CURRY, M.D., Ph.D., declare under penalty of perjury that I am over 18 years of age, and that the following statements are true and correct:

1. I am a physician licensed to practice medicine in Florida. I am board certified by the American Board of Obstetrics and Gynecology. I currently serve as an Assistant Professor in the Obstetrics and Gynecology Department at University of Miami Hospitals and at Jackson Memorial Hospital, where I supervise, mentor, and train medical students and residents. I

mention these affiliations for purposes of identification only; the opinions I offer here are my own, and do not reflect those of any institution with which I am affiliated.

2. In 2009, I received an M.D. from Loyola University Stritch School of Medicine and a Ph.D. from Loyola University's Department of Microbiology and Immunology. I completed my residency in obstetrics and gynecology at Boston University Medical Center in 2013, where I also completed the Ryan Program in Abortion and Family Planning. As part of the Ryan Program, I received specialized training in abortion care. My experience and credentials are more fully set forth in my curriculum vitae, a true and accurate copy of which is attached to this declaration.

3. In my practice, I provide a full spectrum of obstetrical and gynecologic care to patients, including prenatal care and labor and delivery; outpatient well-woman care, such as pap smears, cancer screening, STI testing and treatment, and contraception counseling and provision; medical and surgical abortions; and inpatient gynecologic surgeries, such as hysterectomies and fibroid removals. I provide surgical abortions up to thirteen weeks, as measured from the first day of a woman's last menstrual period ("LMP") and medication abortions up to nine weeks LMP.

4. I have read the challenged Act, Florida House Bill 633, and understand that it requires the physician who will perform the abortion procedure, or the referring physician, to provide information and counseling to a patient in person and twenty-four hours before the abortion procedure. I also understand that the Act contains two extremely narrow exceptions: one for women who have become pregnant as a result of abuse and reported the abuse to the authorities, and another for a woman whose very life is threatened by their pregnancy in medical emergencies.

5. I provide the following facts and opinions as an expert in the fields of obstetrics and gynecology and reproductive health. The statements below are based on my education, teaching, and clinical experience, as well as my review of the relevant medical and scientific literature.

Safety of Legal Abortion in the United States and Florida

6. Legal abortion is one of the most common medical procedures performed in the United States. Nearly one in three women in the United States will have an abortion by the age of 45, and the majority of women who have abortions are already mothers. The vast majority of abortion procedures performed in the United States occur in the first trimester.

7. Abortion is also one of the safest medical procedures in the United States and is substantially safer than childbirth. A woman's risk of death associated with childbirth is approximately 14 times higher than her risk of death associated with abortion.¹ The risk of death is less than one out of every 100,000 legal induced abortions.² Because abortion is so safe, the vast majority of abortions in the United States can be, and are, safely and effectively performed in an outpatient setting. This is also true in Florida.

8. From my experience, women have abortions for a variety of reasons, including medical, familial, personal, and financial reasons. Some women have abortions to preserve their life or their health. For these women, carrying a pregnancy to term can put their lives at grave risk, significantly shorten their life expectancy, or cause permanent damage. Other women have abortions to terminate wanted pregnancies after the fetus has been diagnosed with an anomaly.

¹ Raymond, Elizabeth G., & Grimes, David A., "The Comparative Safety of Legal Induced Abortion and Childbirth in the United States," *Ob. & Gyn.* 119 (Feb. 2012): 215-19.

² Raymond, Elizabeth G., Grossman, Daniel, Weaver, Mark A., Toti, Stephanie, & Winikoff, Beverly, "Mortality of induced abortion, other outpatient surgical procedures, and common activities in the United States," *Contraception* 90, no. 5 (July 2014): 476-79.

Others have abortions because their pregnancy was a result of rape or sexual assault. Still other women have abortions because they appreciate the responsibilities of motherhood and feel they cannot adequately provide for a child at that time. In my experience, whatever a woman's reasons for terminating a pregnancy, she makes the decision thoughtfully after much consideration and deliberation with those she includes in her process: her family, friends, and/or physician.

9. There are two methods of abortion in the United States: surgical abortion and medication abortion. Surgical abortion involves the use of instruments to evacuate the contents of the uterus. Despite its name, surgical abortion involves no incision into the woman's skin or other bodily membrane. In Florida, surgical abortion is available through 23.6 weeks LMP. Surgical abortion is comparable to other gynecological procedures in terms of risk, invasiveness, instrumentation, and duration. For example, first-trimester surgical abortions are nearly identical to diagnostic dilation and curettage ("D&C") and to surgical completion of miscarriage. Second-trimester surgical abortions are similar to hysteroscopy, a gynecological procedure that uses endoscopy for diagnostic and operative purposes. Florida law does not require a twenty-four-hour waiting period before either of these other gynecological procedures with comparable risks, nor indeed any other procedure I perform in my practice.

10. Medication abortion (also called medical abortion) involves administration of medication to induce an abortion. Medication abortions are available for women up to 9 weeks LMP. In the most commonly used medication abortion protocol, women take mifepristone and misoprostol to induce an abortion. The patient takes the mifepristone in the clinic, which blocks the hormones needed to maintain a pregnancy, and the misoprostol at home, which causes her uterus to contract and expel its contents.

11. In my experience, most patients will have a strong preference for either surgical or medical abortion. For example, young women, women who are survivors of sexual assault, and women who are otherwise fearful of undergoing a “surgical procedure” or of having instruments inserted into the vagina, often prefer medication abortion. From the patient perspective, a medication abortion is similar to a spontaneous miscarriage, and feels more private, by allowing the patient to experience the abortion in her own home. For many women who have experienced physical or sexual trauma, having the abortion experience in private, with family members or friends available for support (rather than hospital staff), helps them feel more in control of the situation and is therefore important to their mental and psychological health.

12. For some women, including some of my patients, medication abortion is medically indicated for physiological reasons that make surgical abortion difficult or impossible to perform, including women with uterine anomalies, such as uterine fibroids, or women who are morbidly obese.

13. Although abortion is an extremely safe procedure, the risk of medical complications increases as the pregnancy advances.³ Thus delay in obtaining an abortion increases the risk of complications.

The Act Will Harm Women’s Health

14. The Act singles out abortion procedures from all other medical procedures to impose a twenty-four-hour delay and an additional-trip requirement, with no medical benefit to the patient. For example, having obtained informed consent from a woman, a physician can perform a D&C procedure for diagnostic purposes, or to complete a miscarriage—which is the same procedure used to perform a first-trimester abortion—without requiring the patient to delay

³ Bartlett, Linda A., *et al.*, “Risk Factors for Legal Induced Abortion-Related Mortality in the United States,” *Ob. & Gyn.* 103, no. 4 (Apr. 2004): 729-37.

for any period of time, or to make an additional, separate visit to the medical facility. It is my opinion that by forcing women seeking abortions—but not patients seeking any other medical procedure, including those riskier than abortion—to wait twenty-four hours and to make an additional visit to the medical provider before they can obtain the treatment, the Act will harm Florida women seeking abortion and undermine the physician-patient relationship. It will prevent physicians from administering the care they believe will protect their patients' well-being.

15. By forcing women to delay the procedure at least twenty-four hours and to make arrange for an additional trip to a provider, the Act will cause women to delay their abortion by at least one day, and in some cases, even longer. Such delays may push women past the gestational limit when medication abortion is available. This will force women for whom a medication abortion is clinically indicated to undergo a procedure that is less safe for them. It will also force a woman who prefers a medication abortion for psychological reasons to undergo a surgical abortion, which may harm her emotional and psychological state, and this pertains especially to victims of sexual trauma. In other cases, delays may push women past the gestational limit of the nearest abortion provider, forcing them to travel farther. This, in turn, is very likely to create further delay, increasing the risks of the procedure. Additionally, the later an abortion takes place in the pregnancy, the greater the cost of the procedure for the patient.

16. Moreover, by forcing virtually all women to wait twenty-four hours and make an additional trip to the clinic, the Act will inflict emotional distress and psychological trauma on women who seek abortions under distressing circumstances. This includes women who have made the extremely difficult decision to terminate a wanted pregnancy because of grave or even

lethal fetal anomalies, such as anencephaly, where the fetal brain stem has failed to develop, or a severe cardiac defect.

17. Additionally, the twenty-four-hour waiting period may prevent some women from obtaining an abortion altogether, such as women who are victims of domestic violence. For example, I recently saw a patient who was being physically and verbally abused by her husband. She came to my practice seeking an abortion; however, she had forgotten her wallet and said she would return the next day for the procedure. When she did not return the next day, we called her on her cell phone and learned that her husband, who had discovered that she was trying to obtain an abortion, had locked her in the house to prevent her from leaving. She asked us not to alert the authorities because she feared that doing so might lead to further abuse and violence. We followed the patient's wishes and she did not present for her rescheduled appointment. If women who are victims of domestic violence are required to make an additional, dangerous trip to the clinic, the chances that the woman's abuser will learn of the woman's intention to have an abortion increases, thereby increasing the chances that a woman will be furthered abused and/or forced to carry the pregnancy to term.

18. Further, the Act fails to provide an adequate health and life exception for women with health issues, including conditions caused by or exacerbated by pregnancy. As a result, the Act will impose serious medical risks on women facing pregnancy complications such as placenta previa (abnormal presentation of the placenta which can cause life-threatening bleeding), hypertension and preeclampsia (which can lead to stroke, heart attack, or death if untreated), and premature rupture of membranes (which, if untreated, can lead to serious infection). Conditions such as these pose an immediate threat to a woman's health and threaten her life if untreated, but do not always occur in the context of a medical emergency. For a

woman who has decided to terminate her pregnancy because of one or more of these conditions, delay poses serious medical risks. In such cases, the standard of care is to terminate the pregnancy as soon as the woman decides to, not to wait until the woman's condition rises to the level of a life-threatening medical emergency. Yet the Act would prevent physicians from providing this necessary and important medical care as soon as is medically appropriate.

19. Forcing women in these circumstances to wait twenty-four hours harms them, both physically and psychologically, and will undermine the physician-patient relationship. A physician treating a patient needs to be able to deliver care in the manner and at the time that she or he, in the exercise of medical judgment, decides best promotes the patient's health. The Act would prevent physicians from doing so, and force them to unnecessarily delay delivering medically appropriate care.

20. Finally, if the Act goes into effect, the mandatory delay requirement will create extra administrative burdens for physicians who will have to counsel and obtain consent from every single abortion patient during a separate visit on a different day—and coordinate those visits to minimize the disruption for women. This added administrative burden will reduce the hours physicians have to see all their patients, including those seeking obstetrical and well-woman care. This, in turn, will exacerbate Florida's existing shortage of qualified physicians who provide abortions.

21. For all of these reasons, it is my expert opinion that rather than promote women's health, the Act will have the opposite effect: it will be detrimental and dangerous to women's health.

Executed on June 8, 2015 in Miami, Florida.

/s Christine Curry
Christine Curry, M.D., Ph.D.

CV of Christine Curry

CHRISTINE L CURRY MD PHD

ACADEMIC APPOINTMENTS

- 09/2014 - Assistant Professor, Obstetrics and Gynecology
University of Miami Hospitals, Miami FL
- 09/2014 - Assistant Professor, Obstetrics and Gynecology
Jackson Memorial Hospital, Miami FL
- 07/2013-07/14 Clinical Instructor, Obstetrics and Gynecology
Associate Clerkship Director, Third Year Medical Student Clerkship, Obstetrics and Gynecology
Teaching Attending, Resident Continuity Clinic
Boston University Medical Center, Boston MA
- 07/2013-07/14 Consultant, Obstetrics and Gynecology
Massachusetts Correctional Institution, Framingham MA
- 07/2013-07/14 Consultant, Gynecology
Lemuel Shattuck Hospital, Jamaica Plain MA

MEDICAL EDUCATION

- 2009-2013 Residency, Obstetrics and Gynecology
Administrative Chief Resident, Obstetrics and Gynecology
AQA Medical Honor Society
Boston Medical Center, Boston MA
- 2001-2009 MD, Stritch School of Medicine
PhD, Department of Microbiology and Immunology, Defended with Distinction
Loyola University Stritch School of Medicine, Maywood IL
- 1997-2001 BS, Biology with Honors, Spanish Minor
University of Iowa, Iowa City IA

STATE LICENCES

- 2014-2016 Florida State License, Number ME119383
- 2013-2015 Massachusetts State License, Number 254432

LANGUAGE SKILLS

- Spanish Conversational oral, written and medical
- Haitian Creole Fluent oral, written and medical

TEACHING EXPERIENCE

UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE

- 2014-2015 Faculty Mentor: Multispecialty Learning Initiative in Graduate Medical Education
- 2014- Faculty Advisor: Small Group Sessions, Obstetrics and Gynecology Clerkship
- 2014- Teaching Faculty: Obstetrics and Gynecology Clerkship
- 2014- Resident Research Committee Member: Obstetrics and Gynecology Residency Program

BOSTON UNIVERSITY MEDICAL CENTER

- 2013-2014 Curriculum Development: Social Determinants of Health and Physician Advocacy
- 2013-2014 Associate Clerkship Director: Obstetrics and Gynecology
- 2013-2014 Course Director: Haitian Creole Language and Culture
- 2010-2013 Instructor: Haitian Creole Language and Culture

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

- 2008-2009 Co-Facilitator: Patient Centered Medicine
- 2008 Curriculum Designer: Global HIV and TB, Neiswanger Institute for Bioethics
- 2004-2005 Teaching Assistant: Immunology
- 2005 Teaching Assistant: Medical Virology

UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF MEDICINE

- 2005-2007 Instructor: Global AIDS Seminar

TEACHING EXPERIENCE, Cont.

UNIVERSITY OF IOWA

- 2000-2001 Supplemental Instructor: Principles of Biology
1999-2000 Teaching Internship: Principles of Biology Laboratory

NATIONAL ORGANIZATIONS

- 2006 Curriculum Designer: Online microbicides module, Global Health Education Consortium
2004-2007 Curriculum Designer: Global Health Scholars Program, American Medical Student Association

RESEARCH EXPERIENCE

UNIVERSITY OF MIAMI

- 2015- Principle Investigator, Resident Research Project
Reproductive health medical student advocate project
2015- Principle Investigator, Resident Research Project
Gynecologic risk of malignancy with surgery for fibroids
2015- Principle Investigator, Resident Research Project
Training in substance abuse in pregnancy, national resident survey
2015- Principle Investigator, Resident Research Project
Evidence based curriculum design and implementation, substance abuse in pregnancy
2015- Principle Investigator, MD/MPH Capstone Student Project
Access to Long-Acting Reversible Contraception for Homeless Women in Miami

BOSTON UNIVERSITY MEDICAL CENTER

- 2012-2014 Principal Investigator
Provider Attitudes of Post-Placental IUD Placement
2009-2011 Research Assistant
Minimally Abnormal Pap Tests in HIV Positive Women

PHYSICIANS FOR HAITI

- 2014- Co-Principle Investigator
Teach the Teacher Curriculum
2012-2013 Principal Investigator
Continuing Medical Education Needs Assessment of Haitian Physicians

PARTNERS IN HEALTH

- 2007-2009 Research Assistant
Food Insecurity and Sex Work
Physician Initiated HIV Testing through Mobile Clinics in Rural Haiti

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

- 2003-2006 Graduate Research Assistant, Department of Microbiology and Immunology
Notch Signaling and Mitotic Catastrophe in Kaposi's sarcoma
2002 Research Internship
The HIV-1 Envelope Glycoprotein gp160 and Reactivation of KSHV

UNIVERSITY OF IOWA

- 2000-2001 Research Assistant, Department of Biology
Honors thesis: The Role of the MAP kinase kinase MEK1 reveals a new pathway that selectively regulates cell motility in *Dictyostelium* chemotaxis
2000 Howard Hughes Research Internship
Cell Motility in *Dictyostelium* Chemotaxis

HONORS AND AWARDS

INTERNATIONAL AWARDS

- 2008 Velji Award for Emerging Leaders in Global Health, Global Health Education Council
2008 Travel Grant Recipient, International Union Against TB and Lung Disease
2004 Nevin Narayan Achievement Award for Health and Human Rights Activism, Physicians for Human Rights

NATIONAL AWARDS

- 2012 Gold Humanism Honor Society, Humanism and Excellence in Teaching Award
2005 Albert Kligman Travel Fellowship, Society for Investigative Dermatology

HONORS AND AWARDS

BOSTON MEDICAL CENTER, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

- 2014 Faculty Teacher of the Year Award
- 2013 Excellence in Minimally Invasive Gynecologic Surgery
- 2012 Resident Teacher of the Year Award
- 2011 Resident Teacher of the Year Award
- 2010 Resident Teacher of the Year Award

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

- 2008 President's Medallion
- 2007 Alpha Sigma Nu Outstanding Nominee
- 2007 Alpha Sigma Nu Jesuit Honor Society

UNIVERSITY OF IOWA

- 2001 Hesseltine Biology Scholarship

PROJECT AND RESEARCH FUNDING

- 2015 University of Miami Department of Public Health Springboard Grant. Contraception Decisions, Education, and Access for Women Experiencing Homelessness (\$4000)
- 2007 Neiswanger Bioethics Institute Fellowship. Project: Creation of health justice curriculum modules based on medical and socioeconomic realities in rural Haiti. (\$4000)
- 2004 American Skin Association Medical Student Grant. Project: Targeting Notch in Kaposi's Sarcoma. (\$7000)
- 2002 American Medical Association Seed Grant Recipient. Project: The HIV-1 envelope glycoprotein gp160 and reactivation of KSHV. (\$1600)

GLOBAL HEALTH CLINICAL EXPERIENCE

- 2012 Saint Boniface Hospital, Resident Clinical Elective, Fonds de Blanc Haiti
- 2009 Partners In Health/Zanmi Lasante, Medical Student Elective, Belladere Haiti
- 2009 Landour Hospital, Medical Student Elective, Mussoorie India
- 2007-2008 Partners In Health/Zanmi Lasante, Clinical and Research Externship, Belladere Haiti
- 2001 Loyola University Stritch School of Medicine, Clinical Service Immersion, Dolores Guatemala

PEER REVIEWED PUBLICATIONS

Holland E, Michelis L, Sonalkar S, **Curry CL**. Barriers to Immediate Post-placental Intrauterine Devices Among Attending Level Educators. *Women's Health Issues*. In press 2015.

Nadas M, Bedenbaugh R, Morse M, McMahon G, **Curry CL**. A needs and resource assessment of continuing medical education in Haiti. *Annals of Global Health*. In press 2015.

Hudspeth J, **Curry CL**, Surena C, Sacks Z. Continuing professional development in low-resource settings: Haiti as an example. *Annals of Global Health*. In press 2015.

Rindos N, **Curry CL**, Tabbarah R, Wright V. Port-Site Metastases After Robotic Surgery for Gynecologic Malignancy. *JSLs*. 2014 PMID:24680146

Foust-Wright C, Shobeiri S, **Curry CL**, Quiroz L, Nihira M. Medical Student Knowledge of Global Health Problems: Obstetric Fistulas in Developing Countries. *J Reprod Med*. 2012 PMID:23091991

Curry CL, Hoffman Sage Y, Vragovic O, Stier E. Minimally Abnormal Pap Testing and Cervical Histology in HIV-Infected Women. *J Women's Health*. 2011 PMID:22011239

Rattan R, **Curry CL**. A New Method of HIV Prevention in Africa. *The Lancet Student*. 2008.

PEER REVIEWED PUBLICATIONS, Cont.

Curry CL, Reed L, Broude E, Golde T, Miele L, Foreman K. Notch Inhibition in Kaposi's Sarcoma Tumor Cells Leads to Mitotic Catastrophe through NF-kappaB Signaling. *Mol Cancer Ther*. 2007 PMID:17604336

Curry CL, Reed L, Nickoloff B, Miele L, Foreman K. Notch-Independent Regulation of Hes-1 Expression by C-Jun N-Terminal Kinase (JNK) Signaling in Human Endothelial Cells. *Lab Invest*. 2006 PMID:16732296

Curry CL, Reed L, Golde T, Miele L, Nickoloff, B Foreman K. Gamma secretase Inhibitor Blocks Notch Activation and Induces Apoptosis in Kaposi's Sarcoma Tumor Cells. *Oncogene*. 2005 PMID:15940249

Young H, Foreman K, Shin J, Hirakawa S, **Curry CL**, Sage D, Libermann T, Dezube B, Fingerroth J, Detmar M. Lymphatic Re-Programming of Blood Vascular Endothelium by Kaposi's Sarcoma Associated Herpesvirus. *Nat Gen*. 2004 PMID:15220917

LEADERSHIP

INTERNATIONAL ORGANIZATIONS

2014 Expert Witness: Medical testimony for El Salvadorian Supreme Court
2014-Current Advocacy Consultant: 100 Campaign for Global Access to Insulin
2012-Current Board Member: Board of Directors, Physicians for Haiti
2011-Current Chair: Monitoring and Evaluation Committee, Physicians for Haiti
2010-2011 Chair: Outreach Committee, Physicians for Haiti
2005-2007 Board Member: Board of Directors, Physicians for Human Rights

BOSTON UNIVERSITY MEDICAL CENTER

2013-Current Department Leader: Academy for Faculty Advancement
2012-2013 Administrative Chief Resident: Obstetrics and Gynecology, Boston Medical Center

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

2002-2003 Chapter President: Physicians for Human Rights
2001 Founding Member: Chapter Physicians for Human Rights
2002-2003 Participant: Innovations in Leadership Seminar

AMERICAN MEDICAL STUDENT ASSOCIATION

2005-2010 Co-Founder and Advisor: Global Health Scholars Program
2005-2007 Chair: Steering Committee, AIDS Advocacy Network
2003-2005 Coordinator: National and Regional AIDS Advocacy Network

ACADEMIC PRESENTATIONS

INTERNATIONAL

2012 Physicians for Haiti, Third Trimester Vaginal Bleeding, Port au Prince, Haiti
2012 St. Boniface Hospital, Morning Report, Third Trimester Vaginal Bleeding, Fond des Blancs, Haiti
2004 Makerere Medical School Grand Rounds, Kampala Uganda, Targeting Notch in Kaposi's Sarcoma and a Unique Model System

UNIVERSITY OF MIAMI

2015 AIDS Education and Training Center, Regional Webinar, Triple Threat of HIV, Pregnancy and Addiction
2015 Neonatal Intensive Care Unit Nursing Continuing Education Conference, The Distressed Infant
2014 OB/GYN Grand Rounds, Reproductive Health and the Correctional System

BOSTON UNIVERISTY MEDICAL CENTER

2013 Pregnancy and the Immune System Response
2011 OB/GYN Grand Rounds, Women in Control: HIV prevention
2011 Departmental Resident Research, Minimally Abnormal Pap Testing in HIV-Infected Women
2011 Gynecology Conference, Pelvic Anatomy Jeopardy
2011 Maternal Fetal Medicine Conference, Fetal Outcomes in Pregnancies with Subchorionic Hemorrhage
2011 OB/GYN Grand Rounds, Pulmonary Hypertension in Pregnancy
2011 Maternal Fetal Medicine Conference, Midtrimester PPRM
2011 Maternal Fetal Medicine Conference, Breech Vaginal Delivery

ACADEMIC PRESENTATIONS, Cont.

- 2011 Gynecology Conference, Reproductive Infections Disease Jeopardy
- 2011 Maternal Fetal Medicine Lecture, Predictors of Sepsis in Women with Chorioamnionitis
- 2009 CREOG Review, Endocrine Disorders in Pregnancy

ACTIVISM AND GLOBAL HEALTH PRESENTATIONS

FLORIDA INTERNATIONAL UNIVERSITY

- 2015 Medical Students for Choice, Screening of After Tiller

BOSTON UNIVERSITY MEDICAL CENTER

- 2014 Boston Student Health Activist Summit Keynote, The Last Excuse
- 2013 Global Health Elective Program, Finding the Meaning in Global Health
- 2013 Spectrum of Physician Advocacy Panel, Incorporating Advocacy into Medicine
- 2012 World AIDS Day, Global Health Activism for Medical Professionals
- 2012 International Human Rights Day, Toward a Better Haiti: Global Health through Research, Education and Advocacy

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

- 2010 Invited Speaker, Haiti. Healthcare. Before. After.
- 2008 Service and Global Health Workshop, Brain Drain: Perspectives from Haiti
- 2007 Association of Pre-Medical Students, Preventing HIV with Microbicides
- 2007 Global AIDS Week of Action, Microbicides: Gender Disparities and HIV
- 2006 American Medical Student Association, The Science and Advocacy of Microbicides
- 2006 St. Luke's Day Presentation, Healthcare-worker Brain Drain: Pushes, Pulls and Solutions
- 2006 Health and Justice Conference, Hand in Hand: Poverty and HIV
- 2004 AIDS Advocacy Network, HIV/AIDS: Treat the People
- 2003 Global AIDS Week, Global AIDS and Student Activism

REGIONAL

- 2007 AIDS Foundation of Chicago, Chicago Coalition for Microbicides, Biologic, Social and Economic Factors Increasing a Women's Risk for HIV
- 2006 AIDS Foundation of Chicago Microbicides Training, The Science Behind the Hope
- 2006 American Medical Student Association Region 8 Conference, Speaking Truth to Power: Bird-dogging 101
- 2006 American Medical Student Association Region 8 Conference, Microbicides: User-Controlled HIV Prevention
- 2005 American Medical Student Association AIDS Regional Advocacy Coordinators Retreat, HIV Treatment: How Close Are We to a Cure?
- 2004 American Medical Student Association Region 4 Conference, Topical Microbicides: New Hope for Non-Condom Prevention of HIV and other STDs
- 2004 American Medical Student Association Political Leadership Institute, Overview of Global AIDS Crisis

NATIONAL

- 2010 Medical Students for Choice National Conference, Choosing a Career in Women's Health
- 2008 Microbicides Leadership Institute, Success in Student Activism
- 2007 International Federation of Medical Students National Conference, Non-Condom HIV Prevention: Microbicides
- 2007 American Medical Student Association Global Health Leadership Institute, The Future of HIV Prevention: Vaccines and Microbicides
- 2006 Physicians for Human Rights National Student Conference, Fighting Global AIDS in the Context of Human Rights
- 2006 American Medical Student Association AIDS Institute, Update on Microbicide and Vaccine Research
- 2006 Annual National Catholic HIV/AIDS Ministry Conference, Advocacy 101: Brain Drain in Africa
- 2006 American Medical Student Association National Convention, Microbicides: Non-condom HIV Prevention
- 2005 American Medical Student Association AIDS Leadership Retreat, HIV Prevention: Vaccines and Microbicides
- 2005 American Medical Student Association National Convention, Topical Microbicides: Non-Condom Prevention of HIV and Medical Student Advocacy

ACTIVISM AND GLOBAL HEALTH PRESENTATIONS

- 2005 American Medical Student Association National Convention, The Health Professional Student AIDS Advocacy Network
- 2005 Physicians for Human Rights National Student Conference, Effective Student Organizing on HIV/AIDS
- 2004 Physicians for Human Rights Student National Conference, How to Set Up a PHR Student Chapter and Keep It Going

INTERNATIONAL

- 2013 International Federation of Medical Students' Associations, Panel Moderator, Integrative Global Health: Connecting Education, Infrastructure, Research, and Activism for Social Justice
- 2012 St. Boniface Hospital International Women's Day, Fond des Blancs Haiti, Human Rights are Women's Rights

ABSTRACTS

MENTORED MEDICAL STUDENT ABSTRACTS

- 2015 Poster Presentation at University of Miami Research and Innovations in Medical Education Reception Melillo A, Ganesh D, Perez C, Collins T, **Curry CL**. Bootcamp Proposal for MS4 Students Pursuing Careers in Obstetrics and Gynecology
- 2015 Poster Presentation at University of Miami Research and Innovations in Medical Education Reception Khaja A, Winer L, Abern L, Blankenship S, Fiorentino D, Funk B, Gulati A, Maguire K, Tappy E, Mundy L, **Curry CL**. Addressing Gaps in Medical School Reproductive Health Education
- 2014 Oral Presentation at John McCahan Medical Campus Education Day, *Awarded Best Abstract* Yu L, Economou N, Holland E, **Curry CL**. Assessment of Structured Advocacy Training Integrated into the Third year OB/GYN Clerkship
- 2014 Poster Presentation at Northeast Osteopathic Medical Education Network Research and Scholarship Forum Davis BW, Sacks Z, Morse M, Fox C, Louis-Charles C, **Curry CL**. Initial Analysis of a Healthcare Leadership and Quality Improvement Pilot Program in Rural Haiti
- 2013 Poster Presentation at National Osteopathic Medical Conference Davis BW, **Curry CL**, Nadas M. If You Build it They Will Come: A Bidirectional Approach to Continuing Medical Education in Haiti.
- 2013 Poster Presentation at University of New England College of Osteopathic Medicine Research Forum Davis BW, **Curry CL**, Nadas M. If You Build it They Will Come: a Bidirectional Approach to Continuing Medical Education in Haiti.

MENTORED RESIDENT ABSTRACTS

- 2014 Poster Presentation at Council on Resident Education in Obstetrics and Gynecology Conference Holland E, Allen K, Abbott J, **Curry CL**. Teaching Patient Advocacy: A Resident Led Curriculum for Third Year Medical Students in OB/GYN.
- 2015 Poster Presentation at American College of Obstetrics and Gynecology Annual Conference Michelis L, Holland E, Sonalkar S, Curry CL. Acceptance of Post-Placental Intrauterine Device Placement Among Obstetrical Providers in Massachusetts Academic Hospitals.

MENTORED GLOBAL HEALTH INTERN ABSTRACTS

- 2015 Poster Presentation at the Consortium of Universities for Global Health Annual Conference Larson E, Nadas M, Louis-Charles C, Gideon M, Gaetchen P, Trouillot M, **Curry CL**. Partnership for Medical Education in Haiti: A Model Program for Medical and Nursing Student Education
- 2015 Poster Presentation at the Consortium of Universities for Global Health Annual Conference McCoy M, Fox C, **Curry CL**, Finnegan A, Morse M, Sacks Z, Wallace J, Westerhaus M. Integrating social medicine into international curricula: a case study across Uganda and Haiti
- 2013 Poster Presentation at the Unite for Sight Annual Conference Bedenbaugh R, **Curry CL**, Demery L, Nadas M. A Needs Assessment of Continuing Medical Education in Haiti.

INSTITUTIONAL ABSTRACTS

- 2013 Poster Presentation at Boston University Jonathan McCahan Medical Campus Education Day
Curry CL, Hudspeth J. Physicians for Haiti: Educational Innovation in Partnership with the Boston University Medical Campus Community.
- 2005 Poster Presentation at Loyola University Graduate Student Research Exhibition
Curry CL, Reed L, Miele L, Nickoloff B, Foreman K. Induction of Mitotic Catastrophe in Kaposi's Sarcoma Tumor Cells.
- 2005 Poster Presentation at Loyola University Medical Student Research Exhibition
Curry CL, Reed L, Miele L, Nickoloff B, Foreman K. Induction of Mitotic Catastrophe in Kaposi's Sarcoma Tumor Cells.
- 2004 Poster Presentation at Loyola University Graduate Student Research Exhibition
Curry CL, Reed L, Nickoloff B, Foreman K. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2004 Oral presentation at Loyola University Medical Student Research Exhibition
Curry CL, Reed L, Nickoloff B, Foreman K. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2003 Poster Presentation Loyola University at Graduate Student Research Exhibition
Curry CL, Reed L, Nickoloff B, Foreman K. The Role of Notch in Kaposi's Sarcoma.
- 2002 Poster Presentation at Loyola University Medical Student Research Exhibition
Curry CL, Foreman, K The HIV-1 Envelope Glycoprotein gp160 and Reactivation of KSHV.

REGIONAL ABSTRACTS

- 2012 Poster Presentation at the Massachusetts American Congress of Obstetricians and Gynecologists Annual Meeting
Rindos N, **Curry CL**, Sonalkar S, Iverson R. Immediate Post-Placental IUD Placement After Cesarean and Vaginal Deliveries at an Academic Training Center.
- 2012 Oral Presentation at the New England Association of Gynecology Oncologists Conference
Tabbarah R, Rindos N, **Curry CL**, Wright V. The Incidence of Port Site Metastasis in Robotic Gynecologic Oncology.
- 2012 Oral Presentation at the New England Association of Gynecology Oncologists Conference
Tabbarah R, **Curry CL**, Wright V. Ten Year Retrospective Review of Fallopian Tube Malignancies at a Tertiary Care Center.
- 2011 Poster Presentation at the American Congress of Obstetricians and Gynecologists Massachusetts Meeting
Rindos N, **Curry CL**, Sonalkar S, Iverson R. Immediate Post-Partum Intrauterine Device Placement Training Model and Labor and Delivery Work Flow Implementation.
- 2006 Poster Presentation at Global Health Education Consortium Regional Conference
Curry CL, Hussein T, Frye L, Shah S. Global Health Scholars Program: A Model Curriculum for Fostering Innovation and Leadership in Global Health.

NATIONAL ABSTRACTS

- 2012 Poster Presentation at the Association of Reproductive Health Professionals National Conference
Curry CL, Rindos R, Iverson R, Sonalkar S. Immediate Post-Placental IUD Placement After Cesarean and Vaginal Deliveries at an Academic Training Center.
- 2010 Poster Presentation at the American Urogynecologic Society Annual Meeting
Foust-Wright C, Shobeiri A, Anest T, Bessof K, **Curry CL**, Evan M, Hissett J, Luthey S, Quiroz L, Nihara, M. Survey of Knowledge about Obstetrics Fistulas in Medical Students in the United States.
- 2010 Oral Presentation at American Society for Colposcopy and Cervical Pathology
Hoffman Sage Y, **Curry CL**, Stier E. Colposcopic Outcomes of Minimally Abnormal Cervical Cytology in HIV-Infected Women.
- 2009 Poster Presentation at Women's Health 2009 Annual Congress
Curry CL, Rahimtoola M, Cullen K, Ivers L, Ternier R. Extreme Food Insecurity as a motivation for Sex Work in Rural Haiti.
- 2007 Poster Presentation at American Medical Student Association National Conference
Shah S, Alimohamed S, Burns K, Frye L, **Curry CL**. Global Health Scholars Program: AMSA Fosters Innovation and Leadership in Global Health.

NATIONAL ABSTRACTS

- 2006 Oral and Poster Presentation at Society for Investigative Dermatology
Curry CL, Reed L, Nickoloff B, Miele L, Foreman K. Notch Inhibition in Kaposi's Sarcoma (KS) Tumor Cells Leads to Mitotic Catastrophe.
- 2005 Plenary Oral Presentation and Poster Presentation: Society for Investigative Dermatology
Curry CL, Reed L, Nickoloff B, Foreman K. Constitutive STAT3 signaling in Kaposi's Sarcoma (KS): a New Therapeutic Target.
- 2004 Oral and Poster Presentation at Society for Investigative Dermatology
Curry CL, Reed L, Nickoloff B, Foreman K. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2004 Oral and Poster Presentation at Society for Investigative Dermatology
Young H, Foreman K, Shin J, Hirakawa S, **Curry CL**, Sage D, Libermann T, Dezube B, Fingerroth J, Detmar M. Lymphatic Re-Programming of Blood Vascular Endothelium by Kaposi's Sarcoma Associated Herpesvirus.

INTERNATIONAL ABSTRACTS

- 2015 Poster Presentation at the Consortium of Universities for Global Health Annual Conference
Hudspeth J, Kerling I, Robert M, Sacks Z, **Curry CL**, Morse M. Teach the Teacher: Faculty Development in Haiti
- 2014 Poster presentation at Consortium of Universities for Global Health Conference
Sacks Z, **Curry CL**, Hudspeth J, Mathurin R, Morse M, Nadas M. Teach the Teacher: Faculty Development for the Next Generation of Haitian Clinician-Educators.
- 2011 Poster Presentation at the Global Health Education Consortium International Conference
Nadas M, Andrus L, **Curry CL**, Morse M, Creating Access to Continuing Medical Education in Haiti.
- 2008 Poster Presentation at Medical Education for the 21st Century Teaching for Health Equity Conference
Burns K, **Curry CL**, Janneck L. Global Health Scholars Program: Bringing Global Health and Human Rights to United States Medical Students.
- 2008 Poster Presentation at the XVII International AIDS Conference
Ternier R, **Curry CL**, Sanon MM, Dieudonne F, Phyzeme I, Ivers LC. Provider Initiated HIV testing at Mobile Clinics in Rural Haiti.
- 2008 Poster Presentation at International Union Against TB and Lung Disease Conference
Ternier R, Oswald C, **Curry CL**, Sanon MM, Leandre F, Farmer P, Ivers L, Dieudonne F, Mukerjee J. Integration of HIV and TB Screening Programs in Rural Haiti.
- 2006 Poster Presentation at Global Health Education Consortium International Conference
Shah S, **Curry CL**, Wu T. Global Health Scholars Program: Model Curriculum for Training Medical Student Leaders in Global Health and Human Rights.
- 2005 Poster Presentation: EMBO Workshop on Notch Signaling In Development and Cancer
Curry CL, Reed L, Miele L, Nickoloff B, Foreman E. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2004 Oral Presentation at Seventh International Workshop on KSHV
Curry CL, Reed L, Nickoloff B, Foreman K. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2004 Oral Presentation at Seventh International Workshop on KSHV
Hong Y, Foreman K, Shin J, Hirakawa S, **Curry CL**, Sage D, Libermann T, Dezube B, Fingerroth J, Detmar M, Lymphatic Re-programming of Blood Vascular Endothelium by Kaposi's Sarcoma Associated Herpesvirus.

Exhibit B-4

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC et al.,

Plaintiffs,

v.

Case No. _____

STATE OF FLORIDA et al.,

Defendants.

DECLARATION OF KENNETH W. GOODMAN, PH.D.

1. I am the founder and director of the University of Miami Miller School Of Medicine's Institute for Bioethics and Health Policy and co-director of the university's Ethics Programs. I am a Professor of Medicine at the University of Miami, with appointments in the Department of Philosophy, Department of Public Health Sciences, and the School of Nursing and Health Studies.

2. I direct the Florida Bioethics Network, chair the UHealth/University of Miami Hospital Ethics Committee and the Adult Ethics Committee for Jackson Memorial Health System, and am vice-chair of the Sylvester Comprehensive Cancer Center/University of Miami Hospital and Clinics Ethics Committee.

3. I received my PhD in Philosophy in 1991 from the University of Miami.

4. My responsibilities include teaching medical ethics to medical students and trainees and providing continuing education in medical ethics to health professionals at the University of Miami and elsewhere. A full list of my credentials and experience is listed in my *curriculum vitae*, which is attached to this report.

5. I submit this declaration as an expert in the field of bioethics and the issue of informed consent. All institutional affiliations and positions listed here and in my *curriculum vitae* are purely and exclusively for the sake of identification and to demonstrate expertise. The views expressed herein are mine alone.

6. I have reviewed 2015 Florida House Bill No. 633 ("H.B. 633" or the "Act"), Florida 179th Reg. Sess., § 1, amending Fla. Stat. § 390.0111, which requires a 24-hour waiting period and an additional visit to a physician in order to have an abortion. I believe this Act embodies a fundamental misunderstanding of the role of informed consent (more appropriately called "valid consent") for medical procedures. Far from serving an interest in protecting the health of a woman seeking abortion care, this law subverts that interest.

7. “Informed consent” names the ethical and legal obligation of health care professionals to ensure that certain fundamental conditions are met before patients undergo medical procedures. Those conditions may be simply and straightforwardly itemized:

- The patient must receive adequate information about the procedure, including its risks, likely benefits and accepted alternatives;
- The patient must have the mental capacity to understand and appreciate the information as provided; and
- The patient’s agreement to receive the treatment must be voluntary—that is, free of coercion or undue influence.

8. All three components apply, meaning that the term “valid consent” is more accurate than “informed consent” because, for instance, a patient might be adequately informed but lack the mental capacity to consent. Although there is disagreement and controversy on some subjects within the field of bioethics, these standards for valid consent are not subject to dispute: they are universally accepted as core components of medical practice and research. The fundamental idea is that every mature person who is capable of making decisions should have the right to decide what should be done to her or his body.

9. This is at the foundation of uncontested United States and international recognition of rights to self-determination and personal autonomy. The bioethics literature is unequivocal about this.¹

10. There is no ethically appropriate medical justification for legislative stipulations regarding the exact content, setting, or timing for valid consent, much less such rigid requirements as the Act imposes. There are several powerful and related reasons for this.

11. First, consent is overwhelmingly context-sensitive: physicians, patients and the procedure contemplated can vary greatly and, together, form an often unique pattern, a kind of “clinical fingerprint.” Factors including physicians’ communication skills; patients’ educational levels, health history, age and background; and the vast variety of procedures and their risks combine to render impractical and inappropriate any attempt to stipulate or require that valid consent contain certain facts but not others, or be obtained at one time and not another. This applies to *every* medical procedure—there is nothing medically unique about abortion (or blood transfusions, brain surgery, tooth extractions, and so on) in this regard.

12. Second, there is common and widespread agreement that the doctor-patient relationship is of fundamental importance and therefore should be free from interference by any legislature. That is, the relationship is itself a source of such great social and personal value that any possible benefits gained from interfering in the relationship should be outweighed by the

¹ See e.g., Gert, B., Culver, C.M., and Clouser, K.D. 2006. *Bioethics: A Systematic Approach*. New York: Oxford University Press, esp. Ch. 9, pp. 213 ff.; and Beauchamp, T.L., Faden, R.R. Informed Consent, I. History of informed consent, and II. Meaning and elements, in Jennings, B., ed., *Bioethics*, 4th Edition. Farmington Hills, MI: Macmillan Reference USA, 2014, Vol. 3, pp. 1673-1687.

damage of interfering. Any law such as the Act requiring a waiting period before a specific kind of procedure must therefore be seen to undermine the physician's judgment about how to serve a patient's best interests. It also drives a wedge between the patient and physician: Why would a physician who just completed the consent process and obtained valid consent then delay the agreed-upon treatment? This erodes and undermines the relationship and, moreover, prevents the physician from delivering such care as she or he believes best protects patient interests and wellbeing.

13. Third, any legal stipulation, such as the Act, that itemizes procedures for the obtaining of valid consent is by its nature intrusive. Indeed, the idea that a physician might be punished for exercising her or his best clinical judgment would constitute a peculiar requirement in ordinary medical practice. No other Florida statute of which I am aware dictates the details and standards for obtaining consent for a medical procedure, or requires a waiting period before a medical procedure.

14. It follows from this that there is no ethical or medical justification for singling out any particular medical procedure for special legislatively fashioned consent requirements. There is nothing medically unique about abortion that is necessary or sufficient to warrant specific external requirements for obtaining valid consent. That is, the termination of a pregnancy (itself generally of lower risk than many common procedures) should no more be subject to specific information requirements, timing, or "waiting periods" than other, riskier, procedures or, for instance, in reproductive medicine, the obtaining of reproductive cells, the fertilization of ova, or the implantation of a fertilized ovum in a uterus. Put differently: If a legislature were keen to protect patients from vagaries, inadequacies, or inconsistencies in obtaining consent, then it should specify and identify adequate information components and the timing for all—and certainly for all riskier—medical procedures.

15. These arguments should be seen to apply—and should be advanced—as a matter of professional ethics no matter whether one believes in or denies a right to termination of pregnancy. Those who don't believe in abortion may advocate by any and all appropriate means against legal abortion, but this ought not include enacting laws to alter universal requirements and standards for valid consent. In other words, there is no medical justification for the Act as a tool of informed consent.

16. I have been advised that the Plaintiff, Bread and Roses Women's Health Center, carries out a comprehensive valid consent process. As described, that process embodies best practices for the obtaining of valid consent.

17. This legislation, in requiring a patient in a doctor's clinic to receive information regarding abortion and then to return at least 24 hours later for the actual procedure, constitutes an intrusion into universally accepted medical standards. A state-mandated waiting period for this kind of medical procedure overrides professional judgment, undermines the physician-patient relationship and subverts the correct, traditional, and universal standards for valid consent.

Under penalties of perjury, I declare that I have read the foregoing declaration and that the facts stated in it are true to the best of my knowledge and belief.

Executed on June 4, 2015 in Miami, Florida.

/s Kenneth W. Goodman
Kenneth W. Goodman, PhD

CV of
Kenneth Goodman

UNIVERSITY OF MIAMI
Curriculum Vitae

1. Date: May 1, 2015

I. PERSONAL

2. Name: Kenneth W. Goodman
3. Home Phone: [REDACTED]; mobile: [REDACTED]
4. Office Phone: (305) 243-5723
5. Home Address: [REDACTED]
6. Current Academic Rank: Professor (as of June 1, 2008; tenure awarded June 1, 2003)
7. Primary Department: Medicine
8. Secondary or Joint Appointments: Philosophy, Public Health Sciences, Health Informatics, Electrical and Computer Engineering, Nursing and Health Studies, Anesthesiology
9. Citizenship: USA
10. Visa Type: NA

II. HIGHER EDUCATION

11. Institutional:
- Department of Philosophy, University of Miami, Ph.D., 1991 (Dissertation: "Progress and Truth in Science").
 - Department of Language and Linguistics, University of Essex, Colchester, United Kingdom, M.A., 1982. Program in theoretical linguistics; degree conferred with distinction. (Thesis: "Linguistics and Indeterminacy.")
 - Department of Journalism and Communication, University of Florida, B.S., 1975. Degree conferred with high honors.
12. Non-Institutional: NA
13. Certification, licensure: NA

III. EXPERIENCE

14. Academic:

University of Miami Ethics Programs, co-founder and co-director, 1991-present

University of Miami Bioethics Program, founder and director, 1991-present; redesignated in April 2015 as University of Miami Miller School of Medicine Institute for Bioethics and Health Policy

World Health Organization Collaborating Centre in Ethics and Global Health Policy, director, 2008-present

U.S. Centers for Disease Control and Prevention, Ethics Subcommittee of the Advisory Committee to the Director, member, 2011-2013 (committee dissolved May 2013). Public Health Ethics Collaboration Steering Group, member, 2012-2013

Adjunct Professor of Medicine, Florida International University, 2009-2012

Director, Florida Bioethics Network, 2004-present

University of Miami/NIEHS Marine and Freshwater Biomedical Science Center, center investigator, 2001-2003

University of Miami Pan American Bioethics Initiative; founder and director; 1994-present

Member, Course Developers' Group, Comprehensive Institutional Training Initiative (CITI), 2004-2013. Member, CITI Executive Advisory Board, 2006-2012

University of Miami Minority Science Outreach Programs; director; 1994-1998

University of Miami School of Medicine, Department of Medicine; adjunct and joint appointments; 1991-Present

University of Miami College of Arts and Sciences, Department of Philosophy; adjunct and joint appointments; 1991-Present

University of Miami Hospital and Clinics / Sylvester Comprehensive Cancer Center; Director, Clinical and Research Ethics Education; 1995-Present

University of Miami School of Medicine, Division of Minority Affairs, Health Careers Opportunity Program summer faculty, 1999-2003

University of Miami School of Medicine, Division of Minority Affairs, Minority Students Health Careers Motivation Program summer faculty, 2000-2003

Markle Foundation, New York and Washington, D.C., Connecting for Health, Personal Health Technology Council member, 2005-2007

American Society for Bioethics and the Humanities, member, Web Editorial Board, 1998-2001

Barry University, School of Graduate Medical Sciences, Physician Assistant Program, CAAHEP Self Study Advisory Committee, 1998-2000

American College of Epidemiology. As consultant to Ethics and Standards of Practice Committee, developed a "Review and analysis of key documents on ethics and epidemiology," 1993-1994

Carnegie Mellon University, Center for the Advancement of Applied Ethics, Pittsburgh; research associate; 1989-1995

Carnegie Mellon University, Computer Science Department, Center for Machine Translation; research editor; December 1988-August 1991

University of Pittsburgh School of Medicine, Center for Medical Ethics, clinical ethics training program,; adjunct faculty and associate; May 1990-July 1991

Department of Communication, Duquesne University, Pittsburgh; adjunct faculty; August 1988-May 1991

School of Business and Administration, Duquesne University, Pittsburgh; adjunct faculty; June to July 1991

University of Miami School of Medicine, Health and Human Values Program; adjunct assistant professor; August 1987 to June 1988

University of Miami College of Arts and Sciences, Department of Philosophy; graduate teaching assistant; September 1983-May 1987

Bethune-Cookman College, Daytona Beach, Florida; journalism instructor and student-newspaper adviser, September 1979 to March 1981

15. Hospital Appointments

Founder and chair, University of Miami Hospital, 2012-present.

Member and Vice Chair, University of Miami Hospital and Clinics / Sylvester Comprehensive Cancer Center Ethics Committee, 1995-present.

Member, Jackson Memorial Hospital Adult Ethics Committee, 1993-present. Chair as of August 2007.

Member, Jackson Memorial Hospital Pediatric Ethics Committee, 1994-present.

Member, VAMC Miami Ethics Committee, 1994-2003.

16. Non-academic:

Consultant to and educator for various health care organizations and professional organizations, including Alpha-1 Foundation, Baptist Health System, Miami Children's Hospital, etc.

17. Military: NA

IV. PUBLICATIONS

18: Books and monographs published:

Books

1. Goodman KW. *Ethics, Medicine, and Information Technology: Intelligent Machines and The Transformation of Health Care*. Cambridge: Cambridge University Press, in press.
2. de Velasco RE, Fiore RN, Goodman KW, Moseley R, Spike J, Weldon KM, eds. *Guidelines for Ethics Committees: A Resource for Hospitals, Nursing Homes and Hospices*. Miami: The Florida Bioethics Network, 2011.
3. Goodman KW, ed. *The Case of Terri Schiavo: Ethics, Politics and Death in the 21st Century*. Oxford: Oxford University Press, 2010.
4. Goodman KW. *Ethics and Evidence-Based Medicine: Fallibility and Responsibility in Clinical Science*, Cambridge: Cambridge University Press, 2003.
5. Anderson JG, Goodman KW. *Ethics and Informatics: A Case-Study Approach to a Health System in Transition*. New York: Springer Verlag, 2002. Portions adapted as part of "Toward Striking a Balance in Bioinformatics," American Medical Association's online Virtual Mentor, Genethics, March 2001 (<http://virtualmentor.ama-assn.org/2001/03/gnth1-0103.html>).
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7. Coughlin S., Soskolne C., Goodman KW. *Case Studies in Public Health Ethics*. Washington, D.C.: American Public Health Association, 1997. Translated into Mandarin by Xiao Wei. Beijing: People's Publishing House 2008 (ISBN 978-7-01-006666-0, R1-05/K584). (公共健康伦理学案例研究 / 斯蒂文·S.库格林,科林·L.索斯科尔恩,肯尼斯·W.古德曼著; 肖巍译,人民出版社.)
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9. Nirenburg S, Carbonell J, Tomita M, Goodman KW. *Machine Translation: The Knowledge-Based Approach*, San Mateo, Calif.: Morgan Kaufmann, 1991.

Chapters

1. Goodman KW, Meslin EM. Ethics, information technology and public health: Duties and challenges in computational epidemiology. In Magnuson, JA, Fu, PC, eds., *Public Health Informatics and Information Systems*, Second Edition, London: Springer-Verlag, 2014, 191-209. (Wholly revised from First Edition, 2003, below.)
2. Goodman, K.W., Cushman, R., Miller, R.A. 2014. Ethics and health informatics: Users, standards, and outcomes. In Shortliffe, E.H., et al., eds., *Biomedical Informatics: Computer Applications in Health Care and Biomedicine*. Fourth Edition. New York: Springer, 2014, pp. 329-353. (Wholly revised from the Third Edition, 2006, below.)

3. Goodman KW. Ethics and Healthcare: Focus on Information Technology. In McCormick KA, Gugerty B, eds. *Healthcare Information Technology Exam Guide for CompTIA Healthcare IT Technician and HIT Pro Certifications*. New York: McGraw Hill, 2013, 43-59.
4. Goodman KW. Bioética, tecnología de la información y salud. In Herreros Ruiz-Valdepeñas B, Bandrés Moya F, eds. *Bioética: de la globalización a la toma de decisiones*. Madrid: ADEMÁS Comunicación Gráfica, s.l., 2012, 55-60. [Cf. Goodman KW. Bioética e informática de la salud. VI Seminario Internacional e Interuniversitario de Biomedicina y Derechos Humanos, Fundación Tejerina, Madrid, June 24, 2010, below.]
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16. Szczepaniak MC, Goodman KW, Wagner MW, Hutman J, Daswani S. Advancing organizational integration: negotiation, data use agreements, law, and ethics. In MW Wagner, AW Moore, RM Aryel, eds. *Handbook of Biosurveillance*. Boston: Academic Press, 2006, pp. 465-480.
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21. Goodman KW. Ethical challenges. In J.A. Herzstein, W.B. Bunn, L.E. Fleming et al., eds. *International Occupational and Environmental Medicine*. St. Louis: Mosby, 1998: 86-96.
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26. Goodman KW, Frumkin H. Ethical issues in international occupational health, in L.E. Fleming et al., eds., *International Occupational and Environmental Medicine*, Beverly, Mass.: OEM Press, 1997, 17-32.
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28. Goodman KW. Anticipations of truth: historical evidence for a realist account of scientific progress. In D. Prawitz and D. Westerståhl, eds., *Logic and Philosophy of Science in Uppsala*, Dordrecht, Kluwer, 273-295, 1994.

19. Juried or refereed journal articles or exhibitions:

1. Ownby RL, Acevedo A, Goodman KW, Caballero J, Waldrop-Valverde D. Health literacy predicts participant understanding of orally-presented informed consent information. *Clinical Research and Trials* 2015;1(1)15-19. doi: 10.15761/CRT:1000105
2. Dhiman GJ, Amber KT, Goodman KW. Comparative outcome studies of clinical decision support software: limitations to the practice of evidence-based system acquisition. *Journal of the American Medical Informatics Association* 2015 Apr;22(e1):e13-20. doi: 10.1093/jamia/ocu033. PMID: 25665704.
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20. Other works, publications and abstracts:

Cañete R, Goodman KW. Cuba-US collaboration and the role of bioethics. Letter. *The Lancet* 2015;385 (9972):945.

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Bishop EM, Mandel NS, Brosco JP, Goodman KW, Mechaber AJ, Mechaber HF. Third-Year Medical Student Debrief Groups: Maintaining Empathy in the Clinical Years. Poster, AAMC Group on Student Affairs/Group on Diversity Affairs/Organization of Student Representatives National Meeting, San Diego, April 2014.

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Meslin EM, Goodman KW. Bank on it: An ethics and policy agenda for biobanks and electronic health records. Center for American Progress, Science Progress, Feb. 25, 2010, http://scienceprogress.org/2010/02/bank-on-it/#_edn25.

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Goodman KW, Einspruch NG. The way forward in the world of robotics (letter). *Science* 24 April 2009 324: 463-464. [DOI: 10.1126/science.324_463d]. PMID: 19390022 (Reprinted in Kennedy ML, Kennedy WJ, eds. *Writing in the Disciplines: A Reader and Rhetoric for Academic Writers*. Boston: Pearson, 2012: 361-362.)

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Goodman KW. Review of *Wondergenes: Genetic Enhancement and the Future of Society* (MJ Mehlman, Indiana, 2004). *The Journal of Legal Medicine* 2004;25:257-265.

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Goodman KW. Commentary: National living wills and local politics. *ASBH Exchange* (newsletter of the American Society for Bioethics and Humanities) 1999; Summer: 6.

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Goodman KW. Health informatics and the hospital ethics committee. *MD Computing* 1999;16(2):17-20.

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Goodman KW. Introduction to informed consent. Part of American College of Medical Genetics Annual Clinical Genetics Meeting workshop (Paradigms for designing informed consent for genetic testing and research), *Genetics in Medicine* 1999;1(2):21 (abstract).

Balkany T, Hodges AV, Goodman KW. Additional comments. *Otolaryngology—Head and Neck Surgery* 1998;119(4):312-313.

Goodman KW. Ethics of computer prognoses. *Physicians and Computers* 1998;16(2):23-26.

Goodman, K. The ethics of CHINs: Community Health Information Networks offer opportunities -- and ethical challenges -- for health care providers. *Physicians and Computers* 1997;15(3):16-19, 23-24.

Goodman, K. Business Ethics for Bioethics Committees. *Network News: Newsletter of the Florida Bioethics Network* April 1998: 1-3.

Goodman, K. Medical ethics in education, policy review & consultation. *The Record* (Broward County, Florida, Medical Association) 1997;59(5):7-8.

Goodman, K. Progress in ethics: from "dilemma fetishism" to genetics and psychiatry. 22nd International Congress on Law and Mental Health, June 1997, Montreal, p. 29 (abstract).

Anderson, J, Goodman, K. Ethical issues in informatics and community health. American Medical Informatics Association, Spring Congress, May 1997, San Jose, Calif., Final Program and Abstract Book, p. 99.

Coughlin SS, Kass NE, Goodman KW, Pies C. Instruction in Public Health Ethics. American Public Health Association 124th Annual Meeting, Book of Abstracts, 1996, p. 431.

Goodman KW. A level playing field: Special programs can help address under-representation of minorities in medical informatics. *Physicians and Computers* 1995;13(4):12-23.

Goodman, K. Alternatives to Principle-Based Methods for Ethical Decision Making. *Decision Making in Public Health: Priorities, Power, and Ethics*, San Diego: American Public Health Association, 1995, p.163 (abstract).

Goodman, K., Ethics and System Evaluation. *Physicians and Computers* 1994;11.11:12-14

Goodman, K. The role and function of hospital ethics committees, *Miami Medicine* 1994;64.7:23-24.

Goodman, K. A Budget of Ethical Issues in Computational Medicine. In *Etica y Cultura Contemporánea*, Mendoza, Argentina, EDIUNC, 1994, 57-63

Goodman, K. Toward a unified code of ethics in epidemiology. *American Journal of Epidemiology* 1993;138:672 (abstract).

Goodman, K. Monitoring ethics, *Physicians and Computers* 10.10; March 1993: 10-12.

Goodman, K. Moral arguments for medical volunteerism, *Miami Medicine* 63.11; December 1992: 25.

Goodman, K. A question of ethics: the increased capability of computational diagnosis brings with it a host of questions. *Physicians and Computers* 1992;10(4):10-13.

Goodman, K. Science policy should be independent of political and ideological concerns, *The Scientist* 5.5; March 4, 1991: 11, 13.

Goodman, K. Knowledge and communication. *Amplifier* (American Psychological Association Newsletter on Media Psychology) 1990;6(2):3,8.

Goodman KW. Review of T.W. Cooper, ed., *Communication Ethics and Global Change*, (Longman, 1989); *Journal of Mass Media Ethics* 1990;5.1:66-69.

Goodman KW. Journalism and philosophy, *Proceedings and Addresses of the American Philosophical Association* 1989;63.5: 35-40.

Morrisson S, Kee M, Goodman KW. Analysis. *Machine Translation* 1989;4.1:113-128.

20.a Popular Media, Commentary, etc. (Selections)

Goodman KW. Why executions can't (and shouldn't) be sterilized. *The Phoenix Republic*, August 17, 2014. Available at <http://www.azcentral.com/story/opinion/op-ed/2014/08/13/medical-executions-joseph-rudolph-wood/14015333/>

Goodman KW. Ethics, science funding and the fiscal cliff. *Science Progress*, Jan. 7, 2013. <http://scienceprogress.org/2013/01/ethics-science-funding-and-the-fiscal-cliff/>

Goldschmidt PJ, Goodman KW. The full cost of medical fraud. *The Miami Herald*, Feb. 6, 2010.

Goodman KW. A 'Miami Moment': A Minority's Hatred Of Fidel Castro Has Many Struggling To Do The Ethical Thing For Elian. *Chicago Tribune*, April 5, 2000, http://articles.chicagotribune.com/2000-04-05/news/0004050081_1_case-of-elian-gonzalez-ethics-moments

Goodman KW. A DiMaggio rule on medical privacy. *The New York Times*, December 30, 1998, A17. PMID:11648103

Numerous other journalistic articles on science, medicine, bioethics and related issues.

20.b Instructional Media

Geissman KW, Goodman KW et al. Scientific Ethics: An Interactive, Multimedia, Computer-Based Training. Atlanta: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry, 1998.

Goodman KW, PI, Ethics Curriculum Project. ECP provides modules on a broad ensemble of issues and topics under the headings Language Arts, Science and Math, Social Science, Arts and Humanities and Special Topics. These modules include content introductions, lesson plans, student activities and knowledge assessment tools. 2005-present.
http://www.miami.edu/index.php/ethics/projects/ethics_curriculum_project

Goodman KW. Publication and authorship. CITI. <https://www.citiprogram.org/>, 2009-present.

Goodman KW. Genetic research in human populations. CITI course in the protection of human research subjects. <https://www.citiprogram.org/>, 2003-present.

Cava A, Cushman R, Goodman KW. HIPAA and human subjects research. CITI course in the protection of human research subjects. <https://www.citiprogram.org/>, 2003-2008.

Goodman KW. Nurse practitioner education in developmental disabilities, Webinar Series, Florida Developmental Disabilities Council, March 2015.

NB: CITI modules also listed under Section 19, above.

21. Other works accepted for publication:

V. PROFESSIONAL

22. Funded Research Performed:

Current

National Institutes of Health, Clinical and Translational Science Award. Miami-CTSI.
 1UL1TR000460 (Szapocznik) 06/27/12 – 05/31/17. Role: Ethics unit coordinator, 20-30%.

Alpha-1 Foundation, Social media as an interactive educational medium for quality of life issues for those with Alpha-1 (Moseley): 07/01/13 – 06/31/15. Role: Investigator, 10%.

Previous

National Institutes of Health, Fogarty International Center. Pan American Bioethics Initiative.
 1R25TW008186 (Braunschweiger and Goodman) 09/23/08 – 05/31/12, with no-cost extension to 05/31/14. The major goal of this project is to help build capacity in research ethics education in the Latin American and Caribbean regions. Role: Co-PI, 15%.

ARRA Supplement to Fogarty award, 3R25TW008186, to develop additional curricular tools on research ethics for international learners. 9/1/2009-8/31/2011, \$39,908. Role: Co-PI. (Under no-cost extension)

National Center on Minority Health and Health Disparities. A Targeted Decision Aid to Improve Minority Participation in Clinical Trials (1RC2MD004784), Byrne MB, PI, 09/28/2009 – 06/30/2011. NIH – NCMHD/NCI, \$1,652,959. (M. Byrne) The major goal of this project is to develop and assess decision support tools for prospective research participants. Role: Investigator. 5%

Robert Wood Johnson Foundation (Goodman); 12/01/06-02/28/09; 20%
 Ethical, Legal and Social Issues, Project HealthDesign \$160,000 (incl. \$10k transition funds). Role: PI, to direct efforts to identify and address ethical, legal and social issues related to the use of personal health records (project number 59879).

Beier J. Vector-Borne Disease Control in Urban Environments. 1 P20 RR020770-03 (NIH Director's Exploratory Centers for Interdisciplinary Research), 09/28/04-07/31/07 (5%). Role: Co-investigator to coordinate ethics activities as part of development of new interdisciplinary approaches for the control of vector-borne diseases in urban environments, through collaborative studies involving investigators from 11 Departments and Centers at University of Miami, Kenya, Egypt, Israel, Costa Rica, and Trinidad. (\$1,668,869.)

Goodman KW. The CITI Course in the Responsible Conduct of Research – Part B. Office of Research Integrity. \$25,000 curriculum development contract, 2006. Role: PI.

Walsh, P. Atmospheric and Marine-Based Interdisciplinary Environmental Health Training Project, NIEHS, R25 ES10713, 0-20-00—8-31-07 (7-10%). Role: Develop environmental health and ethics curriculum.

Scott, G. Fellowship in Clinical Research, NIH, OD-00-002, 9-30-02—9-29-05 (5%). Role: contribute to ethics curriculum.

Shor-Posner, G. Optimizing HIV/TB Management in the HAART Era, NIH Fogarty D43 TW000017-16, 7/29/04—5-31-07 (2-5%). Role: Contribute to ethics activities, including annual conference.

Mack, A., others and Goodman, K, Health Careers Motivation Program , HRSA, D 18 MB 02868-01, 9-1-99—8-31-02, \$623,248 (2-5%). Role: Provide ethics instruction to program participants.

Goodman, KW. principal investigator, Difficult Challenges in Human Subjects Research, U.S. Department of Health and Human Services, National Institutes of Health, NIAID, T15 AI07591, 10-1-99—9-30-02, \$265,986 (15%). Role: As PI, oversee training grant to develop conferences.

Beckwith, S., others and Goodman, K, Community-State Partnerships to Improve Care of the Dying, Robert Wood Johnson Foundation, 1-1-00—12-31-02, \$449,961 (20%). Role: Develop ethics and other resources for end-of-life education project.

O'Connell, M., others and Goodman, K, . Undergraduate Medical Education for the 21st Century, HRSA/AACOM, 240-97-0038, 9-1-98 — 8-31-01, \$375,000 (8%). Role: Contribute to creation of a Web-based training module in managed care ethics.

Goodman, KW. Minority Precollege Health Science Outreach Project; U.S. Department of Health and Human Services, National Institutes of Health, National Center for Research Resources; \$219,891; September 1994- September 1997. Role: Coordinate placement of minority students in UM labs.

Goodman, K. principal investigator, Precollege Health Science Outreach Project; U.S. Department of Health and Human Services, National Institutes of Health, National Center for Research Resources; \$58,615; application dates April 1, 1998-March 31, 1999. PI status transferred to colleague as of June 1998 at awardee's request. Role: Coordinate placement of minority students in UM labs.

Goodman, K. principal investigator, Summer Outreach Program, Dade County Public Schools, 1994-1997, \$219,998. Role: Coordinate Miami-Dade County Public Schools minority summer science education program at UM.

Various philanthropic, corporate and other grants in support of UM ethics programs; 1991-2007, approximately \$3,500,000 (including Arsht gift of \$3 million).

Grant-related Consulting

Fogarty International Center, 1 R25 TW010026-01: Research Ethics Education Program in Jordan, University of California at San Diego. PI: W. Al Delaimy. Consultant 2015-present

NIH SE Best Practice, Challenge Grant, 1 R01 DA029258-01: Ethical issues in broad data sharing for genetic research on addiction: best practices. University of Colorado, Denver. PI: M. Coors. Consultant 2010-11.

23. Editorial responsibilities

Study Sections

European Union Research Executive Agency, Ethics Review Panel, H2020, July 2014, Brussels.

European Union Research Executive Agency, Ethics Review Panel, FP7, July 2013, November 2012, July 2012, March 2011.

National Institute Of Allergy And Infectious Diseases Special Emphasis Panel ZAI1-JBS-A-S1, S2, RFA-12-018: Clinical Trials Units for NIAID Networks, June 2013.

AHRQ, 2011

Wellcome Trust, UK, 2011 (WT095887RR) grant review

HHS Special Emphasis Panel, FOA-OC-HIT-10-001: Health Information Technology, Special Emphasis Panel, Office of the National Coordinator for Health Information Technology, Curriculum Development Centers, 2010.

Maryland Stem Cell Research Fund Peer Review, 2009.

CDC, Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), study section, FOA RFA TP08-001: Preparedness and Emergency Response Research Centers: A Public Health Systems Approach, 2008.

NIH research ethics Study Section, 2002-2006.

National Science Foundation, Ethics Section, 2004, 2005

Reviewer, Alpha-1 Foundation, 2007-present

International Advisor, European Union-funded project, "Personalized health monitoring (PHM) – Interdisciplinary research to analyze the relationship between ethics, law and psychosocial as well as medical sciences. Project meeting, Linköping, Sweden, December 1-2, 2011.

Referee

- AAMC Southern Group on Educational Affairs, 2014 annual meeting
- *Acta Bioethica*
- *Acta Tropica*
- *Ambulatory Pediatrics*
- *American Journal of Bioethics*
- *Annals of the American Thoracic Society*

- *Annals of Epidemiology*
- *Biomed Central Medical Ethics*
- *Business & Professional Ethics Journal*
- Cambridge University Press
- *CANCER*
- *Chest*
- *Computers and the Humanities*
- *Controlled Clinical Trials*
- *Human Mutation*
- *Humor*
- John Wiley & Sons
- *Journal of Abnormal Child Psychology*
- *Journal of the American Medical Informatics Association*
- *Journal of Biomedical Discovery and Collaboration*
- *Journal of Biomedical Informatics*
- *Journal of General Internal Medicine*
- *Journal of Medical Ethics*
- *Journal of Medical Internet Research*
- *Machine Translation*
- *Medical Decision Making*
- *The Medical Journal of Australia*
- MIT Press
- Oxford University Press
- *The Pharmacogenomics Journal*
- *PLOS Computational Biology (2014)*
- *Proceedings of the American Thoracic Society*
- *Public Health Ethics*
- *Science and Engineering Ethics*
- Symposium on Computer Applications in Medical Care (SCAMC)/American Medical Informatics Association Fall Meeting
- *Trends in Biotechnology*
- Wellcome Trust

Other

Editor, Ethics and Health Information Technology section, *Cambridge Quarterly of Healthcare Ethics*, 2014-present

Editorial Board, *Journal of Biomedical Informatics*, 2014-present

Associate Member, ALERT (Aspects of Law and Ethics Related to Technology) Research Group, London, UK, 2014-present.

Associate Editor, *Acta Bioethica*, 2010-present

Consultant/reviewer, "WHO Online Research Ethics Training Course," Geneva: World Health Organization, 2013.

Consultant/reviewer, "WHO Strategy on People-Centered and Integrated Health Services," Geneva: World Health Organization, 2014.

Technical expert / peer reviewer, Gibbons MC et al. Impact of Consumer Health Informatics Applications. Evidence Reports/Technology Assessments, No. 188, Agency for Healthcare Quality

and Research, 09(10)-E019, Johns Hopkins University, 2009:
<http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=erta188>

Member, Faculty Advisory Board, Department of Institutional Review Ethics and Administration, Nicholas Cardinal Cheong Graduate School for Life, Catholic University of Korea, 2010-present.

Member, Comité Científico Internacional, *Revista Colombiana de Bioética*, 2009-2011.

Reviewer, American Medical Association Council on Ethical and Judicial Affairs report on "Ethical Guidelines for the Use of Electronic Communication between Patients and Physicians," January 2002.

Reviewer, National Academy of Sciences, Institute of Medicine, Committee on Battlefield Radiation Exposure Criteria, 1999. (Document: S Thaul, H O'Maonaigh, eds. *Potential Radiation Exposure in Military Operations*, Washington, D.C.: National Academy Press, 1999.)

Advisor/contributor, 1998-1999, Institute of Medicine, "Strategies to Protect the Health of Deployed U.S. Forces." (Document: LM. Joellenbeck, PK Russell, SB Guze, eds., Medical Follow-Up Agency, Institute of Medicine, *Strategies to Protect the Health of Deployed U.S. Forces: Medical Surveillance, Record Keeping, and Risk Reduction*, Washington, D.C.: National Academy Press, 1999.)

Co-editor, "Scope: Issues and insights" column, *MD Computing*, 1998-2001.

Contributing Editor, *Physicians & Computers*; 1992-2001.

Conference organizer and director, and program editor, annual "Clinical Ethics: Debates, Decisions, Solutions" conference, Bioethics Program, University of Miami, 1994-2010.

Conference organizer and director, Florida Bioethics Network Seventh Annual Conference, "Bioethics in Florida: Challenges in Daily Practice," Tampa, Oct. 8-10, 1997.

Member, Program Directorate and Proceedings Editorial Board, First World Congress on Computational Medicine, Public Health and Biotechnology, April 24-28, 1994, Austin, Texas.

Guest Issue Editor, *Miami Medicine*, special number on bioethics, Vol. 64, No. 7, August 1993.

Symposium organizer and chair, "Computers and Ethics in Medicine," American Association for the Advancement of Science annual meeting, Chicago, Feb. 7, 1992.

Managing editor, *Machine Translation*, quarterly journal of computers and translation published by Kluwer Academic Press; Aug. 1989-Nov. 1991.

Goodman K. Guest Editor, *Machine Translation* 4.1 and 4.2; 1989. Special issues on knowledge-based machine translation.

24. Professional and honorary organizations:

AMIA (American Medical Informatics Association)

- Founder and Chair, Ethical, Legal and Social Issues Working Group, 1996-1998; chair, 2003-2004
- Chair, Ethics Committee, 2008-2014
- Chair, Vendor Contracts Task Force, 2009-2011
- Member, Working Group Steering Committee, 2006-2007
- Member International Affairs Committee, 2014-

Member, American College of Epidemiology Ethics Committee, 1995-1999, 2005-present; chair, 2006-2008.

Co-executive director, Florida Bioethics Network, 1999-2005; director, 2005-present; president, 1997-1998; board member, 1993-1997.

Member, Director's Advisory Committee, University of Miami Interdisciplinary Stem Cell Institute, 2009-present.

Member, Advisory Committee, Institute for Ethics in Health Care, Miami-Dade College, 2001-present.

Member, Bioethics Committee, Florida Department of Corrections Health Services, 1994-2002.

Member American Association for the Advancement of Science

Member American Medical Informatics Association

Member American Society for Bioethics and the Humanities

Member Association for Practical and Professional Ethics

Member Florida Bioethics Network

25. Honors and awards:

Inducted Alpha Omega Alpha Medical Honor Society, March 20, 2012.

Honorable Mention, Dorland Health People Awards, October 2011
(<http://accessintelligence.imirus.com/Mpowered/book/vcip11/i6/p1>).

Leadership Award, AMIA (American Medical Informatics Association), Nov. 13, 2010.

Outstanding Faculty Award nominee, University of Miami Association of Greek Letter Organizations, April 2010.

"Health Care Hero" award nominee, "Individual of Merit," Greater Miami Chamber of Commerce, May 2009.

Visiting Scholar, Erasmus Mundus Programme in Applied Ethics, Centre for Applied Ethics, Linköping University, Nov. 26-Dec. 4, 2009, Linköping, Sweden.

Elected as Fellow, American College of Medical Informatics, American Medical Informatics Association, October 2008.

"Heavy Hitter in Education," *South Florida Business Review*, June 2006

"Guardian Angel Award," South Florida Guardianship Association, March 2003.

Inducted Honorary Member, Golden Key National Honor Society, November 1996.

First place in Florida Philosophical Association 1987 graduate-student paper competition, for "Theoretical Terms"; see above.

M.A. awarded with distinction by the University of Essex, 1982.

Rotary Foundation scholarship for work in journalism, applied to post-graduate study at Essex, 1981-1982

B.S. awarded with high honors by the University of Florida, 1975.

Selected for admission by Kappa Tau Alpha national communications honor society, 1975.

Selected for admission by Phi Kappa Phi national scholastic honor society, 1974.

Several journalistic writing and editing awards.

Various travel awards to attend conferences and/or present papers.

26. Post-doctoral fellowships: NA

27. Other professional activities:

2015

Goodman KW. Death and dying in the 21st Century: Have we made any progress. JFK Medical Center Grand Rounds, Atlantis, Florida, January 15.

Goodman KW. Interoperability is an ethical issue – and failure to achieve it is a betrayal of patients. (Cf. September 15, 2014.) Data Management Association, Wisconsin Chapter, Madison, March 12.

Goodman KW. Ethics, health informatics and translational science. Mayo Clinic College of Medicine, 1CCaTS Grand Rounds, Rochester, MN, March 13.

2014

Herkert J, Goodman KW, panelists, Author Meets the Critics: *Emerging Pervasive Information and Communication Technologies (PICT): Ethical Challenges, Opportunities and Safeguards*, K. Pimple, ed. Association of Practical and Professional Ethics, Jacksonville, FL, March 1.

Goodman KW. Computational decision support at the bedside: Ethics, policy and practice in an era of intelligent machines. University of Miami Department of Medicine Grand Rounds, April 23.

Goodman KW. Ethics and data mining. Food and Drug Administration Data Mining Council, Silver Spring, MD, April 30.

Goodman KW. Medical ethics and electronic health records. University of Miami Department of Psychiatry and Behavioral Sciences Grand Rounds, May 12.

Goodman KW. Big Data, Intelligent Machines, International Public Policy: The Role of Ethics in 21st- Century Health Information Technology. Middlesex University, Science & Technology School Seminar, London, June 4.

Goodman KW. ethics and health information technology: Learning health care systems in a digital world. Memorial Health Care, Savannah, GA, August 15.

Goodman KW. Digital science: Ethics, governance and best practice. University of Florida IRB Retreat, Gainesville, August 27.

Goodman KW. Interoperability is an ethical issue – and failure to achieve it is a betrayal of our patients. Health Level Seven International, 28th Annual Plenary & Working Group Meeting, Chicago, September 15.

Bouësseau M-C, Goodman KW. Toward equitable access to palliative care. 20th International Congress on Palliative Care, Montreal, September 10.

Arras J, Kukla R, Erwin E, Goodman KW. Contemporary issues in medical research. 12th Annual Graduate Student Conference: Biomedical Epistemology and Bioethics, University of Miami Department of Philosophy, October 17.

Byrne M, Owens D, Gareen I, Goodman KW, Schwartz JS. Lung cancer screening: A debate of practice, policy and science. Society for Medical Decision Making, 36th Annual Meeting, Miami, October 18.

Mandel NS, Bishop EM, Brosco JP, Goodman KW, Mechaber AJ, Mechaber HF. Preserving Empathy Throughout the Clinical Years: Third-Year Debrief Groups. Academy on Communication in Healthcare, Research and Teaching Forum, Orlando, October 2014.

Goodman KW. Learning health systems, ubiquitous surveillance and public health: Duties to share, obligations to protect and Responsibilities to serve. eHealth – Legal, Ethical and Social Challenges workshop, Middlesex University, London, October 28.

Goodman KW. Ethics and health information technology: Learning health care systems in a digital world. University of Texas Health Sciences Center, School of Biomedical Informatics, Research Seminar Series, November 12.

Goodman KW. Replication of research results. 20th National Ethics Councils Forum, European Group on Ethics in Science and New Technologies and National Italian Bioethics Committee, November 19, Rome.

Goodman KW, member, WHO Ad-hoc Technical Advisory Group on Palliative Care and Long Term Care, 10-11 December, Barcelona.

2013

Goodman KW. Health Access, health quality, health reform: The ethical imperative. Health Care Reform: Legal and Ethical Questions about Where We Go from Here, Florida State University Center for Innovative Collaboration in Medicine and Law, Tallahassee, February 4.

Goodman KW. Testing for and communicating about brain death: Managing families' fear, denial and suspicion. University of Miami Department of Neurology Grand Rounds, February 15.

Goodman KW. Clinical futility: Definitions and debates. University of Miami Department of Family Medicine and Community Health, February 20.

Brosco JP, Goodman KW, de Velasco RE. Ethical dilemmas in primary care. PriMed: Primary Medicine Today, University of Miami School of Medicine and Harvard Medical School, Fort Lauderdale, February 28.

Goodman KW. Enough already with horror-show RCR education: Time to emphasize positive duties and values. Third World Congress on Research Integrity, Montreal, May 6.

Goodman KW. Computational decision support at the bedside: ethics, policy and practice in an era of intelligent machines. Johns Hopkins University Division of Health Sciences Informatics, grand rounds, Baltimore, May 17.

Goodman KW. Bioética, ética corporativo y ciencia. Introducción a la Integridad Científica, Colegio Médico del Perú, Lima, Peru, September 25.

Goodman KW. Horrores en la educación en ética de la investigación: tiempo de presentar valores positivos. IV Simposio en Humanismo y Bioética, Universidad de los Andes and Fundación Santa Fe de Bogotá, Bogotá, Colombia, October 21.

Goodman KW. Ethics review for grants in Europe and the United States: Some good ideas in search of a home. Hastings Center, informal lunch talk, Garrison, N.Y., October 30.

Goodman KW. Studying studies, inductions of induction and hearing hearsay: The continuing challenge of computational meta-analysis. American Philosophical Association, Eastern Division, 110th Annual Meeting, APA Committee Session, Epistemology of Medicine, Baltimore, December 28.

2012

Arons P, Goodman KW, Moseley RE. Ethics and the IRB: Issues and options. Second Annual Meeting, Florida Consortium for HIV/AIDS Research, Orlando, January 9.

Goodman KW. The computational futility index: using - and misusing - prognostic scoring systems in end-of-life care. Yale University Interdisciplinary Center for Bioethics, Jerome Medalie End Of Life Issues Study Group, New Haven, January 11.

Goodman KW. Computational decision support in obstetrics and gynecology: Ethics, policy and practice in an era of intelligent machines. University of Miami Department of Obstetrics and Gynecology, Grand Rounds, January 26.

Goodman KW. Computational decision support at the bedside: Ethics, policy and practice in an era of intelligent machines. New York University Center for Health Informatics & Bioinformatics, New York, March 9.

Goodman KW. Computational diagnosis and prognosis in medicine and surgery: Ethics, policy and practice in an era of intelligent machines. Third Annual Eric Munoz Memorial Lecture, Department of Surgery Grand Rounds, New Jersey Medical School, Newark, March 16.

Goodman KW. Computers, ethics and medicine: Challenges of prognostic scoring systems. JFK Medical Center, Medical Grand Rounds, Atlantis, Florida, March 22.

Goodman KW. Bioética, tecnología de la información y salud. Fifth International Congress of Bioethics, June 4, Toluca, Mexico.

Goodman KW. Ethics in epidemiology: Foundations and challenges. American College of Epidemiology Annual Meeting, Chicago, September 9.

Goodman KW. Ethics and universal health care. Florida Association of Free Clinics, Annual Conference, Orlando, September 20.

Goodman KW. Ethics, Computers and public health: Intelligent machines in a dangerous and probabilistic world. Clinical Epidemiology Seminar Series, Center for Clinical Epidemiology and Biostatistics, Department of Biostatistics and Epidemiology, University of Pennsylvania, Philadelphia, September 27.

Goodman KW, Greer JP, Mulvey B. International Health Ethics Panel, American Medical Students Association, Davie, Florida, October 13.

Goodman KW. Digital research: Databases, biobanking and privacy in the 21st Century. University of Florida Clinical and Translational Science Institute, Gainesville, Nov. 1.

Goodman KW. Electronic health records, personal health records, and noncommunicable disease interventions: The role of information technology in the debate over expanding public health practice. American Public Health Association, San Francisco, October 29.

McGraw D, Goodman KW. Balancing personal and population privacy needs. Current Issues in Population Health Informatics for Healthcare and Public Health, AMIA Annual Symposium, Chicago, November 3.

Goodman KW. Privacy and confidentiality in electronic archives. VI Jornada Internacional sobre Actualizaciones en Ética de la Investigación e Integridad Científica, Universidad Austral, Buenos Aires, November 16.

2011

Goodman KW, de Velasco R. Ethical challenges during catastrophic events. Hospital Disaster Planning, Preparations and Response: An All-Hazards Approach, Jackson Health System and University of Miami Miller School of Medicine, Miami, February 17.

Goodman KW, Gray KS, Koontz L, McGraw D, Pritts J. Panel Guidance for Secondary Use of Data, "HIMSS11 – Linking People, Potential and Progress," Orlando, February 20.

Goodman KW, Pouncy CRP. Combining the best of worlds: Business, medicine and legal ethics. Florida International University Professionalism, Ethics and the Legal Profession Distinguished Speaker Series, FIU College of Law, Miami, February 24.

Goodman KW, Palamara A. Healthcare reform, "21st Century Medicine: Surviving the Next Decade," Northwest Medical Center, Hollywood, Fla., May 21.

Goodman KW. Control-A, control-C, control-V: (Im)proper documentation in electronic health records. Indiana University School of Medicine, Department of Medicine, Grand Rounds, July 8.

Massoudi B, Fu P, Holmes JH, Goodman KW, Richards J. Public Health Informatics Planning Domains, Public Health Informatics 2011 Conference, Centers for Disease Control and Prevention, Atlanta, August 22.

Goodman KW. Ethics and health information technology: focus on epidemiology and public health, Internal Ethics Committee, Centers for Disease Control and Prevention, Atlanta, August 23.

Goodman KW. Is irrationality alone ever a marker of incapacity? II International Symposium in Disorders of Consciousness, Havana, December 7.

2010

Goodman KW. Guardianship, Medicine and Ethics: Growing Challenges in End-of-Life Care. Dade County Bar Association Probate and Guardianship Committee, Miami, Feb. 11.

Goodman KW. Presentation on the Pan American Bioethics Initiative, Beyond the Boundaries: Toward the Establishment of a University Ethics Center, University of the West Indies, Cave Hill Campus, Bridgetown, Barbados, April 22.

Goodman KW. Sistemas de información, privacidad y confidencialidad. Humanismo y Bioética, Fundación Santa Fe, Bogotá, Colombia, April 26.

Hormats RD, Jeffery R, Goodman KW, Cooke J, Schwartz HA. The Responsible Resources Trade, a panel as part of the “Our global challenges: A series of dialogues on the pressing issues of our time.” Center for Strategic & International Studies, Washington, May 18.

Goodman KW. Bioética e informática de la salud. VI Seminario Internacional e Interuniversitario de Biomedicina y Derechos Humanos, Fundación Tejerina, Madrid, June 24. [Cf. Chapters, above.]

Goodman KW. Ethics and global health information technology. ETH Lunchtime Seminar, World Health Organization Division of Ethics, Equity, Trade and Human Rights, Geneva, June 28.

Goodman KW. Global perspectives of ethics and evidence-based practice: Impact on healthcare systems in developing countries. Summer Institute on Evidence-Based Practice, UT Health Science Center, San Antonio, July 9.

Goodman KW, Zamora E. The guardianship grandstand. Florida State Guardianship Association, Palm Beach Gardens, Fla., July 17.

Goodman KW and others, Steering Committee, 5th Annual Invitational Health Policy Meeting. The Future of Health IT: Innovations and Informatics, American Medical Informatics Association, Reston, VA, Sept. 1-2.

Goodman KW. Medicare and Medicaid Fraud. Plenary presentation, 5th Annual Invitational Health Policy Meeting. The Future of Health IT: Innovations and Informatics, American Medical Informatics Association, Reston, VA, Sept. 2.

Goodman KW. Ethical Universals -- are there any and, if so, what good are they for global health research? Global Perspective Lecture Series, University of California at San Diego, Division of Global Health, Department of Family and Preventive Medicine, San Diego, Sept. 14.

Goodman KW. From “gee-whiz” science to “gee-whiz” ethics: Explaining 21st-century medical challenges to lay audiences. American Association of Medical Colleges, Group on Institutional Advancement, AAMC annual meeting, Washington, D.C., Nov. 7.

Goodman KW. Ethical challenges in electronic health records and information technology. Ethical Perspectives in Healthcare – Today’s Challenges, Morton Plant Mease Hospital, BayCare Health System, St. Petersburg, Florida, November 10.

Goodman KW, Kinzbrunner BM. End-of-Life Issues, South Florida Center for Jewish Ethics, Miami Beach, Nov. 18.

2009

Goodman KW. Ethics and health information technology: New challenges in clinical care and research in a pharmacogenomic world. Indiana University Center for Bioethics, Indianapolis, January 29.

Goodman KW. Post-study responsibilities, Building Ethics Models for Global Research, International Association for Dental Research, 38th Annual Meeting, Miami Beach, April 2.

Goodman KW. “Octomom” – What’s wrong and what’s right with reproductive ethics and the law. Florida Bar Health Law Section, Florida Bar Annual Convention, Orlando, June 26.

Goodman KW. Ethics, capacity assessment and psychiatric practice. 31st International Congress on Law and Mental Health, New York, July 1.

Esposito K, Goodman KW. Law as therapy, therapy as public policy: Ethical comforts – and challenges – in the rise of therapeutic jurisprudence. 31st International Congress on Law and Mental Health, New York, July 3.

Goodman KW. Sects, smoking, drinking and other irrational behaviors: Challenges posed by wards' injurious behaviors. Florida State Guardianship Association, annual meeting, St. Petersburg, August 7.

Goodman KW. HIPAA challenges: From Hippocrates to Obama. Florida State Guardianship Association, annual meeting, St. Petersburg, August 8.

Goodman KW. Professionalism and medical ethics. Florida Gastroenterologic Society, Annual Meeting, Boca Raton, Florida, Sept. 12.

Goodman KW. Privacy and confidentiality in research. Integridad Científica: La Importancia de la Educación en Ética de la Investigación, Pan American Bioethics Initiative, San Jose, Costa Rica, September 18.

Goodman KW. Ethical challenges in neurology: Cases and controversies. University of Miami Department of Neurology Grand Rounds, Oct. 23.

Goodman KW. Ethics at the end of life. Vitas Health Care Hospice Symposium, Davie, Florida, Nov. 9,

Koppel R, Kreda D, Kuperman G, Goodman KW, Zych, Shortliffe EH. Vendor contracts and the Koppel-Kreda JAMA article on hold-harmless and non-disclosure clauses. Annual Symposium, American Medical Informatics Association, San Francisco, Nov. 17.

Nichols-Johnson V, Koppel R, Goodman KW, Zych E, Wiederhold G. The electronic medical record and the health of your privacy. Annual Symposium, American Medical Informatics Association, San Francisco, Nov. 18.

Goodman KW. Death, Politics, Disease and Mutation: Some Ethical, Legal and Social Issues for the 21st Century (Part 1). University of Miami Department of Medicine, Division of General Internal Medicine Grand Rounds, Dec. 22.

2008

Goodman KW. Evidence, ethics and expertise: Honest persuasion in opening statements and closing arguments. Federal Court Practice Committee, Florida Bar Midyear Meeting, Miami, Jan. 17.

Goodman KW. On the need for robust research ethics curricula. Eighth Conference, Faculty of Pure and Applied Science, University of the West Indies, Kingston, Jamaica, Feb. 26.

Goodman KW. Practical research ethics: How to manage cases that are hard, really hard and nearly impossible. Eighth Conference, Faculty of Pure and Applied Science, University of the West Indies, Kingston, Jamaica, Feb. 27.

Goodman KW. Ethics for the practicing physician. London Foundation Seminar, keynote speaker/grand rounds, Mount Sinai Medical Center, Miami Beach, March 28.

Goodman KW, Horan TA, Kaelber D, Yasnoff WA. Personal health records in disability communities. American Medical Informatics Association Spring Congress, Phoenix, May 30, 2008.

Goodman KW. Panelist. InfoLinks Virtual Panel on Patient Privacy Rights, Public Health, & Ethics, Division of Alliance Management & Consultation, National Center for Public Health Informatics, Centers for Disease Control & Prevention, June 17.

Goodman KW. Panelist. Epistemological Convergence between Bioethics and Evidence-Based Medicine, as part of the First Costa Rican Bioethics Conference at the National University of Costa Rica in San Jose, in conjunction with the Seventh Annual Iberoamerican Cochrane Network Annual Meeting, the Fifth Annual Iberoamerican Clinical Practice Guidelines Network Meeting and the Second Central American Branch of the Iberoamerican Cochrane Network, San Jose, Costa Rica, June 26.

Goodman KW. HIPAA, privacy and confidentiality: Ethical and legal issues. Florida Children and Youth Cabinet, Fort Myers, July 14.

Brennan P, Goodman KW, Massoudi B, Nugent L. Project HealthDesign: Rethinking the power and potential of personal health records. Summer Institute in Nursing Informatics, University of Maryland School of Nursing, Baltimore, July 19.

Bell K, Diamond CC, Goodman KW, Ralston JD. Policy implications. New Frontiers in Personal Health Records: A "Report Out" from Project HealthDesign and Forum on Next-Generation PHRs. Washington, D.C., September 17, 2008.

Goodman KW. Ethics and epidemiology: Focus on international research. University of Miami Department of Epidemiology and Public Health Grand Rounds, October 15.

Goodman KW. Commentary on EBM and Clinical Practice (M. Tonelli), Critical debates in Evidence-Based Medicine (EBM): Where We've Been and Where We're Going, University of Toronto, November 16.

Goodman KW, Kearns K, Rawlins L, Taylor C. Future of software: Health IT Roundtable. Challenges and opportunities in the new political environment. Business Software Alliance Annual Retreat, Coral Gables, Florida, November 18, 2008.

Goodman KW. Pautas internacionales en Ética de investigación. Maestría en Bioética: Foro Permanente en Bioética: en Colaboración Científica Internacional. Universidad Nacional de Cuyo and Hospital Pediátrico Dr. Humberto J. Notti, Mendoza, Argentina, December 1, 2008.

Goodman KW. Manejo de la información, confidencialidad y privacidad. Maestría en Bioética: Foro Permanente en Bioética: en Colaboración Científica Internacional. Universidad Nacional de Cuyo and Hospital Pediátrico Dr. Humberto J. Notti, Mendoza, Argentina, December 3, 2008.

2007

Goodman KW. Protecting privacy in the Electronic Age: Evidence, ethics and expertise. Federal Court Practice Committee, the Florida Bar Midyear Meeting, Miami, Jan. 18.

Brummel-Smith K, Goodman KW. Ethical decision-making: Quality of life vs. longevity. Florida Geriatric Care Managers Association, Annual Conference, Tampa, Jan. 20.

Goodman KW, Zuroweste E, Paoletti S. A critical look at the health and human rights of economic migrants. Plenary panel, Global Health Education Consortium, 16th Annual Conference, Santo Domingo, Dominican Republic, Feb. 17.

Barrett DH, Hood R, Fiore RN, Goodman KW. Development of an ethics process for pandemic preparedness and response. Association for Practical and Professional Ethics, 16th Annual Meeting, Cincinnati, Feb. 24.

Goodman KW. Bioethics: the changing medical landscape. New College Library Association, Sarasota, March 6.

Sharma TS, Goodman KW, Wilkinson J. Mandatory universal newborn screening for HIV. University of Miami Department of Pediatrics Grand Rounds, March 13.

Flint K, Galland J, Goodman KW. Creating a dynamic program on the responsible conduct of research. National Postdoctoral Association Annual Meeting, Berkeley, CA, April 1.

Fiore RN, Moseley R, Goodman KW (panel). Bioethics in Florida: Challenges for the next decade. Florida Bioethics network annual spring meeting, Miami Beach, April 27.

Goodman KW Ethics in health policy. Bioethics Society of the English-Speaking Caribbean (BSEC), Montego Bay, Jamaica, May 5.

Fiore RN, Laitner M, Goodman KW, Melby G, Gavras J (panel). Floridians' decisions: Genetics, Pandemics and bioethics, Leadership Florida Gulfstream Region, Jupiter, May 14.

Goodman KW. Ethics and vulnerability: Shared responsibilities for infant mental health. Seventh Annual Infant Mental Health Conference, Fort Lauderdale, Fla., May 18.

Goodman KW (moderator). Medical decisions vs. religious beliefs. Florida State Guardianship Association, 20th Annual Conference, Westin, Fla., Aug. 4.

Goodman KW (moderator). Ethics. International Society for Craniofacial Surgery, Salvador, Brazil, August 23.

Goodman KW. When may health professionals refuse to provide care? Baptist Health South Florida, Mariners Hospital, Tavernier, Fla., September 7; and Baptist Hospital, Oct. 24.

Goodman KW. Banked tissue research: Time for a reappraisal. University of Miami Miller School of Medicine Human Subjects Protection Seminar, Sept. 25.

Goodman KW. End-of-life care in a post-Schiavo world. University of Miami Miller School of Medicine, Department of Medicine Grand Rounds, Sept. 26.

Goodman KW. IT, HIPAA, 45CFR46 & ICMJE: E-T-H-I-C-S. The Children's Health Fund, National Annual Meeting, White Plains, NY, Oct. 11.

Goodman KW, The MRSA School Outbreaks: Reflections on an Emerging(?) Epidemic. American Society for Bioethics and the Humanities, Washington, D.C., Oct. 20.

2006

Nogueras D, Goodman KW, Davis H. Powerful Thinkers: A protocol for addressing ethical and moral decision making in high school students. 4th International Civic Education Conference, Orlando, Jan. 20.

Goodman KW. Clinical practice without clinical trials: Ethical issues in off-label drug use. Bascom Palmer Eye Institute, Angiogenesis 2006 Conference, Miami, Feb. 4.

Goodman KW. Discussant. Clinical Ethics Case Presentation, "Futility of Care." University of the West Indies (Cave Hill) and Queen Elizabeth Hospital, Bridgetown, Barbados, Feb. 11.

Goodman KW. Ethics, schmethics: The Schiavo case and the culture wars. The Schiavo Case: Interdisciplinary Perspectives, University of Miami Law Review symposium, Coral Gables, Feb. 18.

Goodman KW. Ethics and social work. University of Miami Miller School of Medicine Department of Pediatrics, Social Work Division, Social Work Grand Rounds, March 28.

Goodman KW. Ethics at the end of life. Blue Cross Blue Shield Center for Ethics, Public Policy and the Professions, University of North Florida, Jacksonville, May 11.

Goodman KW. Ethics, genomics and computing. American Medical Informatics Association, Spring Congress, Phoenix, May 17.

Goodman KW. Ethics and guardianship, Cases you hope you never see. Florida State Guardianship Association annual conference, Orlando, Aug. 4.

Goodman KW. Panel chair, Ethics and Aging: Challenges in Medicine, Nursing and the Law, 2006 Florida Conference on Aging, Tampa, Aug. 14.

Goodman KW. Ethics in a changing elder law environment. Florida Bar Elder Law Section annual retreat, Duck Key, Fla., Sept. 9

Goodman KW. Advance directives in Florida post-Schiavo and POLST: Lessons learned in avoiding future debacles, "End-of-Life Care in Florida – 2006: Current Practice and Future Developments," University Hospital and Medical Center and VITAS Innovative Hospice Care, Tamarac, Sept. 15.

Goodman KW. Ethics and bioinformatics. UM School of Medicine Tuesday Genetics Conference, Department of Pediatrics, Sept. 26.

Goodman KW, Mullings A. Intensive course on biomedical research ethics. University of the West Indies, St. Augustine, Trinidad & Tobago, Oct. 9-10.

Goodman KW. Ethics and plastic surgery. University of Miami Department of Surgery, Division of Plastic Surgery Grand Rounds, Oct. 25.

Goodman KW. Panelist. Is there a future and promise in stem cell research? South Florida Bioscience Consortium & South Florida Hospital and Healthcare Association, Davie, Fla., Oct. 26.

Goodman KW. Pharmacogenomics and human subjects research: New challenges for IRBs. Baptist Health South Florida, Sixth Annual Educational Retreat, Naples, Oct. 28.

Goodman KW. Panelist. Uncertain health informatics decisions: How should we address them. American Medical Informatics Association Annual Symposium, Washington, Nov. 14.

Goodman KW. Bioterrorism and pandemic preparedness. Public Health Ethics, Policy and Law course, The Wharton School, University of Pennsylvania, Philadelphia, Nov. 14.

Goodman KW. When the law is silent: Managing public health emergencies. Federal Judicial Law Clerks seminar, U.S. Federal Courthouse, Miami, Nov. 16.

Goodman KW, Panel moderator. Medical and legal challenges of long-term-care policies. Miami Area Geriatric Education Center, 15th Annual Advances in Geriatrics conference, Fort Lauderdale, Dec. 2.

2005

Goodman KW. Glowfish, racism and other oddities: Ethical challenges in environmental genomics. Florida A&M University, Environmental Sciences Institute, Tallahassee, Feb. 4.

Goodman KW. Ethical issues on obstetrics and gynecology: Focus on cord blood banking. University of Miami Miller School of Medicine Department of Obstetrics and Gynecology Grand Rounds, March 10.

Goodman KW. Embryonic stem cells: Hope for the future or ethical minefield? American Academy of Neurology 2005 Annual Meeting, Miami Beach, April 16.

Goodman KW. Arguments in favor of embryonic stem cell research. National Multiple Sclerosis Society Task Force on Stem Cell Research, Washington, D.C., May 10.

Goodman KW. Ethics in pediatrics. Florida Pediatric Society annual meeting, Orlando, June 11.

Goodman KE. Ethics, technology and healthcare. Biotecnología, Genómica y Bioética, Sus Implicancias en Salud Publica, Pan American Health Organization and Hospital Clínico Universidad de Chile, Santiago, July 15 (in Spanish).

Goodman KW. Disability and guardianship in the post-Schiavo era. Invited keynote presentation, Florida State Guardianship Association, 18th Annual Conference, Doral, Fla., Aug. 6.

Goodman KW. Information, evidence and technological uncertainty: Implications for environmental ethics. Federación Latinoamericana y del Caribe de Instituciones de Bioética (FELAIBE), 5^o Congreso de Bioética, Panama City, Panama, Aug. 10.

Goodman KW. Public understanding of bioethics: Media successes, failures – and duties. Federación Latinoamericana y del Caribe de Instituciones de Bioética (FELAIBE), 5^o Congreso de Bioética, Panama City, Panama, Aug. 10.

Schneider J, Spike J, Goodman KW. Ethics and aging: Priorities for the 21st century. Florida Council on Aging annual meeting, Orlando, Aug. 24.

Goodman KW. Ethics and Medicaid planning. Florida Bar Elder Law Section annual retreat, Naples, Florida, Sept. 17.

Goodman KW. Medical futility. Baptist Health System Conversations in Ethics, South Miami Hospital, Sept. 30.

Goodman KW. The Terri Schiavo case. University of Miami Miller School of Medicine Department of Medicine Grand Rounds, Oct. 19.

Goodman KW. Secret science: Pressures to hide – and sell – drug research data. University of Miami Miller School of Medicine MD/PhD Program Grand Rounds, Nov. 10

2004

Goodman KW. Applying ethics in a real-life medical setting. Understanding the Law and Healthcare Decision Making: Could the Schiavo Case Happen to You? Sarasota County Bar Association, Sarasota, Fla., Jan. 10.

Barron TJ, Powers R, Goodman KW. Ethics, caregiving and the law. Florida Alzheimer's Summit 2004, Tallahassee, Feb. 5.

Goodman KW. Ethics in cancer care. Joint Cancer Conference of the Florida Universities, Orlando, Feb. 6. (And moderator, Workshop on Ethical and Complex Issues in Cancer Care.)

Goodman KW. Evidence, error, ethics: How science and morality intersect in clinical practice. American College of Medical Quality/American College of Preventive Medicine joint annual conference, Orlando, Feb. 20 (Nigel Roberts Award Lecture in Healthcare Ethics).

Goodman KW. The sad case of Terri Schiavo: Easy ethics, weird politics, faulty law. Keynote speech, Academy of Florida Elder Law Attorneys (AFELA), Fort Lauderdale, March 12; Tampa, March 13.

Goodman KW. Panelist, Research at international sites: Whose standards apply? Recognizing and Protecting Vulnerable Subjects: Theory, Practice and Compliance, U.S. Office for Human Research Protections (OHRP), Orlando, April 2.

Goodman KW. Panelist, Protecting the cognitively impaired research participant. Recognizing and Protecting Vulnerable Subjects: Theory, Practice and Compliance, U.S. Office for Human Research Protections (OHRP), Orlando, April 2.

Goodman KW. Bioterrorism, guest speaker, Public Health Policy, Ethics and Law, University of Pennsylvania School of Medicine, April 6.

Goodman KW. Ethical, legal and social implications of genetics. Genetics: The Health Care Genie Coming out of the Bottle, Nova Southeastern University College of Osteopathic Medicine, Master of Public Health Program, May 1.

Goodman KW. ID ethics: Treatment, genetics and public health. UM Infectious Diseases/HIV Grand Rounds, May 3.

Goodman KW. HIPAA as applied ethics. Bioethics in Contemporary Clinical Practice, Palm Beach County Legal Aid Society Bioethics Law Project, West Palm Beach, May 14.

Goodman KW. Ethics and patient records: making the most of outcomes research, error reduction and evidence-based practice; & Ethics and patient records: From HIPAA to decision support. Toward an Electronic Patient Record (TEPR) Annual Convention, Fort Lauderdale, May 20.

Goodman KW, Black K, Jackson MA. What the Schiavo case means to health care decision makers. Florida Council on Aging / Florida Conference on Aging, Miami, Aug. 31.

Goodman KW, small group leader, Prevention and Public Health Working Group business meeting, American Medical Informatics Association, San Francisco, September 9.

Goodman KW, panelist, Gender and role identity in IT design and use. International Medical Informatics Association, Medinfo, San Francisco, September 10.

Goodman KW. Trust me: New challenges in conflict, advocacy and social commitment. American College of Epidemiology Annual Scientific Sessions, Boston, September 13.

Goodman KW. Human suffering: Ethical, social and cultural considerations. Hospice of Naples, Naples, Florida, Oct. 9.

Goodman KW. Ethics and diversity. Miami Area Geriatric Education Center Ethno-Geriatrics Conference, Miami, Oct. 14.

Goodman KW. Ethical controversies in dermatology practice. Miami Society for Dermatology and Cutaneous Surgery, Miami, Oct. 21. (Lecture follows clinical rounds and case presentations.).

Goodman KW. Panelist, Law and ethics of bloodless medicine, International Symposium in Blood Management, UMSM, Miami Beach, Nov. 12

2003

Leon MB, Goodman KW. Conflicts of interest in the lab. 15th International Symposium on Endovascular Therapy, Miami Beach, Jan. 20.

Goodman KW. Ethics and evidence-based psychiatry. Masters of Psychiatry, Florida Psychiatric Society, Miami Beach, Feb. 23.

Goodman KW, with Trotter G and Middleton JR. Panel: Author meets the critics: *Ethics and Evidence-Based Medicine*. Association for Practical and Professional Ethics, 12th Annual Meeting, Charlotte, N.C., March 1.

Goodman KW. Training in ethics: A curricular requirement? American Gastroenterological Association Training Directors' Workshop, Advancing GI Fellowship Training, Chicago, March 23.

Goodman KW. ID Ethics: Genetics, Treatment and Public Health. UM Department of Medicine Division of Infectious Diseases Grand Rounds, March 25.

Goodman KW. Ética en investigación internacional. VIII Curso Internacional de Enfermedades Infecciosas, IX Seminario Integral del Sida, Corporación de Lucha Contra el Sida, Cali, Colombia, April 11.

Panelist. Orchestration of business and science in the public interest: Protection of patient rights when developing and testing new drugs. Association for Research in Vision and Ophthalmology Annual Meeting, Fort Lauderdale, May 5.

Goodman KW. Death, stroke and disability: Ethical issues in managing complexity and uncertainty. Annual Stroke Conference, South Miami Hospital and American Stroke Association, South Miami, May 16.

Facilitating expert, American Medical Informatics Association 2003 Spring Congress, "Bridging the Digital Divide: Informatics and Vulnerable Populations," Philadelphia, May 28-30.

Facilitator, U.S. Department of Health and Human Services, Developing a National Agenda for National Health Information Infrastructure, Privacy and Confidentiality Track, Washington, D.C, June 30-July 2.

Goodman KW. HIPAA. Florida Bar Elder Law Section 2003 Retreat, Duck Key, Florida, July 26.

Goodman KW. Technology and ethics, keynote presentation, Eighth Annual Community Bioethics Consortium, Panama City, Fla., Sept. 5.

Gertel A, Goodman KW, Singer G, Gyi F. Panel, Communicating science and medicine to the public: an ethics exploration of power and perception. American Medical Writers Association, 63rd Annual Meeting, Miami, Sept. 19.

Goodman KW. Ethics in Ob-Gyn. University of Miami Department of Obstetrics and Gynecology Grand Rounds, Sept. 18.

Goodman KW. Ethics issues in creating, using, studying and sharing patient registries. Impact of Genotyping Testing: Ethical, Legal, and Social Issues, Alpha-1 Foundation Gordon L. Snider Critical Issues Workshop Series No. 8, Coral Gables, Fla., Oct. 10.

Panel Moderator, Medical and ethical issues involved in aging, Florida Bar Continuing Legal Education Committee, Miami Lakes, Nov. 7.

Goodman KW. Informed consent and the role of IRBs. Arizona State University College of Law, guest lecture, "Bioethics and Genetics in an Intercultural Context" course, Prof. Joan L. McGregor, Nov. 19, 2003, Tempe, Ariz.

2002

Goodman KW. Ethics, law and policy: Sometimes there's no dilemma at all. Presentation, Florida Hospice and Palliative Care, 17th Annual Symposium, Orlando, Jan. 10.

Goodman KW. From Hippocrates to digital genetics. UM Masters of Pediatrics annual conference, Miami Beach, Jan. 19.

Goodman KW. Public health and bioterrorism: How can we prepare? Association of Subspecialty Professors Leadership Conference, Miami, Feb. 1.

Goodman KW. Ethical, legal and social issues in medical informatics. Visiting lecture, MINF 515, Oregon Health Sciences University, Portland, March 7.

Goodman KW. Medical informatics: The connective tissue in privacy, integrity and IRB Education. Oregon Health Sciences University research conference, Portland, March 8.

Goodman KW. Health care ethics. Session moderator, Academy of Florida Elder Law Attorneys, Fort Lauderdale, March 15.

Goodman KW. Health care ethics. Session moderator, Academy of Florida Elder Law Attorneys, Tampa, March 16.

Goodman KW. Ethics, genomics and computing: Searching for standards in research, error management and public health. Centers for Disease Control and Prevention, Office of Genetics & Disease Prevention, April 11, Atlanta.

Goodman KW. Ethical aspects of stem cell research. Nova Southeastern University College of Osteopathic Medicine, 7th Annual Kaleidoscope Conference, Fort Lauderdale, April 14.

Goodman KW. Ethics, cost and public health: The new meaning of evidence-based practice. Institute for Ethics in Health Care, Miami-Dade Community College, Miami, April 24.

Goodman KW. Introduction to ethics education. National Institute of Environmental Health Sciences, annual grantee meeting, Environmental Health Sciences as an Integrative Context for Learning, Rutgers University, Piscataway, N.J., May 10.

Goodman KW. Organizer and moderator, "Multicultural Panel," Florida State Guardianship Association, 15th Annual Conference, Fort Lauderdale, Aug. 3.

Panelist, with Sami Al-Arian, University of South Florida; Judith L. Kreeger, Circuit Judge, Miami-Dade County; Nawar Shora, Legal Adviser, Arab-American Anti-Discrimination Committee, Washington, D.C.; and moderator Susan Dente Ross, Washington State University. The Association for Education in Journalism and Mass Communication annual conference, Law, Media Ethics, Mass Communication and Society and Communication Technology and Policy Divisions, mini-plenary session: Terrorism's Attack on Freedom of Speech and Information, Miami Beach, Aug. 9.

Goodman KW. Health privacy: Ethics committees and HIPAA. Shands at UF Ethics Committee Workshop, Gainesville, Sept. 18, 2002.

Goodman KW. Ethically optimized decision making. As part of The call we dread, the case we dread: Medical crisis/end-of-life decision making (panel), 2002 Florida College of Advanced Judicial Studies, St. Petersburg Beach, Sept. 26.

Goodman KW. Official Opening/Public Lecture, Grand Bahama Medical & Dental Association Scientific Conference, Freeport, Bahamas, Oct. 4.

Reiser B, Goodman K. Ethics and guardianship, Miami-Dade Coalition on Aging, "The Aging Puzzle: Pulling the Pieces Together," Miami, Nov. 8.

Goodman KW, Dahm L, Tarczy-Hornoch P, Winkelstein P. Ethics and bioinformatics. American Medical Informatics Association Annual Symposium, San Antonio, Nov. 13.

Goodman KW. Ethics and community health: Power and vulnerability in pediatric practice. Department of Pediatrics Grand Rounds, UM School of Medicine, Nov. 19.

Goodman KW. Ethics with teeth: Clinical and research implications of new federal privacy rules. Department of Dermatology Grand Rounds, UM School of Medicine, Nov. 20.

Goodman KW. Ethics, genes, science: Local values or global norms. Colloquium, Arizona State University College of Education and Lincoln Center for Applied Ethics, Tempe, Nov. 21.

2001

Goodman KW. Foundations of medical ethics. M-1 medical class, Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale, Jan. 9

Denker A-L, Goodman KW, Wurm G, Novo M. Controversial health policy issues and child health: Vaccines, adolescent confidentiality, parental notification, etc. Masters of Pediatrics, University of Miami Departments of Pediatrics and Dermatology, Miami Beach, Jan. 19.

Denker A-L, Djokic B, Goodman KW. HIPAA. Masters of Pediatrics, University of Miami Departments of Pediatrics and Dermatology, Miami Beach, Jan. 21.

Panelist, Neuroethics/Neuroscience Grand Rounds, University of Miami School of Medicine, Feb. 9.

Goodman KW. Pain, death and privacy: Ethics as a practical problem solver. Collier County Medical Society, Naples, Fla., Feb. 15.

Goodman, KW. Sex, death and managed care: The role of the hospital ethics committee. Naples Community Hospital, Naples, Feb. 15.

Mullings A, Goodman K, Aarons D. An introduction to ethics in epidemiology: A short public health elective course, Department of Community Health and Psychiatry, University of the West Indies, Mona, Jamaica, Feb. 21-23.

Goodman KW. Mad cows, gene maps and Higgs bosons: How social forces shape scientific competition and progress. Sigma Xi science honor society, South Florida branch, Coral Gables, Fla. March 6

Goodman, KW. Invited participant, U.S. Department of Veterans Affairs, State of the Art Conference, "Making Informed Consent Meaningful," Washington, D.C., March 7-8.

Goodman KW. Ethical and social issues in telemedicine. East Carolina University, Brody School of Medicine, Information Technology & Health Care: Ethical, Legal and Social Issues, Greenville, N.C., March 9.

Goodman, KW. Ethics and Evidence-Based Medicine, keynote presentation, PriMed: Primary Medicine Today, University of Miami School of Medicine and Harvard Medical School, Fort Lauderdale, March 23.

Goodman KW. Responsible Conduct of Research: Focus on Epidemiology and Public Health, State University of New York at Buffalo, May 11.

Goodman, KW. facilitator, rapporteur. Privacy, Confidentiality and Security, American Medical Informatics Association Spring Symposium, Atlanta, May 15-17.

Goodman, KW. Health care ethics. Academy of Florida Elder Law Attorneys, Fort Lauderdale, May 19.

Goodman, KW. Invited seminar on research ethics, Division of Epidemiology, Statistics & Prevention Research, National Institute of Child Health & Human Development, Rockville, MD., May 24. (Cases: vitamin supplement RCT in China; medical examiner and drowning data collection)

Goodman KW, Brito A. Extreme ethics: Core issues and difficult challenges in epidemiology and public health. (Workshop abstract: *American Journal of Epidemiology* 2001;153(11):S2.) Invited workshop presentation June 13, 2001, Toronto, Congress of Epidemiology, a joint meeting of the American College of Epidemiology, American Public Health Association (Epidemiology Section), Canadian Society for Epidemiology and Biostatistics, Society for Epidemiologic Research.

Goodman KW, Hendricks JE, Rothenberg A, Reiser B. Developing an ethics consultation service for courts and guardians. Annual Conference, National Guardianship Association, Delray Beach, Oct. 22.

Goodman KW. Research ethics. Barry University School of Natural and Health Sciences, Miami, Oct. 29.

Goodman KW. Evidence, error and uncertainty: Ethical and social challenges for health informatics. Tutorial, American Medical Informatics Association Annual Symposium, Washington, D.C., Nov. 4.

Winkelstein P, Goodman KW. HIPAA: Is government regulation of ethics possible? American Medical Informatics Association Annual Symposium, Washington, D.C., Nov. 7.

Goodman KW, discussant: Why is health critical to the region's long-term development? Dante B. Fascell North-South Center (University of Miami) and The American Assembly (Columbia University), New Challenges to Development for the Democracies of the Americas: Energy, Health and Regional Security, Miami, Nov. 8.

Goodman KW, Matthews CR. Ethics in the correctional system. Florida Chapter, American Correctional Health Services Administration, Orlando, Nov. 10.

Goodman KW. Ethics: Animal models and surgical procedures. Animal Studies Training Workshop, VA Medical Center, Miami, Nov. 29.

Goodman KW. Research ethics, patient privacy and federal regulations: Burdens and benefits. UM Department of Orthopedics and Rehabilitation Grand Rounds, Nov. 29

2000

Goodman KW. Social and ethical issues. Session on "Prevention trials in autoantibody-positive high risk relatives," Workshop on Future Directions in Prevention of Type 1 Diabetes, National Institute of Diabetes & Kidney Diseases, Miami, Jan. 9.

Moseley R, Goodman KW. Ethical considerations at the end of life, Florida Bar Elder Law Section mid-winter meeting, Amelia Island, Fla., Jan. 28.

Goodman K, Goldaber M. Making choices: Ethical solutions in Alzheimer's care. Alzheimer's Association, Greater Miami Chapter, Miami, Feb. 16.

Goodman, KW. Ethics and elder care, Association of Jewish Aging Services, 40th Annual Conference, Orlando, Feb. 22.

Goodman, KW. Brain death and the public understanding of science. Third International Symposium on Coma and Death, Havana, Feb. 24.

Goodman KW. Digital doctoring: Ethical issues in medical computing. John J. Reilly Center for Science, Technology and Values, Program in History & Philosophy of Science, University of Notre Dame, South Bend, IN, March 27.

Goodman KW. Ethical issues in cancer genetics. Berlex 3rd Annual Genetics Oncology Workshop, Houston, Tex., April 10.

Goodman KW, Jackson MA. Ethical considerations regarding advance directives. 17th Annual Estate and Probate Seminar, Palm Beach County Bar Association, West Palm Beach, May 10.

Goodman KW. Death and confidentiality. Law, Ethics and Death, Florida Bar Health Law Section CLE workshop, Orlando, May 12.

Goodman KW, Frydman G, Temin P. Commentator panelists for keynote panel, Consumer Informatics Supporting Patients as Co-producers of Quality, American Medical Informatics Association Spring Congress, Boston, May 24.

Moseley R, Goodman KW. Use of the Florida Bioethics Network. Florida State Guardianship Association Annual Meeting, Orlando, Aug. 5.

Goodman KW. Ethical issues at the end of life. End-of-Life Care Symposium, Annual Meeting of the Florida Medical Association, Orlando, Sept. 2.

Armstrong D, Goodman K, et al, panelists. Controversies in the Medical, Legal & Ethical Issues of Avoiding Blood Transfusion, University of Miami/Jackson Memorial Medical Center, Miami, Sept. 8.

Goodman KW. Ethics, genomics, computers: How information technology is changing the rules for science and society. 12th International Genome Sequencing and Analysis Conference, The Institute for Genome Research (TIGR), Miami Beach, Sept. 15.

Goodman KW. Security, confidentiality and privacy: Healthcare ethics in the information age, Keynote Presentation, MemorialCare Technology Conference 2000, Long Beach, Calif., Sept. 16

Panelist, Ethics Forum: Genetics. Florida Nurses Association Annual Convention, Miami, Sept. 20.

Goodman KW. Genetics, computing and ethics: Some problems for the next few hundred years. Ethics: Unusually Difficult Challenges in Epidemiology and Human Subjects Research, University of Miami Ethics Programs, Miami, Oct. 12.

Beckwith S., Goodman KW., MacDonald L. Florida Partnership for End-of-Life Care, Law and Ethics at the End of Life, Florida Bioethics Network Fall Conference, Jacksonville, Oct. 19.

Goodman KW. Legal and procedural safeguards in end-of-life decision making. Law and Ethics at the End of Life, Florida Bioethics Network Fall Conference, Jacksonville, Oct. 20.

Goodman KW. Norms and neurology: Ethical issues in intellectual and developmental disability. Mailman Center for Child Development, Friday Seminar Series, University of Miami School of Medicine, Oct. 27.

Gertel A, Goodman K, Moreno J. Biomedical ethics: Gray matters, redux. American Medical Writers Association, 60th Annual Conference, Miami, Nov. 9.

Goodman KW. Ethics and informatics. Genesis Health System Ethics Conference 2000, Bettendorf, Iowa, Nov. 17.

1999

Panelist, "Ethical Issues in Neurogenetics," Miami Project to Cure Paralysis, University of Miami School of Medicine, Feb. 25.

Goodman KW. Introduction to informed consent. American College of Medical Genetics annual clinical genetics meeting, March 20, Miami (Workshop A3, Paradigms for designing informed consent for genetic testing and research. Abstract: *Genetics in Medicine* 1999;1(1):21).

Goodman KW. Ethical issues in cancer genetics. Berlex 3rd Annual Genetics Oncology Workshop, San Diego, Calif., March 24,

Panelist, When Should Exposing Someone to HIV be a Crime? Eighth Annual Florida HIV Conference, Florida AIDS Education and Training Centers Network, Orlando, March 31.

Guest lecturer, Health Information Privacy, Nova Southeastern University Shepard Broad Law Center, Law and Medicine Seminar, Fort Lauderdale, Fla., April 5.

Goodman KW. Why ethics is not a lot of touchy-feely foo-foo: Lessons for patient representatives. Florida Society of Patient Representatives, Orlando, June 11.

Goodman K, panel chair, The Future of Healthcare Ethics, Florida Bioethics Network annual meeting, Fort Lauderdale, June 24.

Goodman K, panelist, Issues in End-of-Life Legislation in Florida, Florida Bioethics Network annual meeting, Fort Lauderdale, June 24.

Goodman K, panel chair, Clinical Advances in Biomedicine, South Florida Hospital Research and Education Foundation, The Future Healthcare System: Technology & Treatment for 2000 & Beyond, North Miami, June 30.

Goodman KW. Ethical and legal issues for the elderly. Jackson Memorial Hospital, The Autumn of Our Lives: Geriatric Health Care, Miami, July 9.

Goodman KW. Bioethics: Health care's two-edged sword. Florida Society for Healthcare Public Relations & Marketing, 33rd Annual Meeting, Orlando, July 14.

Goodman KW. Ethics and epidemiology, Nova Southeastern University, Concepts, Issues and Values in Health Care Education, Fort Lauderdale, July 28.

Goodman KW. Medical Ethics. Third Annual Florida Liability Claims Conference, Orlando, July 29.

Goodman KW. Ethical Considerations in Organ Transplantation. Third Annual Florida Liability Claims Conference, Orlando, July 30.

Goodman KW, moderator, Bioethics and the Law: ERISA and the Challenge of Managed Care, National Association of Women Judges, Miami Beach, Oct. 16,

Goodman KW, panelist, Ethical Decision Making in Managed Care — Unionization and Collective Bargaining, Florida Association of Health Maintenance Organizations, Tampa, Fla., Nov. 18.

Chang BL, Goodman KW, Renner J, Consumers, health informatics and the media, workshop, Annual Symposium of the American Medical Informatics Association, Washington, D.C., Nov. 7.

Jadad AR, Goodman KW, Jones HG et al., Consumer participation in informatics research and development: Ethical, social, methodological and political challenges, panel, Annual Symposium of the American Medical Informatics Association, Washington, D.C., Nov. 9.

Goodman KW. Ethical and social challenges for health computing: Focus on bioinformatics, tutorial, Annual Symposium of the American Medical Informatics Association, Washington, D.C., Nov. 7

Goodman KW. Why ethics matters in medical computing. SUN Users Conference, Miami, Dec. 6.

1998

Goodman KW. Is Diagnosis Desirable in Families with Polycystic Kidney Disease? 25th Annual Pediatric Nephrology Seminar, Miami Beach, Feb. 1.

Goodman KW. Memory and Hope: Ethical Issues in Dementia Care. Third Annual Educational Conference, Alzheimer's Association, Greater Miami Chapter, Davie, Fla., Feb. 25.

Goodman KW. Computers and Medicine: Ethical Considerations and Challenges. American Academy of Dermatology, 56th Annual Meeting, Orlando, Feb. 28.

Goodman KW. Ethical Challenges in Animal Welfare. Laboratory Animal Management Association, mid-year forum, Fort Lauderdale, Fla., April 24.

Goodman KW. Ethical Behavior in Government and Business. Leadership Miami Focus Session, Miami, April. 25.

Goodman KW. Genetics Research (panelist). Interface of Science, Ethics and Law in Human Subjects Research, FDA, OPRR, UM FAMU joint conference, Miami Beach, April 27.

Goodman KW. The Waiver of Informed Consent (panelist). Interface of Science, Ethics and Law in Human Subjects Research, FDA, OPRR, UM FAMU joint conference, Miami Beach, April 28.

Goodman KW. Reimbursement and Compensation of Subjects. Interface of Science, Ethics and Law in Human Subjects Research, FDA, OPRR, UM FAMU joint conference, Miami Beach, April 28.

Goodman KW. Ethics and Risk Management. South Florida Society for Healthcare Risk Management, Miami, May 12.

Goodman KW. The Problem of Advance Instructions (panelist). Problems and Strategies in Implementing Florida Statute 765, University of Florida Program in Medical Ethics, Law and the Humanities, Gainesville, May 14.

Goodman KW. Family Challenges to the Advance Directive: Medical Futility. (panelist). Problems and Strategies in Implementing Florida Statute 765, University of Florida Program in Medical Ethics, Law and the Humanities, Gainesville, May 15.

Goodman KW. Research Ethics. GI Research Conference, University of Miami Division of Gastroenterology, Miami, May 22.

Goodman KW. Ethics and Bioinformatics: Making Sense of Computational Oncology Research. Population Science Meeting, Fox Chase Cancer Center, Philadelphia, May 26.

Goodman KW. Ethical Issues at the Point of Use (panel chair). American Medical Informatics Association, Spring Congress, Philadelphia, May 27.

Goodman KW. Managing Sex Offenders: Public Policy and Ethics. South Florida Evaluation and Treatment Center, Miami, June 10.

Cava A, Goodman KW. Ethics in Business and Government. Greater Miami Chamber of Commerce Goals Conference, Aventura, Fla., June 13.

Goodman KW. Clinical futility. Miami Area Geriatric Education Center, Intensive Geriatric Training, Fort Lauderdale, July 9.

Goodman KW. Facilitator, Health Council of South Florida Annual Planning Retreat, Key West, Fla., Sept. 11.

Goodman KW. What on Earth Does Ethics Have to Do with Malpractice Work? Florida Medical Malpractice Claims Council, Palm Beach, Fla., Sept. 12.

Goodman KW. Life, Death and the Law: Challenges with Advance Directives. Cleveland Clinic Florida, Medical Grand Rounds, Fort Lauderdale, Sept. 16.

Goodman K, panelist, Bioethics and Technology in Corrections. 44th Annual Southern Conference on Corrections, Palm Beach, Fla., Sept. 22.

Goodman KW. Ethics and Arthritis, Florida Chapter, The Arthritis Foundation, Fort Lauderdale, Oct. 17, 1998.

Goodman KW. "Jailhouse Ethics: Good Care for Bad People," Florida Bioethics Network Eighth Annual Conference, Oct. 22, Orlando.

Goodman KW. Ethical Challenges Facing Not-for-Profit Organizations, Miami-Dade Coalition on Aging, Alliance for Aging, Miami, Oct. 30, 1998.

Goodman, KW. "Ethical and Social Challenges for Medical Informatics," Tutorial Session, American Medical Informatics Association Annual Symposium, Orlando, Nov. 7.

Goodman, KW., Workshop Organizer, "Ethics and Informatics: Educational Challenges for the Next Millennium," American Medical Informatics Association Annual Symposium, Orlando, Nov. 8.

Goodman KW. "Ethical Issues in the Use of Animals," VA Medical Center Animal Studies Training Workshop, Miami, Nov. 19.

Goodman K, et al., panelists, "Doctor, Where Are You? Jewish Ethics and the Health Delivery Revolution," The Jewish Theological Seminary, West Palm Beach, Nov. 22.

Goodman KW. Ethics and politics. Greater Miami Chamber of Commerce, Leadership Miami program, Miami, Dec. 5.

Goodman KW. Ethics, evidence and quality. Dade Association for Healthcare Quality, Miami, Dec. 16.

1997

Goodman K, Informed Consent for Clinical, Cosmetic and Research Procedures, Dermatology Seminar, UM Department of Dermatology and Cutaneous Surgery, Feb. 5.

Panel member, Health Care: Right or Privilege, UMSM 14th Annual Student Council Convention, Feb. 6.

Panel member, Right to Die, Organization for Human Rights, UM School of Law, Feb. 12.

Goodman, KW. Meta-analysis: opportunities and challenges, Combined Endocrinology and Diabetes Grand Rounds, UM Department of Medicine, Feb. 27.

O'Connell, M, Goodman KW. Evidence-based medicine, MD/PhD Grand Rounds, Feb. 24, and April 15, 1997.

Goodman, KW. Archived Samples and Bioinformatics: Lessons from the Banked Tissue and Sera Debate. American College of Medical Genetics, Annual Meeting, Fort Lauderdale, March 2.

Goodman, KW. Ethical Issues in International Occupational Health, American College of Occupational and Environmental Medicine, Annual Meeting, Orlando, May 16.

Goodman KW. Computers, patient outcomes and physician profiling. Broward General Medical Center Grand Rounds, Fort Lauderdale, July 10.

Panelist, Prostate Cancer: To Screen or Not to Screen, Third Annual Florida Epidemiology Meeting, Miami Beach, July 25.

Goodman KW. Clients, Computers and Confidentiality, Florida Council on Aging

Florida Aging Network Training Conference, St. Petersburg Beach, Fla., Aug. 25.

Goodman, KW. Ethical Challenges Facing Health Care Professionals. South Florida Case Management Network, Miami, Sept. 10.

Panelist, Neuroscience Grand Rounds on Ethical Problems, UM Department of Neurology, Sept. 12, 1997

Goodman, KW. "Ethical Challenges in Minority and Elderly Recruitment." Increasing Participation of Minorities and Older Americans in Clinical Research, UM/Sylvester Comprehensive Cancer Center, Coral Gables, Fla., Sept. 17.

Goodman, KW. "Findings from the American College of Epidemiology Ethics Survey on the Need for Ethics Guidelines for Epidemiologists," Annual Scientific Meeting, American College of Epidemiology, Cambridge, Mass., Sept. 23, 1997.

Goodman, KW. "Alternative Approaches to Clinical Ethics," Florida Bioethics Network, Seventh Annual Conference, Tampa, Oct. 8, 1997.

Goodman, KW. "Ethical and Social Challenges for Medical Informatics," Tutorial Session, American Medical Informatics Association Fall Symposium, Nashville, Oct. 25.

Goodman, KW., Panel Organizer, "Ethical Issues in Internetable Health Care," American Medical Informatics Association Fall Symposium, Nashville, Oct. 28

Goodman, KW. "The Medical Futility Project," Health Council of South Florida, 1997-98 Board of Directors Retreat, Hawk's Cay, Fla., Oct. 31.

Goodman, KW. "Ethical Issues Concerning the Use of Animals." Animal Studies Training Workshop, VA Medical Center, Miami, Nov. 25.

1996

Goodman, K. Panelist, Are Bioethical Questions Creating More Controversy in Medical Care? Florida Medical Association 1996 Media and Medicine Conference, Orlando, Jan. 25.

Goodman, K., and Moseley, R. Medicine, Morals and the Media: Bioethics Issues in Hospital Public Relations and Marketing. Florida Hospital Association, Orlando, Jan. 26.

Holzman, B., Armstrong, A., Goodman, K. Faculty, Pediatric Bioethics Workshop, Masters of Pediatrics conference, University of Miami Department of Pediatrics, Jan. 29.

Goodman, K. Ethical Issues in Forensic Psychology, South Florida Evaluation and Treatment Center, Florida Department of Health and Rehabilitative Services, Miami, Feb. 2.

Goodman, K. Death in the ICU: It's Not What It Used to Be. Miami Teaching Institute, Greater Miami Chapter, American Association of Critical Care Nurses, Miami, Feb. 9.

Goodman, K. Brain Death, Medical Futility and Other Confusing Concepts: Lessons in Moral Fallibility. Second International Symposium on Brain Death, Havana, Feb. 29.

Goodman, K, and Feltman, D. Ethics, Economics and Managed Care. Advances in Geriatrics VIII, Miami Area Geriatric Education Center (MAGEC), Miami, March 30.

Franzblau, M, Brosco, J., and Goodman, K. Ethical Issues in Health Care: Lessons from the History of Medicine. University of Miami School of Medicine, April 15-26.

Goodman, K. Ethical Issues in Neonatal Nursing. Southeast Florida Association of Neonatal Nurses, Hialeah, May 28.

Goodman, K. The Ethics of Scientific Collaboration. Outcomes Research Group, University of Miami School of Medicine, May 29.

Goodman, K. Ethical Issues in Clinical Research: The Role of Trainees, Department of Urology Grand Rounds, University of Miami School of Medicine, May 31.

Goodman, K. Predicting Death: Can We Do it, and Can Computers Help Us? "End of Life Decisions 1996," Baptist Health Systems of South Florida, Sept. 21.

Goodman, K. Computers in Pediatric Diagnosis and Prognosis: Ethical and Social Issues, UMSM Department of Pediatrics Staff Conference, Oct. 15.

Goodman, K. Ethics Committees: Structure, Function, and JCAHO Requirements. Florida Bioethics Network Sixth Annual Conference, Fort Lauderdale, Oct. 23.

Goodman, K. et al. Panel discussion, What Bothers Me about My Ethics Committee? How We Handle Those Problems, Florida Bioethics Network Sixth Annual Conference, Fort Lauderdale, Oct. 24.

Goodman, K. Can Scoring Systems Determine Futility? Florida Bioethics Network Sixth Annual Conference, Fort Lauderdale, Oct. 25.

Goodman, K. Ethical and Social Challenges for Medical Informatics, tutorial, American Medical Informatics Association fall symposium, Washington, D.C., Oct. 26.

Goodman, K. Risks, Rules and Ratios: Ethically Communicating about Health and Disease, U.S. Centers for Disease Control and Prevention, Atlanta, Sept. 27.

Goodman, K. Advice on Consent: Where Science and Ethics Meet, U.S. Centers for Disease Control and Prevention, Atlanta, Sept. 27.

Goodman, K. Ethics and Meta-Analysis, UM Outcomes Research Study Group, Dec. 5.

1995

Goodman, K. Why Ethics in Medicine is not Touchy, Feely, Warm or Fuzzy, Association for the Behavioral Sciences and Medical Education (ABSAME), Naples, Fla., Oct. 7, 1995.

Goodman, K. Why Ethics Matters to Psychology and Psychiatry (Especially When We Have All These Legal Guidelines Floating Around), South Florida Evaluation and Treatment Center (HRS), Miami, July 7, 1995.

Goodman, K. Issues in Publication and Authorship, Grass Foundation fellows program, Marine Biological Laboratory, Woods Hole, Mass., June 28, 1995.

Goodman, K. Ethics and Epidemiology, New England Epidemiology Institute and Tufts University, Boston, June 26-30, 1995.

Goodman, K. Restructuring the Health Care System and Tips on How to Improve the Visibility and Viability of Education in the Midst of Change, Florida Medical Association, 121st Annual Meeting, Miami Beach, June 1, 1995.

Goodman, K. Bioethics & Pastoral Care, Jackson Memorial Hospital Department of Pastoral Care program, "The Clergy and the Cancer Patient," May 26, 1995.

Goodman, K. Panelist, AIDS and Suicide: Psychiatrists' Role in End-of-Life Decisions, American Psychiatric Association annual meeting, Miami Beach, May 22, 1995.

Goodman, K. Medical Ethics in the Care of the Elderly, Hartford Generalist Physician Initiative Conference, Miami Beach, April 28, 1995.

Goodman, K. On Progress in Law in Ethics, "Health Care Regulation and Reform" course, Prof. M. Farrell, University of Miami School of Law, April 20, 1995.

Goodman, K., Kinzbrunner, N. A Philosopher and a Physician Discuss Assisted Suicide, "Decisions Near the End of Life," Education Development Center and the Hastings Center, Miami, March 24, 1995.

Goodman, K. Ethics of Animal Research, Animal Research Training Session, Veterans Affairs Medical Center, Miami, March 21, 1995.

Goodman, K. et al. Moderators, Legislative Panel: "Reshaping Health Care in the '90s and Beyond: A Legislative Symposium on Health Care Reform," sponsored by the Health Council of South Florida, Miami Panelists: Rep. John F. Cosgrove, chair, House Insurance Committee; State Sen. Alberto Gutman, chair, Senate Health Care Committee; Rep. J. Alex Villalobos, chair, Dade County Legislative Delegation; Miami, March 2, 1995.

Goodman, K., Needell, M. Ethics and Risk Management, Parkway Regional Medical Center, North Miami Beach, March 2, 1995.

Goodman, K.. Moot Court judge, University of Miami School of Law, Feb. 25, 1995.

Holzman B, Goodman K, Armstrong D. Pediatric bioethics. UM Department of Pediatrics, "Masters of Pediatrics," Miami, Jan. 22.

Goodman K. When enough is enough: Rationing, futility and assisted suicide. Leadership Miami, "Our Community's Health: Everyone's Business," Miami, Jan. 21.

Goodman K. Ethical considerations for policies dealing with drug seekers, American College of Emergency Physicians, State Chapter of California, "Emergency Medicine at the Ahwahnee," Yosemite, Calif., Jan 14, 1995.

1994

Goodman, K. Ethical Issues in Correctional Health Care, Florida Department of Corrections Office of Health Services, 1994 Workshop, Daytona Beach, Fla., Nov. 16, 1994.

Goodman, K. Ethics, Computers and Epidemiology, Harvard University School of Public Health, Department of Epidemiology, Cambridge, Mass., Oct. 12.

Goodman K. Problems and solutions in publication and authorship. Schepens Eye Research Institute, Harvard Medical School, Cambridge, Mass., Oct. 11.

Goodman K. Ethics and computing in orthopaedics, UM Department of Orthopaedics and Rehabilitation Grand Rounds, Miami, Sept. 29.

Goodman K. Foundations of medical ethics: History, theory and principles of end-of-life issues, Florida Bioethics Network Annual Conference, Orlando, Sept. 21.

Goodman, K. Ethical Issues in Caring for the Elderly: Advance Directives and Decisions in the Absence of Directives, Miami Area Geriatric Education Center, geriatric training program, Miami, May 25; repeated Aug. 31.

Labadie, G., Goodman, K. Ethical Issues in AIDS: Confidentiality and Teaching Perspectives, University of Miami School of Nursing, HIV in the Nursing Curriculum conference, May 20, 1994.

Goodman, K. Computers, Medical Decision-making and Confidentiality, presentation to University of Florida College of Medicine (Shands Hospital Ethics Committee Rounds), Gainesville, Fla., April 8, 1994.

Goodman, K. (Panel chair) Issues Brought to the IRB on HIV/AIDS Research and Confidentiality Issues, Society of Research Administrators, South Florida Chapter, "Outlook '94--A Symposium on AIDS Prevention," VAMC-Miami, March 16, 1994.

Goodman, K. Ethical Issues in Health Care Reform: The Lessons from Florida, presented to Florida Medical Association, "Spring Break for CME," Palm Beach Gardens, Florida, March 3, 1994.

Goodman K. Computer assisted decision making in the ED, American College of Emergency Physicians, State Chapter of California, "Emergency Medicine at the Ahwahnee," Yosemite, Calif., Jan 13, 1994.

1993

Goodman, K. Uncertainty and Ethics in Medical Computing, Second Annual Computers in Health Care Conference, Delaware State Hospital, New Castle, Delaware, Nov. 3, 1993.

Goodman, K. Toward a Unified Code of Ethics in Epidemiology, 26th annual meeting of the Society for Epidemiologic Research, Keystone, Colo., June 17, 1993.

Goodman, K. Major Uses of Computerized Diagnostic Systems and the Ethical Questions they Raise, annual meeting of the Florida Medical Association, Miami Beach, May 8, 1993.

Goodman, K. Ethical Issues in Endocrinology, University of Miami Department of Medicine combined Endocrinology and Metabolism Grand Rounds, April 15, 1993.

1992

Pennell, J.P., Goodman, K. Should Sovereign Immunity be Extended to Private Physicians? Presentation to Society for Health and Human Values annual meeting, Memphis, November 1992.

Goodman K. Cultural relativism, truth-telling and informed consent. Transcultural Nursing in Retrospect and Prospect, 18th Annual Transcultural Nursing Society Conference, Miami, Oct. 23, 1992.

Goodman, K. Ethical Correlates of Physician-Patient Conflict, University of Miami Department of Obstetrics-Gynecology Grand Rounds, Sept. 23, 1992.

Goodman, K. Why Abortion Might Be Wrong But Should Be Legal, University of Miami Department of Philosophy / Friends of Philosophy series, Feb. 26, 1992.

Goodman, K. Ethical Issues in Computational Meta-Analysis, presented to American Association for the Advancement of Science annual meeting, Chicago, Feb. 7, 1992.

Goodman, K. Bioethicists, Journalists and Public Policy, presented to National Conference on Ethics & the Professions, Gainesville, Fla., Jan. 31, 1992.

Goodman, K. Case-Based Ethical Analysis in Dermatology, University of Miami Department of Dermatology Grand Rounds, Jan. 15, 1992.

1990

Goodman, K. Ethics and research in publishing, University of Pittsburgh College of Medicine Student Publishing Workshop, Graduate School of Public Health, Nov. 27, 1990.

Goodman, K. Ethical Issues in Medicine and Communication, presented to the University of Pittsburgh College of Medicine Center for Medical Ethics, Nov. 8, 1990.

Goodman, K. Doing Good and Doing Well: Questions of Ethics and Economics, presented to Hospital Council of Western Pennsylvania, Erie, Oct. 4, 1990.

Goodman, K., Nirenburg S. To Save the Semantic Phenomena: Machine Translation and Interlingua Texts, presented at the Fifth Annual Computers and Philosophy Conference, Stanford University, Palo Alto, Calif., August 1990.

Goodman, K. Communicating Change: Experts and Progress in Medicine, Spring Conference of the Society for Health and Human Values, Hershey, Pennsylvania, April 20, 1990.

Goodman, K. Ethical, Social, Legal and Economic Responsibilities in Medical Rehabilitation, Panel discussion with Arnold S. Relman, Editor, *New England Journal of Medicine*, sponsored by Harnmarville Rehabilitation Center, Pittsburgh, March 20, 1990.

1989

Goodman, K., invited participant, Professional Ethics in Higher Education: Methods, Theories, Practices, The Poynter Center for the Study of Ethics and American Institutions; Bloomington, Ind. Sponsored by the Harvard Program in Ethics and the Professions, Indiana University-Bloomington Chancellor, The Lilly Endowment and the Poynter Center, July 5-8, 1989.

Goodman, K. Kant's Categories as Semantic Primitives, presented to 34th Annual Conference of the International Linguistic Association, New York, April 18, 1989.

1987

Goodman, K. Theoretical Terms, presented to annual meeting of Florida Philosophical Association, St. Petersburg, Nov. 9, 1987.

VI. TEACHING

28. Teaching awards received

29. Teaching specialization:

2014

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2013

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2012

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2011

"Knowledge and Evidence in Medicine," University of Miami Department of Philosophy (spring)

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2010

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2009

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with D. Buckner), University of Miami Department of Medicine / medicine clerkship (all semesters).

2008

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with D. Buckner), University of Miami Department of Medicine / medicine clerkship (all semesters).

2007

"Computing Ethics," University of Miami Departments of Computer Science and Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with D. Buckner), University of Miami Department of Medicine / medicine clerkship (all semesters).

2006

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

Other: "Patient Safety Course," University of Miami School of Medicine, faculty member, "Error Disclosure and Patient Centeredness" lecture.

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2005

"Bioethics," University of Miami Department of Philosophy (fall).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2004

"Environmental Ethics," University of Miami Department of Philosophy (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2003

"Bioethics," University of Miami Department of Philosophy (spring).

"International Health Policy and Ethics" (with S. Porcelain), University of Miami School of International Studies (spring).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2002

"Professional Ethics," University of Miami Department of Philosophy (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Medical Ethics," University of Miami School of Medicine, co-design and coordinate new ethics curriculum.

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2001

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1999

"Ethics, Epidemiology and Public Health," University of Miami School of Medicine, Department of Epidemiology and Public Health (spring).

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1998

"Ethics, Epidemiology and Public Health," University of Miami School of Medicine, Department of Epidemiology and Public Health (spring).

"International Health Policy and Ethics" (with S. Porcelain), University of Miami School of International Studies (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1997

"Bioethics," University of Miami Department of Philosophy (spring)

"International Health Policy and Ethics" (with S. Porcelain), University of Miami Graduate School of International Studies (spring).

"Medical Informatics" (with others), University of Miami departments of Radiology and Electrical Engineering (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Ethics and Epidemiology," New England Epidemiology Institute and Tufts University, Medford, MA (summer).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

"Ethical Values in Health Care: Lessons from the Nazi Era," UM School of Medicine Senior Elective, with Drs. Michael Franzblau and Jeffrey Brosco.

1996

"Ethics and Epidemiology," University of Miami School of Medicine, Department of Epidemiology and Public Health (fall).

Dissertation Seminar, University of Miami Graduate School of International Studies (spring).

"Ethics and Epidemiology," New England Epidemiology Institute and Tufts University, Medford, MA (summer).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1995

"Health Care Reform: Policy, Structure, Ethics" University of Miami School of Nursing (fall and spring).

"Ethics and Epidemiology," University of Miami School of Medicine, Department of Epidemiology and Public Health (fall).

"Ethics and Epidemiology," New England Epidemiology Institute and Tufts University, Medford, MA (summer).

"International Health Policy and Ethics" (with S. Porcelain), University of Miami Graduate School of International Studies (spring).

"Professional Ethics," University of Miami Department of Philosophy (spring).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

1994

"Health Care Reform: Policy, Structure, Ethics" University of Miami School of Nursing (spring).

"Computers, Ethics and Society," University of Miami Freshman Seminar series (fall).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami School of Medicine, Department of Medicine / medicine clerkship (all semesters).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

1993

"Health Care Organization, Policy and Ethics," University of Miami Freshman Seminar series (fall).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami School of Medicine, Department of Medicine (all semesters).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

1992-present

"Clinical Ethics," (with others) University of Miami School of Medicine, Department of Medicine; third-year medical students on Medicine clerkship.

1991

"Professional Writing," Duquesne University Department of Communication (spring).

"Business Ethics," Duquesne University School of Business and Administration (summer).

1990

"Professional Writing," Duquesne University Department of Communication (fall).

1989

"Professional Writing," Duquesne University Department of Communication (fall).

1988

"Professional Writing," Duquesne University Department of Communication (fall).

1985

"Introduction to Logic," University of Miami College of Arts and Sciences, Department of Philosophy (fall, spring)

1984

"Introduction to Logic," University of Miami College of Arts and Sciences, Department of Philosophy (fall)

30. Thesis and dissertation advising/post-doctoral student supervision:

Wanda Castro, doctoral candidate, Epidemiology, 2006-2011; committee member
 Maritza Flores, doctoral candidate, Sociology, 2001-2003; committee member
 Jeremy Morris, doctoral candidate, Philosophy, 2006-2007; committee member
 Yvette Pearson, doctoral candidate, Philosophy, 2001-2002; committee member
 Nenad Popovic, doctoral candidate, Philosophy, 2005-2006; committee member
 Marguerite Purnell, doctoral candidate, Nursing, 2001-2003; committee member
 Ruben Rabinsky, NIEHS postdoc, 2001-2003; committee member
 Matthew Schuh, doctoral candidate, Philosophy, 2008; committee member

VII. SERVICE

31. University committee and administrative responsibilities:

Member, Academy of Medical Educators, 2012-present.

Member, UM College of Arts and Sciences graduate faculty, 2012-present.

Member, University of Miami Center for Computational Science, 2011-present.

Member, University of Miami Conflict of Interest Committee, 2010-present.

Member, University of Miami Task Force Committee, Civic Engagement Project, Office of the Senior Vice Provost, 2010-present.

Member, University of Miami Embryonic Stem Cell Research Oversight Committee, 2009-2011.

Member, Faculty Steering Committee, University of Miami Jay Weiss Center for Social Medicine and Health Equity, 2007-present.

Member, University of Miami Medical Group Clinical Operations committee, 2006-2009.

Member, University of Miami Faculty Senate Hearing Panel, 2004-present

Member, Jackson Memorial Hospital/UM HIPAA Steering Committee, 2001-2005.

Member, Responsible Conduct of Research Educational Initiative Committee, 2001-2005.

Member, University of Miami core faculty for Human Subjects Protection Seminars, 2001-present

Member, University of Miami Advisory Group for Education in Human Subjects Protections, 2001-2005.

Faculty Advisor, Ethics Society, UM undergraduate service organization, 1994-present.

Member, Bioethics Committee, University of Miami / Jackson Memorial Hospital, 1992-Present.
Chair as of July 2007.

Member, Pediatric Bioethics Committee, University of Miami / Jackson Memorial Hospital, 1992-Present.

Member, Jackson Memorial Hospital Transplant Center, Transplant Emergency Panel, November 2008-Present.

Member, Human Studies Subcommittee (IRB), Veterans Affairs Medical Center, Miami, 1992-2001.

Member, Ethics Committee, University of Miami Hospitals and Clinics/Sylvester Comprehensive Cancer Center, 1996-Present; vice chair, 2000-present.

Member, Fetal Board Registry, University of Miami Department of Obstetrics and Gynecology, 1993-1999.

Member, Medical Sciences Subcommittee for the Protection of Human Subjects (IRB), University of Miami/Jackson Memorial Hospital, 1994-2000; alternate, 2000-2003.

Director, Clinical and Research Ethics Education, University of Miami Hospital and Clinics / Sylvester Comprehensive Cancer Center, 1994-present.

Member, Steering Committee, University of Miami Medical Informatics Programs, 1995-1998.

Member, Steering Committee, Outcomes Research Group, 1996-1998.

Preceptor, Clinical Skills Program, University of Miami Department of Medicine, 1992-2000.

Member, Clinical Pastoral Education Professional Advisory Group, Jackson Memorial Hospital, 1993-Present.

Member, Animal Studies Subcommittee, Veterans Affairs Medical Center, Miami, 1994-Present.

Member, Animal Studies Subcommittee, University of Miami, 1994-Present.

Member, Computers in Medical Education committee for LCME accreditation, 1994.

Member, Information Systems Ethics Committee, Jackson Memorial Hospital, 1994-1996.

31a. Other Misc. UM/JMH/VA Contributions

2015

Goodman KW. Guest speaker. MD/MPH Class of 2018 Anatomy Rose Ceremony, UM Miller School of Medicine, May 18.

Goodman KW. Ethics and leadership. Leadership Development in Neurodevelopmental Disabilities (LEND) Project, UM Miller School of Medicine, Department of Pediatrics, May 15.

2014

Goodman KW. Ethical issues in academia. Faculty Roles and Responsibilities, University of Miami School of Nursing and Health Studies, January 8.

2013

Goodman KW. Access to health care: how ethics should influence public policy. Friends of Philosophy, UM Department of Philosophy, February 13.

Goodman KW. Strategic data sharing by ordinary people: Translational science's reliance on trust and reciprocity. Miami CTSI Translational Science Institute Seminar Series, November 20.

Goodman KW. Ethics, translational science and the IRB: The future is (still) not what it used to be. IRB Grand Rounds, University of Miami, December 10.

2012

Panelist, Miami Council for International Visitors and U.S. Department of State, delegation from Zambia on media freedom, licensing of journalists, etc. UM School of Communication, March 8.

Moderator, HealthCanes, presidential debate, Oct. 1.

2011

Goodman KW. Ethics and translational research: New challenges in genetics, public policy and health information technology. Miami Clinical and Translational Science Seminar Series, UM Miller School of Medicine, November 9.

Goodman KW. Conflicts of interest. UM Miller School of Medicine, Teaching Professionalism Series, March 7.

Goodman KW Ethics in cancer care. Surgical oncology fellows, SCCC, June 8.

2010

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 28

Goodman KW. Wireless pediatrics: Ethics and the role of personal health records. Clinical Research Forums in Pediatrics, UM Division of Pediatric Clinical Research, March 3.

2009

Panelist, of 5. Brands, cultures and globalization. University of Miami School of Business Global Business Forum, January 16.

Goodman KW. Pediatric contributions to biobanks. Clinical Research Forums in Pediatrics, Division of Pediatric Clinical Research, UM Miller School of Medicine, January 28.

Goodman KW. Ethics and Information Technology. Department of Electrical and Computer Engineering Seminar Series, University of Miami College of Engineering, February 4.

Panelist, of 5. Academic Integrity Forum. University of Miami Undergraduate Honor Council, April 15.

Special seminar for Kenyan and other journalists specializing in HIV and medical reporting, on ethics and science writing, UM School of Communication, April 29.

Goodman KW. Stanford Food for Thought Dinner Series, Stanford Residential College, Nov. 9.

Goodman KW. Awkward research: sects, sex and drugs. UM Human Subjects Protection Seminar, Nov. 10.

2008

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 24.

Goodman KW, Wilkinson JD, Pericak-Vance M. Ethics and genomics panel. 34th Eastern-Atlantic Student Research Forum, UM Miller School of Medicine, Feb. 29.

Goodman KW. Digital genetics and the future of pediatrics: The role of ethics. UM Department of Pediatrics Clinical Research Forum, March 5.

Panelist, of 5. Global Climate Change: Your Health. (National Public Health Week activity.) UM Department of Epidemiology and Public Health, April 7.

Panelist, of 4. Climate change projections: Communicating uncertainty without losing the message. Rosenstiel School of Marine and Atmospheric Sciences, May 8.

Goodman KW. Stem cell research: Issues in ethics, science and public policy. Osher Lifelong Learning Institute, September 24.

2007

Panel discussion on codes of ethics in public relations. With International Public Relations Association President Philip Sheppard; Jay Black, Poynter Jamison Media Ethics Chair, University of South Florida-St. Petersburg; and Roger Bolton, President of the Arthur W. Page Society. Feb. 20, UM School of Communication.

Goodman KW. Moral responsibility of Holocaust/Legacy Project survivors, JUS421 (M. Sokoloff), April 12.

Panel, Academic Integrity, with Anita Cava, co-director, UM Ethics Programs, and Katie Meier, UM women's basketball coach. Undergraduate Honor Council, Academic Integrity Week, April 17.

Goodman KW. Conflict and consent: Managing disclosure in human subjects research. UM HSRO Human Subjects Research Symposium, May 11.

Goodman KW. Clinical and research ethics. Core Curriculum for Oncology Fellows. Sylvester Comprehensive Cancer Center, Aug. 7.

Cava A, Goodman KW. Community academic expectations. Graduate Student Orientation, Coral Gables, Aug. 16.

Goodman KW. STRIVE student group leadership facilitator, Coral Gables, Oct. 7.

Goodman KW. Ethics and leadership. Freshmen Leadership Academy, Butler Center for Volunteer Service & Leadership Development, Coral Gables, Oct. 15.

2006

Presentation to International Commission on Holocaust Era Insurance Claims (ICHEIC) Service Corps, Miller Center for Contemporary Jewish Studies, April 10.

Presentation to Department of English, Prof. Johanna Johnson, composition.

2005

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 27.

Goodman KW. Ethics in plastic and reconstructive surgery, UM Department of Surgery, Division of Plastic and Reconstructive Surgery, May 18.

Goodman KW. Error disclosure and patient centeredness. UM Department of Anesthesiology, June 7.

Goodman KW. Research or surveillance? The case of bioterror preparedness. UM Human Subjects Research Forum, August 30.

Goodman KW. The role of ethics in Sponsored Programs. UM Sponsored Programs Education Center, Dec. 15.

2004

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 22

Goodman KW. The Terri Schiavo tragedy and the use of ethics committees. Ryder Trauma Center TICU nurses, Feb. 10.

Goodman KW. What IRBs need to know about evidence-based practice. UM Human Subjects Research Forum, March 30.

Goodman KW, panelist, Ethics, Reporting and Politics, UM School of Communication and South Florida chapter, Society of Professional Journalists, UMSoc, April 27.

Goodman KW . Questions of ethics. Atlanta Hurricane and Alumni Club, Atlanta, May 5.

Goodman KW. Ethical issues in HIV/AIDS. Visiting speaker, AIDS as a Public Health Issue (EPH583), Department of Epidemiology and Public Health. July 12

Goodman KW. Some ethical issues in hematology/oncology. SCCC didactic conference, July 14.

Goodman KW Research ethics and integrity. UM Department of Dermatology & Cutaneous Surgery, Aug. 27.

Goodman KW. Think about it, talk about it: A discussion on ethics. UM Honor Council, Nov. 17.

Goodman KW. Bioethics and nursing practice. UM Professional Development and Training Office, Dec. 16.

2003

Goodman KW. Ethics and education research II. UM School of Education, Center for Research, January 29.

Panelist. Oceans and Human Health: Risks and remedies from the sea, Town Meeting, National Institute for Environmental Health Sciences and UM Rosenstiel School of Marine and Atmospheric Sciences, Key Biscayne, Feb. 27.

Goodman KW. Foundations of ethics. UM Department of Orthopaedics and Rehabilitation, residents' rounds, March 20.

Panelist. Artificial Intelligence: Ambition and Ethics. UM Solutions and Ethics Society student groups. March 27.

Goodman KW. Do-not-resuscitate orders – and issues. Sylvester Comprehensive Cancer Center nursing staff, April 29.

Goodman KW. Legal issues in end-of-life care, Sylvester Comprehensive Cancer Center EPEC series, June 24.

Goodman KW. Ethics and evidence-based practice. VAMC Miami Medical Center, Research Committee for Nursing, An Evidence-Based Practice, Dec. 4

2002

Panelist, Solutions 2nd Annual Interdisciplinary Symposium, "Science: The Double-Edged Sword," with Luis Glaser, Joyce Schuld, and David Wilson, with Asma Uddin moderating, March 2.

Goodman K, Making sense of consent: Readability, comprehension and the consent process. Office of Research IRB human subject protection/IRB series, March 26.

Goodman K, Evidence-based practice and human subjects research: Oh, great: More stuff for IRBs to have to worry about. Office of Research IRB human subject protection/IRB series, April 9.

Goodman K. Death and dying. Department of Surgery, Division of Trauma/Surgical Critical Care, April 26.

Goodman K. Discussant, "Local growth coalitions, environmental groups and air pollution," by George Gonzalez, American Politics Research Workshop, UM Political Science Department, May 15.

Goodman K. Ethics-schmethics – or practical strategies for IRB review? UM IRB "A," June 17; "B," Aug. 5.

Goodman K. Intro to ethics. Research in Ecology 2002, a UM-Miami-Dade County Public Schools program, under a Howard Hughes Medical Institute grant, Aug. 1.

Goodman K. Death, dying and ethics in pediatrics, UM/JMH Pediatric Noon Conference, Aug. 5.

Goodman K. Questions of ethics, The Audrey R. Finkelstein Experience, Alumni Week, Oct. 11.

Goodman K. What HIPAA will mean for IRBs and researchers. VAMC Miami, Research: Stimulus for Change, Nov. 8.

Sandoval C, Goodman K. Physician-assisted suicide, EPEC Series, UMHC/SCCC, Dec. 17.

2001

Panelist, "En/gendering Sex, Session III: Testing women: Sex and gender in the lab," Solutions student group, April 11.

Goodman KW. Stem cells: Ethical, legal and policy issues. UM Institute for Retured Professionals, Oct. 4.

Goodman KW. End-of-life ethical issues. Jackson Memorial Hospital Clinical Pastoral Education Program, Nov. 13.

Goodman KW. Ethical issues in use of animal models in surgical procedures. VAMC Animal Studies Training Workshop, Nov. 29.

Panelist, "Ethical dimensions of the post-September 11 milieu," UMSM Council on Honorable and Professional Conduct, Dec. 11.

Goodman KW. Policy, justice and international studies: Why ethics matters and why you should care, commencement address, UM School of International Studies, Dec. 13.

2000

Goodman K. Ethics: Why it matters, what it's good for and why you should care. Family Weekend 2000, Department of Student Life, Coral Gables, Oct. 6.

Panelist, "Animal Rights," Humans Helping Animals student group, Coral Gables, Nov. 15.

32. Community activities:

2013

Goodman KW. What would you do? Everyday ethical dilemmas. JFK Medical Center, Challenges for the Hospital Ethics Committee, Atlantis, Florida, October 18.

Goodman KW. DNR vs. AND. Vitas Hospice Corp. Fort Lauderdale, October 18.

2012

Goodman KW. Advance directives and the Florida journey. Integrating Advance Directives, Mercy Hospital, Miami, October 27.

Goodman KW. Dying is not what it used to be: Ethics, technology and the role of the courts. Dade County Bar Association Probate and Guardianship Committee, December 6, Miami.

2010

Goodman KW. Moderator, ethics discussion following screening of *For My Father* at Miami Jewish Film Festival, Coral Gables, Fla., Jan. 17.

Goodman KW. Professionalism and the law for psychologists. Miami Area Geriatric Education Center, Miami, April 16.

Goodman KW. Ethics, science and society: New challenges for the 21st century. Miami Science Museum, Senior Summer Science Series, July 21.

Giles GJ, Goodman KW, Heberer P. Bioethical Responsibilities in the 21st Century, Deadly Medicine in the Nazi Era, U.S. Holocaust Memorial Museum, Boca Raton Regional Hospital, November 4.

2009

Goodman KW. Ponencia: Posibilidades de desarrollo de la bioética en el Estado de la Florida. New Professions Technical Institute, Miami, February 13. (Venezuelan community activity)

Goodman KW. Democracy, Taxes and Government Integrity: Why this Ethics Stuff Really Matters, City of Coral Gables, Boards and Committees Seminar, October 2.

2008

Goodman KW, Participant, Career Day, Feb. 13, and Contemporary Issues in Science, MAST Academy, Miami-Dade County Public Schools, Feb. 20.

Centorino J, Goodman KW, Myers R. Ethics, civility and effective penalties (panel discussion). League of Women Voters, Miami, March 26.

Goodman KW. Eugenics. Baptist Health South Florida, Baptist Hospital, Miami, August 27.

Goodman KW. Practical ethics, vulnerable populations and public policy: Opportunities and obligations. Guardian Association of Pinellas County, St. Petersburg, September 19.

Goodman KW. Access, justice and moral responsibility: Ethical challenges in health care reform. Public Field Hearings on the Health Care Crisis, Rep. John Conyers, chair, Miami, September 20.

2007

Goodman KW. Speaker, Riviera Ladies Day Luncheon, Riviera Country Club, Coral Gables, March 15.

Goodman KW. Scholar in Residence, Temple Beth Ahm Israel, Cooper City, March 16-17.

Goodman KW. Ethics, boundaries and mental health social work. Miami-Dade Area Health Education Center, Miami, March 21.

Goodman KW. Facilitator, "Guardianship Ethics" and "Sex in Nursing Homes: Managing Questionable Capacity and the Desire for Physical Intimacy," Academy of Florida Elder Law Attorneys "Elder Concert," Ft. Lauderdale, March 23.

Goodman KW. Ethics and employee assistance programs. Employee Assistance Association Professionals, Annual Conference, South Florida Chapter, Fort Lauderdale, March 30.

Goodman KW. Who owns life? Genetic research: Ethical perspectives. Broward Region of Hadassah and U.S. Department of Energy, Fort Lauderdale, June 7.

2006

Goodman KW. Keynote presentation, Science National Honor Society Induction Ceremony, Miami-Dade Chapter, Barbara Goleman Senior High, Feb. 3.

Goodman KW. Ethical considerations in human subjects research. South Florida Human Subject Research Benchmarking Network, Hollywood, March 8.

Goodman KW. Ethics and evidence-based practice. "Conversations in Ethics," Baptist Health South Florida, South Miami Hospital, June 28.

Goodman KW, moderator, Miami-Dade County Commission District 8 candidates' debate, sponsored by the Urban Environment League, August 7.

Goodman KW, de Velasco R. Ethics and pandemic preparedness. Temple Judea Yom Kippur Seminar, Coral Gables, Oct. 2.

2005

Goodman KW. Enough already with the death and dying: New challenges in elder care. Keynote presentation, 15th Annual Board of Directors Installation & Awards Luncheon, Alliance for Aging, Inc., Miami, January 13.

Goodman KW. Bioethics: Foundations and fundamentals. Baptist Health System, Homestead Hospital, March 18.

Goodman KW. Panelist, What would I have done? The obligation to save a life. Miami Jewish Film Festival, March 20.

Goodman KW. Presenter, Exemplary Participation in the Science Symposium, MAST Academy, Miami-Dade County Public Schools, March 30.

Goodman KW. Ethical considerations in education. Barry University School of Nursing, "Nursing Education Leadership" class, April 5.

Goodman KW et al. "Patients in the crossfire: MDs v JDs and the malpractice reform fiasco. St. Luke Society of South Florida Annual Spring Bioethics Symposium at Holy Cross Hospital, Fort Lauderdale, May 5.

Goodman KW. Bioethics in a persistent legislative state. "Hot Issues in Healthcare," Palm Beach Medical Society, VA Medical Center and Legal Aid Society of Palm Beach County, West Palm Beach, May 6.

Goodman KW. Ethical and legal issues. Caregiver Workshop, UMSylvester Comprehensive Cancer Center and National Brain Tumor Foundation, Fort Lauderdale, June 4.

Callahan K, Goodman KW. Ethics and homelessness. Institute of Homeless Studies, Camillus House, Research, roles and resources: The Rx for ending chronic homelessness, Miami, September 26.

Goodman KW. When enough is enough: Making end-of-life decisions. Fawcett Memorial Hospital Medical Staff, Port Charlotte, Florida, October 6.

Goodman KW. Bioethics. Center for Humanism, Unitarian Universalist Congregation, South Miami, Nov. 30.

Goodman KW. Stem cell research and therapy: Political confusion, religious diversity and ethical principles. Brandeis University National Women's Committee, South Dade Chapter, Dec. 8.

2004

Goodman KW. Ethics: A secular perspective. Temple Kol Tikvah, Parkland, Fla., March 23.

Goodman KW, panelist. Getting Beyond Getting Along: Facing the Diversity of Miami-Dade's Ethical Traditions. UM Community Forum, Spring 2004 Series: Democracy in Miami: A Work in Progress, Coral Gables, Fla., April 14.

Goodman KW. Civic responsibility: The balance of ethics and quality of life. Greater Naples Chamber of Commerce leadership seminar. Naples, Fla., April 21.

Goodman KW. Business ethics and corporate governance in a post-Enron environment. Progress Club of Miami, July 14.

Goodman KW. Science and policy in Florida. MiamiIntelligence community forum, July 14, 2004.

Goodman KW. Moderator, Miami-Dade mayoral candidates ethics forum, League of Women Voters and Miami-Dade Commission on Ethics, Coral Gables, Aug. 12.

Goodman KW. Living well, dying well: Conversations and conflicts. Christ the King Lutheran Church, Pinecrest, Fla., Oct. 13.

Goodman KW. Ethics and guardianship. Broward County Guardianship Association, Pompano Beach, Oct. 20.

Goodman KW. Ethics and medical decision making. Broward County guardianship training program, Fort Lauderdale, Oct. 23.

2003

Member, Advisory Committee, Clergy End-of-Life Education Project, Hospice Foundation of America.

Reisner A, Goodman KW. Are we pushing the limits? Defining ethical boundaries of biotechnology research. Second Annual Wilstein Institute Forum at Beth David Congregation, Miami, Feb. 10 (Wilstein Institute of Jewish Policy Studies).

Goodman KW. Ethics, health and guardianship. Florida State Guardianship Association, Gulf Coast Chapter Winter Conference, Sarasota, Feb. 20.

Goodman KW. Ethical implications of HIPAA. Naples Community Healthcare System, Naples, Florida, Feb. 21.

Goodman KW. Data sharing and secrecy in science. Baptist Health South Florida, Third Annual IRB Educational Retreat, Duck Key, Fla., Sept. 20.

Goodman KW. Ethics and guardianship. South Florida Guardianship Association, Miami, Oct. 1.

Goodman KW. How to speak with your physician about end-of-life wishes. Indian River Memorial Hospital/Indian River County Main Library, Vero Beach, Fla., Oct. 17.

Goodman KW. Ethics in cancer care. Cascades Chapter, Papanicolaou Corps for Cancer Research, Boynton Beach, Oct. 22.

2002

Goodman K. Moderator, Symposium on stem cell research. With Prof. Mary Jo Iozzio, Barry University, Rabbi Joshua Kreindler, Jewish Federation of Broward County, Maulana Shafayat Mohamed, Darul Uloom Islamic Institute, Ani Karma Chotso, Kagyu Shedrup Choling Center. Temple Beth El, Hollywood, March 3.

Goodman K. Interviewee, South Florida Radio Broadcasters Association "ascertainment Interviews," June 19, 2002.

Goodman K. Session chair, Legal and Social Issues, Caring for the Elderly; sponsors: Jewish Federation of Broward County, Archdiocese of Miami, Holy Cross Hospital, Fort Lauderdale, Oct. 9.

Goodman K. Between the futile and the miraculous: Ethical, spiritual and social responses to new technology. South Florida Clergy Seminar, JMH Clinical Pastoral Education program, Oct. 23.

Iozzio MJ, Goodman KW. Stem cell research: The possibilities and perils. Tower Forum debate, Fort Lauderdale, Dec. 5.

2001

Goodman K. Religion and bioethics. South Florida Chaplains Association, Holy Cross Hospital, Fort Lauderdale, March 12.

Goodman K. Bioethics committees and end-of-life care. South Florida Guardianship Association, Miami, April 4.

Goodman K. Palliative and end-of-life care: Issues in respiratory therapy. Ninth Annual Harry Kapp Symposium, South Miami Hospital, Oct. 23.

Goodman K. NICU ethics: Challenges and solutions. South Miami Hospital NICU Update, Nov. 2.

2000

Goodman K. Medical ethics. Medical and Health Care Division, Greater Miami Jewish Federation, Miami, Jan. 12.

Goodman K. What is politics? And panel moderator, Business and politics in Miami-Dade. Greater Miami Chamber of Commerce, Leadership Miami program, Hialeah, March 4.

Goodman K. "Patient Rights," Post Polio Association of South Florida, Miami, April 16.

Goodman K. Business, Government and Professional Ethics, Concerned Matrimonial Lawyers of Dade County, Inc., Miami, Sept. 27.

Caralas P, Goodman K. Panelists, topics in health ethics, The Changing Face of America's Health Care, Miami Fellows Initiative, Dade Community Foundation, Oct. 27.

1999

Goodman, K., panelist, Facing the Challenge of Aging Parents: Legal, Moral and Social Issues. Temple Judea, Coral Gables, Fla., Jan. 12.

Goodman, K., keynote speaker, Alliance for Aging awards luncheon, "Real-World Good News: Bioethics in the Next Century," Miami, Jan. 21.

Goodman, K., "Business Ethics in Health Care," Greater Miami Chamber of Commerce Health Industry Group, Miami, March 2.

Goodman, K., "Medical Ethics," Adult Education Program, Temple Solel, April 16, Hollywood, Fla.,

Goodman, K. Banquet Address, Alpha Epsilon Delta, National Pre-Medical Honor Society, University of Miami chapter, Initiation Banquet, April 23.

Goodman, K. (et al.), Facilitator, "Choices When Values Collide," Palm Beach Area Agency on Aging, May 14, 1999, West Palm Beach, Fla.

Goodman K. "Advance directives and living wills," Post Polio Association of South Florida, Sept. 18, Miami.

1998

Goodman, K. Difficult Cases for Ethics Committees, Doctors Hospital, Coral Gables, Fla., Jan. 17.

1997

Goodman K. Jewish Medical Ethics, Central Agency for Jewish Education, Fort Lauderdale, Feb. 26.

Goodman, K. Treatment Refusal by Incompetent Patients, South Florida Evaluation and Treatment Center, Miami, March 14.

Goodman, K. Ethics and Epidemiology, Florida International University Department of Public Health, Bioethics in Public Health course, April 9.

Panel moderator, When Enough is Enough: A Discussion on End of Life Issues, Health Council of South Florida, Miami, April 29.

Panelist, Medical Challenges to Religious Values, Meyer Baskin and Florence Baskin-Gordon Memorial Temple Judea/Technion Annual Lecture, Temple Judea, Coral Gables, Fla., May 7.

Goodman, K. Intensive Ethics Seminar, Florida Council of Operating Room Nurses, Aventura, Fla., July 19.

Panelist, "Religious and Ethical Perspectives on the Embargo, Cuban Health and Nutrition and the U.S. Embargo, Cuban Committee for Democracy and Olof Palme International Center, Miami, Sept. 13.

1996

Goodman, K. Rationing Health Care by Age. Huntington Lakes Condominium Association, Delray Beach, Florida, Feb. 9.

Goodman, K. "Role and Function of Ethics Committees," Epworth Village Retirement Community, April 10.

1995

Goodman K, Eisenstat MB. Gene therapy. Temple Judea, Coral Gables, Fla., Dec. 6, 1995.

Goodman, K. Panelist, Science, Technology and Humanity: Shaping a New Creation, Phi Theta Kappa national honor society, Broward Community College, Pembroke Pines, June 10, 1995.

Goodman, K. Patient Rights, Risk Management Seminar for Physicians, South Shore Hospital, Miami Beach, May 1, 1995

Goodman, K. Ethics at the End of Life, South Florida Association of Phi Beta Kappa, Miami, March 19, 1995.

Goodman, K. Progress in Ethics, Leadership Broward Health Day, Hollywood, Fla., March 10, 1995.

Goodman, K., Needell, M. Bioethics and Risk Management, Parkway General Medical Center Medical Staff, North Miami Beach, March 2, 1995.

Goodman, K. Ethics and Health Care Reform, Martin Memorial Medical Center, Stuart, Fla. "Ethics and Health Care Reform: A Workshop on Biomedical Ethics", May 4, 1994.

Goodman, K. Privacy, presented to Pittsburgh Professional Chapter of Women in Communications, March 19, 1991.

Goodman K, et al. Business & ethics. Greater Miami Chamber of Commerce, Miami, Jan. 20.

1994

Goodman K. Role of the ethics committee. North Broward Hospital District, "Update for Ethics Committees and Healthcare Workers," Fort Lauderdale, Nov. 5.

Goodman K. Coping with ethical dilemmas in health care reform, "Business Strategies for the Advanced Health Care Professional," Fort Lauderdale, Oct. 14.

Goodman K, panelist, Animal rights in education and research, "Human Values and the Environment," Dade Environmental Action Council, Miami, Oct. 22.

1993

Goodman K. Different cultures/different ethics? South Miami Hospital Cardiology Conference CME program, July 9.

31a. Other Community/Professional Service

1995-present	Health Council of South Florida Ethics Committee
2009-present	Member, Advisory Board, Victor Center for the Prevention of Jewish Genetic Diseases
2010	Member, Conflict of Interest Task Force, American Medical Informatics Association
2003-2010	Member, Board of Directors, Guardianship Program of Miami-Dade County
2004-2010	Chair, Academic Advisory Board, Youth Ethics Initiative
2005-2007	Member Florida PTA Child Protection Committee
2007	Member, Miami-Dade County Commission on Ethics and Public Trust Ethics, Integrity and Accountability Task Force

Exhibit B-5

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

<p>GAINESVILLE WOMAN CARE LLC et al.,</p> <p style="text-align: center;">Plaintiffs,</p> <p>v.</p> <p>STATE OF FLORIDA et al.,</p> <p style="text-align: center;">Defendants.</p>	<p>Case No. _____</p> <p style="text-align: center;">DECLARATION OF SHEILA KATZ</p>
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I, Sheila Katz, am over 18 years of age and declare and state the following:

A. Qualifications for Expert Testimony

1. I am an Assistant Professor of Sociology at the University of Houston, in Houston, Texas. My areas of expertise include gender, poverty, and social policy.

2. I joined the faculty at the University of Houston in August 2014. Previously, I worked for six years as a professor at Sonoma State University in Rohnert Park, California, and I received tenure there in May 2014. I earned my MA and PhD in Sociology from Vanderbilt University. I earned my B.A. in Sociology and Women's Studies from the University of Georgia. For the last fifteen years, I have conducted research on poverty, women's economic status, and social policies at the state and federal level in the United States.

3. I have published on these topics in sociology and poverty journals, and I am finishing a book manuscript on my research in this area. I have presented my research at numerous professional conferences and given expert testimony on these issues to the United States Congress in 2005, 2006, and 2011. In 2011, I was named an "Emerging Scholar" in poverty and welfare research by the Department of Health and Human Services and received

two national grants to support my work in this area from the National Poverty Center and the National Science Foundation. I serve on several national research and poverty advisory committees, where I work with other scholars on these issues. Recently, I have become involved with the Persistent Poverty in the South Project, a project of the Southern Sociological Society that examines persistent poverty in the South, including in Florida.

4. I have given prior expert testimony regarding the effects of abortion restrictions on women living in poverty. *See Planned Parenthood Se., Inc. v. Strange*, 33 F. Supp. 3d 1381, 1395 (M.D. Ala. 2014) (finding my testimony “credible and helpful in understanding the effects of the law on women seeking abortions”); *see also June Medical Servs. v. Kliebert*, No. 14-cv-00535-JWD-RLB (M.D. La. Apr. 1, 2015) (denying motion to exclude my expert testimony). I submit this declaration as an expert in issues facing women living in poverty in the United States.

5. My *curriculum vitae*, which sets forth my experience and credentials in greater detail and contains a full list of my publications, is attached to my declaration. All of my opinions in this declaration are stated to a reasonable degree of professional certainty.

B. Effects of the Act on Low-Income Women in Florida

6. I understand from Plaintiffs’ counsel that Florida House Bill 633, codified at Florida Statutes § 390.0111 (“the Act”)—the law at issue in this case—would require all Florida women to make an additional visit to a doctor at least twenty-four hours before their appointments, in order to secure an abortion. I further understand that the only exceptions from this waiting period are for victims of abuse who have previously reported that abuse to the police or other authorities or for women whose pregnancies create life-threatening emergencies.

7. Through my research, I am familiar with the barriers to seeking medical services faced by low-income women. It is my belief that the Act will cause particular harm to low-income women in Florida. The Act will increase the time, money, and labor required to obtain an abortion in Florida—resources that low-income women lack. This harm is particularly concerning both because most women who seek abortions are low-income, as defined as living at or below 200% of the federal poverty level, and because of the high levels of deep and persistent poverty in Florida. In order to overcome these obstacles, women will resort to dangerous means to get the money necessary to cover the costs of obtaining abortions, where they are able to obtain them at all.

C. Women and Poverty in Florida

8. Florida has a higher poverty rate than the nation as a whole. According to 2013 estimates from the Census Bureau, 17% of people in Florida are at or below 100% of the federal poverty level, compared to 14.5% of those in the nation as a whole. In general, women tend to be poorer than men, and the same is true in Florida, where women have a higher poverty rate (18%) than men (16%).¹ Based on data from the American Community Survey for the last twelve months, over a million women (1,037,524) between the ages of 16 and 64 live below the federal poverty line in Florida. Of people below the poverty level in Florida, 54% are women and 46% are men.²

¹ *Poverty, 2013 Highlights*, U.S. Census Bureau, www.census.gov/hhes/www/poverty/about/overview (last visited June 4, 2015); *Poverty Status in the Past 12 Months, 2013 American Community Survey 1-Year Estimates*, U.S. Census Bureau, <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refsh=t> (last visited June 4, 2015) (enter “Poverty Status in the Past Twelve Months 2013 ACS 1-Year Estimates” and “Florida”).

² *Easy Stats, Poverty Status in the Past 12 Months*, U.S. Census Bureau, <http://www.census.gov/easystats> (last visited June 4, 2015) (select “Florida,” “Financial,” “Poverty Status in the Past 12 Months by Sex by Age” (calculated)).

9. In order to understand women's poverty in Florida, and the effect it has on women's lives and those of their families, it is also important to look at child poverty in the state. Many women who live in poverty have children; additionally, most women seeking abortions already have children.³ In Florida, 38.7% of families headed by single mothers with dependent children live at or below the federal poverty threshold, according to the American Community Survey.⁴ Florida has 588,000 families with children under the age of eight that live below the poverty line; for 49% of children in those low-income households, no adult in the household has full-time, year-round employment.⁵ Florida ranks 37th in the nation in child poverty, and nearly one in four Florida children, or 24.5%, live in poverty.⁶ Nearly half of those, or 10.4% overall, live in deep poverty, below 50% of the federal poverty line.⁷

10. The federal poverty line, used to count people who live in poverty in the United States, is defined by the Department of Health and Human Services as a single person who makes less than \$11,770 per year, with an additional \$4,160 per year for each additional member of the household.⁸ The federal poverty level, although used in many statistics, is

³ Rachel K. Jones et al., Guttmacher Inst., *Characteristics of U.S. Abortion Patients, 2008* 8 (2010), <http://www.guttmacher.org/pubs/US-Abortion-Patients.pdf> (about 61% of abortions are obtained by women who have one or more children).

⁴ *Selected Economic Characteristics, 2013 American Community 1-Year Estimates*, U.S. Census Bureau, <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> (last visited June 4, 2014) (enter "Selected Economic Characteristics 2013 ACS 1-Year Estimates" and "Florida").

⁵ Annie E. Casey Found., *Creating Opportunity for Families: A Two-Generation Approach* 5 (2014), <http://www.aecf.org/m/resourcedoc/aecf-CreatingOpportunityforFamilies-2014.pdf>.

⁶ Children's Defense Fund, *Child Poverty in America 2013: State Analysis* 9 (2014), www.childrensdefense.org/library/poverty-report/child-poverty-in-america-1.pdf.

⁷ *Selected Characteristics Of People At Specified Levels Of Poverty In The Past 12 Months, 2009-2013 American Community Survey 5-Year Estimates*, U.S. Census Bureau, <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> (last visited June 4, 2015) (enter "Selected Characteristics of People at Specified Levels of Poverty 2013 ACS 5-Year Estimates" and "Florida").

⁸ *2015 Poverty Guidelines*, U.S. Dep't of Health & Human Servs., <http://aspe.hhs.gov/poverty/15poverty.cfm> (last visited June 4, 2015).

generally considered an inadequate measure of poverty in the United States. The guideline is based on a formula from the 1960s that assumes that families spend approximately one-third of their budget on food, which is no longer the case amid rising costs for housing and transportation. The guideline also does not take into account other costs that most families pay, such as childcare, medical expenses, utilities, and taxes. Some federal, state, and local social programs recognize that this guideline is too low, and set eligibility requirements at 125, 150, or 200 % of the guideline. For a family of three, a single mother and two children, those amounts would be \$24,737 (at 125%), \$29,685 (at 150%), and \$39,580 (at 200%) respectively. Research shows that even families who are making more than twice the federal poverty level still have trouble making ends meet and paying for basic expenses.⁹ In Florida, 34.8% of residents, or over seven million people, live under 200% of the federal poverty threshold.¹⁰

11. The amount needed to maintain a minimally self-sufficient standard of living in Florida is closer to at least twice the amount of the federal poverty threshold. For example, the 2014 fair market rent in Gainesville, as designated by the Department of Housing and Urban Development, is \$695 for a one-bedroom apartment and \$883 for a two-bedroom apartment.¹¹ If a woman in Gainesville is working full time at the Florida minimum wage, her annual earnings are approximately \$15,400 (\$1,288/month), which is just above the federal poverty threshold if no one else lives in her household, and below the poverty line if

⁹ Gregory Acs & Pamela Loprest, *Who are Low-Income Working Families?*, The Urban Institute (Sept. 2005), http://www.urban.org/UploadedPDF/311242_working_families.pdf.

¹⁰ *Poverty Status in the Past 12 Months, 2013 American Community Survey 1-Year Estimates*, *supra* note 1 (calculated).

¹¹ *Fair Market Rent (FY 2015) and Income Limit (FY 2015) Summary System*, U.S. Dep't of Hous. & Urban Dev., http://www.huduser.org/portal/datasets/fmr/fmr_il_history/select_Geography.odn (last visited June 4, 2015) (Select "Gainesville, FL MSA" from "FY Metropolitan FMR Area" Menu).

she has any children. Her housing cost is 54% of her monthly income for a one-bedroom apartment, and 69% of her monthly income for a two-bedroom apartment. It is thus no surprise that the Children’s Defense Fund reported that “in 2014 more than 2 full-time minimum wage jobs are necessary to be able to afford a fair market rent two-bedroom apartment in Florida and still have enough left over for food, utilities, and other necessities.”¹² It is thus important in considering the effects of the Act on “low-income women” that we include women living at up to 200% of the poverty line.

12. In understanding the effects of the Act, it is also important to consider those people who live in deep or persistent poverty. Seven percent of Floridians live below 50% of the poverty line, characterized as “deep poverty” by those that study the issue.¹³ These households tend to be clustered together in pockets of deep poverty, whether in the urban inner city or in a rural county.

13. Indeed, Florida has four rural counties that are defined as having “persistent poverty.” Persistent poverty is defined as a county where the poverty level has been above 20% at each of the last four censuses (1980, 1990, 2000, and 2010).¹⁴ Those four counties are Alachua (where Plaintiff Bread and Roses is located), Hamilton, Hardee, and Madison.¹⁵ Women living in deep or persistent poverty are at the greatest risk of injury from the Act

¹² *The State of America’s Children 2014, Children in the States, Florida*, Children’s Defense Fund (May 6, 2014), <http://www.childrensdefense.org/library/data/state-data-repository/cits/2014/2014-florida-children-in-the-states.pdf>.

¹³ Serena Lei, *The Unwaged War on Deep Poverty*, Urban Inst. (Feb. 23, 2015), <http://www.urban.org/features/unwaged-war-deep-poverty>.

¹⁴ *Rural Poverty and Well-being*, U.S. Dep’t of Agric., Econ. Research Serv., <http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx> (last updated May 18, 2015)

¹⁵ *Persistent Poverty Counties Data Set*, U.S. Dep’t of Agric., Econ. Research Serv., http://www.ers.usda.gov/dataFiles/County_Typology_Codes/PersistentPovertyCounties.xls (last updated May 18, 2015).

because they have the least access to transportation or child-care and the largest psychological hurdles to travelling to a provider.

D. Poverty and Abortion

14. Approximately 13% of women of reproductive age below the poverty line will have an unintended pregnancy in a year, versus 9% of women between 100% and 200% of poverty and 2.4% of women above 200% of poverty.¹⁶ Thus, a woman below 100% of the poverty line is over five times more likely to experience an unintended pregnancy than a woman who is above 200% of the poverty line.

15. Nationally, in 2008, 42% of women having abortions in the United States had incomes below the federal poverty level, and another 27% had incomes below 200% of the federal poverty level.¹⁷ However, I would expect these percentages to be greater in Florida. Given the high rate of poverty in Florida, it is likely that the overwhelming majority of abortion patients in Florida are below 200% of the federal poverty level.

E. Effects of the Act

16. While the Act's unnecessary requirements are burdensome for any woman, low-income women can ill afford the additional costs associated with an extra trip, given how tight their budgets already are.

17. For instance, for those low-income women who are employed, a missed shift of work may be a serious barrier in obtaining an abortion. The Act, which requires an additional trip to a health-care provider, will require a woman to take an additional day off work and travel to her nearest provider. Low-wage workers often have no access to paid time

¹⁶ Lawrence B. Finer & Mia R. Zolna, *Unintended Pregnancy in the United States: Incidence and Disparities*, 84 *Contraception* 478, 483 (2011), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338192/>.

¹⁷ Jones et al., *supra* note 3, at 6.

off or sick days. According to the Institute for Women's Policy Research, 41% of working parents at or below 200% of the poverty line have no access to paid sick leave, vacation days, personal days, or any other form of compensated leave.¹⁸ Even seeking uncompensated time off can be a struggle for low-wage workers, who often have less autonomy in setting their work schedules than other workers. Because so much low-wage work is considered unskilled, workers can be replaced easily and may face termination if they insist on taking time off on a particular day. Many jobs that low-income workers have are shift-based and therefore may not allow for missing only an hour or two of work. Also, many employers require workers to disclose the reason why they are taking time off, especially for more than one day in a row or very close together. The additional time off required by the waiting period may make it difficult for a low-income woman to keep her abortion confidential from her supervisor or other employees.

18. If a low-income woman is able to get time off from work, she is likely to forgo wages. The mean hourly wage in Gainesville for servers, a common low-wage occupation for women, is \$8.89.¹⁹ Taking off an additional eight-hour shift will cost her \$71.12, more than 1/10 her monthly rent if she lives in a one-bedroom apartment.

19. Many women may also have to travel to reach their nearest providers; doubling these travel costs will also be significant, both in terms of monetary cost and added obstacles. Low-income women are far more likely to use public transportation as their primary source of

¹⁸ *An Introduction to Paid Time Off Banks*, Inst. for Women's Policy Research (June 20, 2012), <http://www.iwpr.org/blog/2012/06/20/an-introduction-to-paid-time-off-banks>

¹⁹ *May 2014 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates, Gainesville, FL*, U.S. Dep't of Labor, Bureau of Labor Statistics, http://www.bls.gov/oes/current/oes_23540.htm (last modified Mar. 25, 2015).

transportation than any other sector of the population.²⁰ Many low-income women in Florida do not own or have access to cars. At a national level, as of 1995, a quarter of low-income families, and a third of low-income families headed by single parents were without a private car, versus only 4% of other families. And in those low-income households that have cars, these cars are more likely to be shared among adults.²¹

20. Around sixty percent of women who obtain abortions have previously had at least one child.²² For many low-income women, then, requiring an additional trip to seek an abortion will require paying for an additional day of childcare. Some women may instead leave their children in the care of a trusted family member or friend. This still often involves additional costs to meet the child's needs outside of the home, as that caretaker is likely low-income herself and will need some payment to cover food and other costs for the children. Having to ask a family member or friend for more than one day of child care in order to obtain the abortion could require a woman to disclose why she needs that care, making it more difficult for a low-income woman to keep her abortion confidential. And for many low-income women, there may not be a friend or relative they are able to trust to take care of their child.

21. Because of these burdens, I think it is likely that many low-income women will not be able to schedule two appointments at an abortion provider precisely twenty-four hours apart. Instead, they will likely have to wait a week or more to find another day for which they can arrange for time off work and/or childcare and transportation to the provider. I believe

²⁰ Am. Pub. Transp. Ass'n, A Profile of Public Transportation Passenger Demographics and Travel Characteristics Reported in On-Board Surveys, (2007), http://www.apta.com/resources/statistics/Documents/transit_passenger_characteristics_text_5_29_2007.pdf.

²¹ Elaine Murakami & Jennifer Young, *Daily Travel by Persons with Low Income* (Nat'l Pers. Transp. Survey Symposium, Oct. 26, 1997), <http://nhts.ornl.gov/1995/Doc/lowinc.pdf>.

²² Jones et al., *supra* note 3.

the Act will likely cause some low-income women to delay obtaining their abortions, potentially by significant amounts of time. Because delay increases the cost of an abortion, its effects can be cascading: a woman who has to wait an extra week because she can't string together two days off work may in doing so find her abortion now costs an extra \$100, meaning she must wait another week to save up the money, and so on.

22. In order for a low-income woman to afford the additional costs associated with the new law, she would have to make financial sacrifices and hard decisions. I know from my own research with low-income women and review of the extensive literature on the subject that when emergencies or additional necessary expenses occur in their lives, low-income women attempt to meet those expenses in three primary ways. First, they make sacrifices in other areas, usually by not paying rent or utilities, or by drastically reducing their food budgets and going hungry. This jeopardizes their health and well-being, or their housing situation, as well as that of their children and families. A second strategy is using payday loans or other predatory lending practices, incurring high interest rates and fees that compound costs exponentially. The third strategy can be more dangerous. Some low-income women may be lucky enough to know a trusted friend with the discretionary income to loan her the tens or hundreds of dollars needed for the months or years it may take her to pay it back, but many are not. Instead, they may borrow that money from a boyfriend or partner, even if they are no longer together or even if he was abusive. Given the high rate of domestic violence among low-income women, this strategy can be extremely dangerous.²³

23. These tangible costs make clear why an extra trip to an abortion provider and a waiting period of at least 24 hours impose significant harms on low-income women. The Act

²³ Martha Davis, *The Economics of Abuse: How Violence Perpetuates Women's Poverty in Battered Women, Children, and Welfare Reform* 17 (Ruth Brandwein ed., 1999).

also imposes a serious intangible cost. Research has shown that the predominant experience low-income women have with their employers and social service workers is distrust emanating from those authorities, and that the resulting social-psychological injury of feeling distrusted makes it much harder for women to find routes out of poverty through work or welfare.²⁴ In these interactions, even genuinely benevolent advice can be taken as a critique. A similar dynamic can come into play with abortion restrictions, particularly where a hostile climate begins to emerge that tells women that the state does not trust their choices. The Act does just that: by telling a woman she must observe a waiting period the state deems necessary before getting the abortion she has already decided she needs, the Act imposes this kind of social-psychological injury on women, particularly low-income women who experience that dynamic in other parts of their lives.

F. Conclusion

24. Ultimately, the Act will cause harm to thousands of low-income women in Florida who will experience serious increased costs relative to their incomes in seeking abortion care and who will be told that their choices are not trusted by the state. I also believe that the Act, by harming low-income women and forcing them to make sacrifices in order to be able to afford safe, legal abortion care, will harm Florida children and families.

Dated: June 5, 2015
Houston, Texas

/s/

SHEILA M. KATZ, PhD

²⁴ Judith Levine *Ain't No Trust: How Bosses, Boyfriends, and Bureaucrats Fail Low-Income Mothers and Why It Matters* (2013)

CV of Sheila Katz

Sheila M. Katz, Ph.D.

Department of Sociology, University of Houston
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smkatz@uh.edu 713-734-1918

CURRENT ACADEMIC POSITION

2014-present Assistant Professor, Department of Sociology, University of Houston, Houston, TX

- Teach 2 sociology courses a semester (6 units), with 50% time on research and publication expectations, and also service to department, profession, university, and community.

PREVIOUS TENURE-TRACK POSITION

2008-2014 Assistant Professor, Sociology Department, Sonoma State University, Rohnert Park, CA

- Taught 3 sociology courses (12 units) a semester with liberal arts focus, advising load of 100 students, active research agenda, service to university, profession, and community.
- Tenure and promotion to Associate Professor awarded May 2014.

EDUCATION

- 2008 Ph.D. Sociology, Vanderbilt University, Nashville, TN
Dissertation Title: *Pursuing a 'Reformed' Dream: CalWORKs Mothers in Higher Education after "Ending Welfare As We Know It"* Dissertation Committee: Karen Campbell (Chair), Laura Carpenter, Daniel Cornfield, and Brooke Ackerly.
- 2001 M.A. Sociology, Vanderbilt University
Passed Master's Comprehensive Exams in January 2000
Concentration on effects of gender, class, and race on education
- 1998 B.A. Sociology with Women's Studies certificate, University of Georgia
Senior Thesis: "Acquaintance Rape on a Southern Campus"
Study Abroad: Two semesters at Richmond College, London, England

RESEARCH AND TEACHING INTERESTS

Gender/Class/Race, Poverty, Social Policy, Social Problems, Qualitative Methodologies, Sociology of Education, Inequalities, Violence Against Women, Sociology of Drugs.

CURRENT RESEARCH PROJECTS

CALWORKS AND HIGHER EDUCATION STUDY (CHES)

Longitudinal qualitative research with mothers on welfare in the San Francisco Bay Area enrolled in higher education programs. Data was collected in three waves: 2006, 2008, 2011 with a 78% retention rate: 35 of the original 45 participants completed interviews in 2011. Project explores the experiences of single mothers pursuing higher education on TANF before, during, and after the "Great Recession," the role of grassroots advocacy organizations, and policy issues for TANF reauthorization. Received external funding from the National Science Foundation in 2007 (\$7500) and the National Poverty Center (\$11,700) in 2011 and internal funding from the University of Houston, Sonoma State University and Vanderbilt University.

KEYS TO SUCCESS: STUDENT PARENTS ON CAMPUS (SPOC)

Research project and manuscript in progress, *Supporting Student Parents on Campus From Baby Boomers to Millennials: History and Best Practices for Helping Student Parents Succeed in Postsecondary Education*, co-authored with Dr. Autumn Green (Endicott College), about the history, development, and best practices of programs that serve college student who have children. The book will be co-researched and co-written by the lead authors, but chapters may also include segments or contributions from various student parent programs highlighted in the book. The project is a multi-site ethnographic study of programs throughout the United States that serve student who have children, with a sociological and best practices

lens on the issues. The programs studied include those that are institutional (located at colleges and universities), nonprofit community based organizations, cross-sector collaborations, and governmental programs.

AMERICAN DREAMS OF INEQUALITY

Lead co-editor on the American Dreams of Inequality reader for advanced undergraduate students in sociology, American Studies, and related disciplines. The edited volume explores the historical and theoretical perspectives on the American Dream, and the current research about the American Dream for low-income, working class, middle income, and wealthy families; as well as the role that housing, celebrity culture, sexual orientation, and immigration play on the American Dream. The project is a co-edited work with Dr. Robert Hauhart and Dr. Jeff Torlina.

STUDENT PARENT SURVEY

The first national project to survey the needs and experiences of students who are also parents. SSU was the first university in the country to launch the survey, a project of the Institute for Women's Policy Research (IWPR)'s Student Parent Success Initiative. The survey explores the challenges of being a student and a parent, the effectiveness of campus resources, and ways that SSU or other universities can better serve student parents. 122 completed surveys collected, 106 of them current SSU students, a 45% response rate. www.sonoma.edu/newscenter/2014/02/ssu-is-first-in-us-to-launch-national-student-as-parents-survey.html

SCHOLARLY PUBLICATIONS

BOOK MANUSCRIPTS

- Katz, Sheila. *Reformed American Dreams: Welfare Mothers in Higher Education during the Great Recession*. Manuscript in preparation; proposal to be submitted to academic press in Summer 2015.
- Green, Autumn and Sheila Katz. *Supporting Student Parents on Campus From Baby Boomers to Millennials: History and Best Practices for Helping Student Parents Succeed in Postsecondary Education*. Manuscript in preparation; proposal to be submitted to academic press in Summer 2015.
- Katz, Sheila, Robert Hauhart and Jeff Torlina. *American Dreams of Inequality*. Manuscript in preparation; proposal to be submitted to academic press in Summer 2015.

JOURNAL ARTICLES

- Katz, Sheila. 2013. "'Give Us a Chance to Get an Education:' CalWORKs Mothers' Survival Narratives and Strategies." *Journal of Poverty*: 17(3): 273-304.
- Katz, Sheila. 2012. "TANF's 15th Anniversary: Are Low-Income Mothers Celebrating Upward Economic Mobility?" *Sociology Compass* 6/8 (2012): 657-670.

TEACHING PUBLICATIONS

- Katz, Sheila. 2013. "Connecting Students to Careers: Teaching Students about Careers in Sociology." Syllabus and course materials set peer-reviewed and published by the American Sociological Association's Teaching Resource and Innovations Library for Sociology (TRAILS): <http://trails.asanet.org/Pages/Resource.aspx?ResourceID=12650>.

BOOK CHAPTERS

- Katz, Sheila. 2015. "Modern Herlands: The Significance of Gilman's Herland for the Next 100 Years" invited chapter in *Censored 2016: The Top Censored Stories of 2014-2015*. Edited by Mickey Huff and Andy Lee Roth. New York: Seven Stories Press, 2015. *Forthcoming*: October 6, 2015.

BOOK REVIEWS

Katz, Sheila. November 2014. Book Reviews for *Ain't No Trust: How Bosses, Boyfriends, and Bureaucrats Fail Low-Income Mothers and Why It Matters* (by Judith Levine, UC Press, 2013) in *Work and Occupations*. Journal's Impact Factor: 1.853 | Ranking: Industrial Relations & Labor 4 out of 26 | Sociology 14 out of 138

Katz, Sheila. 2010. Book Review for *Striving to Save* (by Margaret Sherrard Sherraden and Amanda Moore McBride, University of Michigan Press, 2010) in *Social Forces* 89(2): 727-728.

JOURNAL ARTICLES IN PREPARATION

Katz, Sheila. "The Canaries of the Urban Labor Market: What the Experiences of Low-Income Single Mothers who Pursued Higher Education Reveal about the Great Recession." Manuscript to be submitted to *Qualitative Sociology* in Summer 2015.

EXTERNAL NATIONAL RESEARCH GRANTS AND AWARDS

Nominated for Pacific Sociological Association 2013 Early Career Award for Innovation in Teaching Sociology.

Emerging Scholar award by the U.S. Department of Health and Human Services, Administration for Children and Families; 2011, \$1100.

National Poverty Center TANF Reauthorization Grant; 2011, \$11,700.

SAGE/Pine Forge Teaching Innovations & Professional Development Award; 2010, \$500.

Ford Foundation Travel Grant; 2010, \$1500.

National Science Foundation Dissertation Improvement Grant; 2007, \$7500.

American Sociological Association Student Forum Travel Award; 2007, \$500.

Society for the Study of Social Problems Lee Student Support Fund; 2007, \$500.

INTERNAL RESEARCH GRANTS AND AWARDS

UH New Faculty Program Grant, 2014 (for summer 2015), \$6000

SSU Travel Grants; 2008, 2010, 2011, 2012, 2013, \$800-\$2000

SSU RSCAP Summer Writing Fellowship; 2012, \$3500.

SSU School of Social Sciences Summer Research Grant; 2011, \$1000.

SSU RSCAP Research Mini-Grant; 2010, \$2800.

SSU RSCAP Summer Writing Fellowship; 2009, \$3400

Vanderbilt Sociology Department Research Grant; 2007, \$300.

Vanderbilt Political Science Department: Methodological Training; 2006, \$2800.

Vanderbilt Graduate School Dissertation Enhancement Grant; 2006, \$2000.

PROFESSIONAL, POLICY, AND COMMUNITY RESEARCH PUBLICATIONS

Ganote, Cynthia and Sheila Katz. July 2014. "Evolving Oakland: Five Years Living in a Gentrified, Occupied, and Artified City." Pg. 7 in the American Sociological Association's *Footnotes*.

http://www.asanet.org/footnotes/julyaugust14/images_new/footnotes_julyaugust14.pdf

Katz, Sheila. February 2014. "Hard Times and Inequality San Francisco Bay Area Style." Pg. 1 in the American Sociological Association's *Footnotes*.

http://www.asanet.org/footnotes/feb14/images_new/footnotes_feb14.pdf

Katz, Sheila and Anita Rees. May 2013. "Homeless in Pacifica? Understanding the Situation and Creating a Community Response." Pacifica Family Resource Center: Pacifica, CA.

Katz, Sheila and Anita Rees. 2009. "*Education Works!* Policy Recommendations." Low-Income Families Empowerment through Education: Oakland, CA.

Spatz, Diana and Sheila Katz. 2005. *Family Violence Is Not an Option: The Failure of CalWORKs to Serve Battered Women with Children*. Research Report. Low-Income Families' Empowerment through Education: Oakland, CA.

- Spatz, Diana and Sheila Katz. 2005. "Family Violence Is Not an Option: The Failure of CalWORKs to Serve Battered Women with Children." Policy Brief. Low-Income Families' Empowerment Through Education: Oakland, CA.
- Spatz, Diana and Sheila Katz. 2004. "Domestic Violence and TANF: Research Brief." Low-Income Families' Empowerment Through Education: Oakland, CA.
- Katz, Sheila, Jennifer Howard, and Ronnie Steinberg. 2003. *Tennessee Women's Scholarship Directory*. Women's Social Policy and Research Center, Vanderbilt University: Nashville, TN.

TEACHING EXPERIENCE

COURSES TAUGHT AT THE UNIVERSITY OF HOUSTON (2014-PRESENT)

- Soc 3346: Qualitative Research Methods (Fall 2014, Fall 2015)
- Soc 3390: Sociology of Gender (Spring 2015, Fall 2015)
- Soc 6390: Graduate Seminar in Sociology of Gender (Fall 2014)
- Soc 6311: Graduate Seminar in Sociology of Poverty (Spring 2015)

COURSES TAUGHT AT SONOMA STATE UNIVERSITY (2008-2014)

- Soci 201: Introduction to Sociology: Fall 2013; 3 unit lower-division GE area D-1 course, large format course with 200 students.
- Soci 375: Classical Sociological Theory: Fall 2008, Spring 2009, Spring 2010, Fall 2010, Fall 2011, Fall 2012; 4 units, 30 students, Sociology majors/minors and GE D-1 course.
- Soci 443: Methods Seminar: Women and Social Policy (Focus Groups method): Spring 2009, Spring 2010, Fall 2010, Fall 2011, Fall 2012, Spring 2013; 4 units, 25 students, Sociology majors, second methods course in a three-course sequence.
- Soci 498: Senior Research Seminar, Topic: The American Dream (Soci 498): Fall 2009, Spring 2011, Spring 2012, Spring 2014; 4 units, 20 students, third required methods course in a three-course sequence, Capstone course for Sociology majors.
- Soci 312: Sociology of Gender: Fall 2008, Fall 2009, Spring 2012; 4 units, 40 students, Sociology majors/minors, cross-listed with Women and Gender Studies.
- Soci 306: Careers in Sociology: Fall 2009, Fall 2010, Spring 2012, Spring 2013, Fall 2013; 4 units, 40 students, Sociology majors/minors.
- Soci 340: Drugs and Society: Fall 2008, Spring 2009, Summer 2009, Spring 2010, Summer 2010, Fall 2011, Fall 2012, Spring 2014; 4 units, 40 students, Sociology majors/minors, cross-listed with Criminology and Criminal Justice Studies.
- Soci 496: Internship Practicum and Internship Coordinator: Spring 2010 and Spring 2013; 1 unit, 15 students per section, 2 sections offered at a time, Sociology majors/minors.

ACADEMIC CONFERENCE PRESENTATIONS

- Katz, Sheila. 2015. "Reforming the American Dream and Conforming Welfare Mothers." Pacific Sociological Association annual meetings, Long Beach, CA. April 2015.
- Katz, Sheila. 2015. "Using Your Research to Engage in the Policy or Legal Conversation: Tips for Writing Policy Briefs and Being an Expert Witness." Pacific Sociological Association annual meetings, Long Beach, CA. April 2015.
- Katz, Sheila. 2015. "Fragile Canaries: Social Characteristics that Strengthened or Devastated Former Welfare Mothers' Experiences in the Great Recession." Southern Sociological Society annual meetings, New Orleans, LA. March 2015.
- Katz, Sheila. 2015. "'Poverty Doesn't Have a Time Limit, Why Does Welfare?': Welfare Mothers' Grassroots Activism for Economic Mobility." Southern Sociological Society annual meetings, New Orleans, LA. March 2015.
- Katz, Sheila. "Evolving Oakland: Protesting Poverty, Fighting Inequality, Engaging the Community." American Sociological Association annual meetings, San Francisco, CA. August 2014.

- Katz, Sheila. "Student Parents' Experiences and Challenges at Sonoma State University." Student Parent Support Symposium at Ohio State University, Columbus, OH. May 2014.
- Katz, Sheila. "Former Welfare Mothers Re-envisioning the American Dream During the Great Recession." Pacific Sociological Association: Portland, OR, March 2014.
- Katz, Sheila. "Creating Career Connections: Teaching Students about Careers in Sociology." Pacific Sociological Association: Portland, OR, March 2014.
- Katz, Sheila. "Benefits of Higher Education for Single Mothers during the Great Recession." California Sociological Association: Berkeley, CA, Nov. 2013.
- Katz, Sheila. "The Canaries of the Urban Labor Market: What the Experiences of Low-Income Single Mothers who Pursued Higher Education Reveal about the Great Recession." Pacific Sociological Association: Reno, NV, March 2013.
- Katz, Sheila. "Low Income Families and the American Dream During the Great Recession." Pacific Sociological Association: Reno, NV, March 2013.
- Katz, Sheila. "Perspectives on the Great Recession from Welfare Mothers who Pursued Higher Education." American Sociological Association: Denver, August 2012.
- Katz, Sheila. "'Reformed' American Dreams: Welfare Mothers Pursuing Higher Education." Pacific Sociological Association: San Diego, CA, March 2012.
- Katz, Sheila. "Connecting Students to Careers: Teaching Students about Careers in Sociology." Pacific Sociological Association: San Diego, CA, March 2012.
- Katz, Sheila. "Advocacy for CalWORKs Mothers Pursuing Higher Education: Perspectives on TANF Reauthorization from the Ground Up." California Sociological Association: Berkeley, CA, November 2011.
- Katz, Sheila. "Welfare Mothers Pursuing Higher Education During the Great Recession: Implications for TANF Reauthorization." US Department of Health and Human Services' Welfare Research and Evaluation Conference: Washington, D.C., June 2011.
- Katz, Sheila. "'Just Give Us a Chance to Get an Education:' Single Mothers' Survival Narratives and Strategies for Pursuing Higher Education While on Welfare." American Sociological Association: Atlanta, GA, August 2010.
- Katz, Sheila. "Teaching Focus Group Methodology to Undergraduates." Pacific Sociological Association: Oakland, CA, April 2010.
- Katz, Sheila and Anita Rees. "Education Works! Conducting Participatory Action Research with Mothers on Welfare" California Sociological Association: Berkeley, CA, Nov. 2009.
- Katz, Sheila. "'My Education Means Everything to Me': CalWORKs Mothers' Rationales for Pursuing Higher Education." American Sociological Association: San Francisco, August 2009.
- Katz, Sheila. "Pathways to Success: Women's Routes Through College After 'Ending Welfare As We Know It.'" Pacific Sociological Association: Portland, April 2008.
- Katz, Sheila. "Envisioning Another World: Welfare Mothers' Voices on Poverty Policy and TANF Reauthorization." American Sociological Association: New York, August 2007.
- Katz, Sheila. "Surviving the Welfare System: CalWORKs Mothers' Narratives about Education, Poverty, and Survival." Society for the Study of Social Problems: New York, August 2007.
- Katz, Sheila. "Pursuing Higher Education after 'Ending Welfare As We Know It:' Women's Narratives about Poverty and Education." National Women's Studies Association: Oakland, CA, June 2006.
- Katz, Sheila and Anita Rees. "Education Works! The Challenges Mothers on Welfare Face in Completing School." National Women's Studies Association: Oakland, CA, June 2006.
- Katz, Sheila. "Buying In: Participatory Action Research for Social Justice by CalWORKs Mothers and Supporters." Second International Congress on Qualitative Inquiry: University of Illinois, Urbana, IL, May 2006.
- Spatz, Diana, Sheila Katz, and Leilani Luia. "Family Violence Is Not an Option: the Failure of CalWORKs to Serve Battered Women with Children." Institute for Women's Policy Research: Washington, D.C., June 2005.

- Katz, Sheila. "Large Group Participatory Action Research on 'Family Violence Is Not an Option': the Failure of CalWORKs to Serve Battered Women with Children." First International Congress on Qualitative Inquiry: University of Illinois, Urbana, May 2005.
- Kee, Lindsay, Sheila Katz, and Jennifer Howard. "Women's Social Policy and Research Center: A Model for Academic Activism." Southeastern Women's Studies Association: Blacksburg, VA, 2003.
- Katz, Sheila. "Home School State Regulations and the Actual Practice of Parents." Southern Sociological Society: New Orleans, LA, 2000.

CONGRESSIONAL POLICY RESEARCH BRIEFINGS, WASHINGTON D.C.

- Katz, Sheila. "Welfare Mothers Pursuing Higher Education During the Great Recession: Implications for TANF Reauthorization" at the *Building Economic Security for Families in Crisis through Education, Employment and Child Care Congressional Briefing on TANF Reauthorization* at the Congressional Auditorium at the Capitol Hill Visitor's Center, December 2011.
(<http://www.sonoma.edu/newscenter/2011/11/post-72.html>)
- Spatz, Diana and Sheila Katz. "Marriage Promotion, Domestic Violence, and the Family Violence Option: Implications for the Reauthorization of TANF." Rayburn House Office Building, Capitol Hill: Washington, D.C., September 2005.
- Spatz, Diana and Sheila Katz. "HR 240 and Domestic Violence: How Marriage Promotion Undermines Domestic Violence Prevention." Cannon House Office Building, Capitol Hill: Washington, D.C., June 2005.

EXPERT WITNESS REPORTS, DEPOSITIONS, AND TRIAL TESTIMONY

- Center for Reproductive Rights consultant in the case: June Medical Services LLC, et al., Plaintiffs, v. Kathy Kliebert, et al., Defendants. Civil Action No. 3:14-CV-525-JWD-RLB in the United States District Court for the Middle District of Louisiana. Researched and wrote expert witness report, researched and wrote a rebuttal report to other expert witnesses, and gave live deposition and will give trial testimony about women's poverty in Louisiana and the impact of Louisiana's HB 388 on low-income women's access to reproductive health services for the plaintiffs. Reports submitted to the court in December 2014, deposition given in Miami, FL in January 2015, trial testimony in June 2015.
- Planned Parenthood National consultant in the case: Planned Parenthood Southwest Ohio Region vs. Richard Hodges et al., in the United States District Court for Southern District of Ohio Western Division. Case No. 1:14-cv-867. Researched and wrote expert witness declaration about women's poverty in Cincinnati, OH and on low-income women's access to reproductive health services for the plaintiffs (Planned Parenthood). October 2014-November 2014. The case was dropped by the plaintiffs after Richard Hodges, Director of the Ohio Health Department granted a variance for the clinic from state law. Media coverage of the case: <http://www.dispatch.com/content/blogs/the-daily-briefing/2014/11/11-20-14-abortion-variance.html>
- Planned Parenthood of the Southeast vs. the State of Alabama. *Pro-Bono*. Researched and wrote expert witness report and gave live depositions and trial testimony about women's poverty in Alabama and the impact of Alabama H.B. 57 on low-income women's access to reproductive health services for the plaintiffs (ACLU's Reproductive Freedom Project). August 2013-June 2014. Judge Myron Thompson ruled for the plaintiffs (striking down the Alabama state law) on August 4, 2014. Full ruling (reference to my testimony and research starts on page 87):
https://ecf.almd.uscourts.gov/cgi-bin/show_public_doc?2013cv0405-238
Media coverage of my testimony:
<http://www.montgomeryadvertiser.com/story/news/local/2014/05/19/montgomery-abortion-clinic-director-testifies-trial/9288657/>

INVITED CONTRIBUTIONS AT ACADEMIC - COMMUNITY CONFERENCES

- Katz, Sheila. Participant at the “Achieving Wider Access to Higher Education” conference convened and invited by the Howard Samuels Center of the City University of New York, at the Ford Foundation, New York City, February 2010.
- Katz, Sheila. Workshop Facilitator: “What We Need to Succeed: Low-Income Student Mothers’ Narratives about Resources, Programs, Welfare, and Public Policy.” Ohio Student Parent Support Symposium: Ohio State University, Columbus, OH, June 2007.
- Spatz, Diana and Sheila Katz. Workshop Facilitator: “Economic Context of Domestic Violence: Poverty and Welfare Policies Fail to Protect Battered Women with Children.” Collaboration between Fatherhood and Domestic Violence Programs in Communities of Color Institute: San Antonio, TX, October 2005.

PROFESSIONAL SERVICE

- Chair and committee member, Pacific Sociological Association’s Community, Clinical and Applied Sociology committee, 2012-present. Elected chair in April 2015.
- Project Partner, Persistent Poverty in the South Project, of the Southern Sociological Society. March 2015-present. <http://uncw.edu/povertyproject/>
- Chair, American Sociological Association’s Local Arrangements Committee for 2014 ASA annual meetings in San Francisco. Appointed by ASA President Annette Lareau to organize and chair the local arrangements committee for the national conference attended by approximately 6,000 sociologists each year. The committee organized eight local-themed sessions, conducted four tours, and wrote five local-themed articles for the ASA newsletter *Footnotes* for the 2014 annual meetings in San Francisco. I led 3 sociologically themed local tours, co-organized the “Evolving Oakland” session, solo-authored one article, and co-authored another article.
- Elected Board Member, Commission on the Accreditation of Programs in Applied and Clinical Sociology (CAPACS). June 2014-present. 3-year term. <http://www.sociologycommission.org/>
- Advisory Board member of the Student Parent Study Initiative, Institute for Women’s Policy Research, Washington, D.C., December 2011-present, funded by the Bill and Melinda Gates Foundation initiative on access to higher education.
- Article Reviewer, *Journal of Poverty, Sociological Perspectives, Sociological Quarterly, Work and Occupations, Journal of Contemporary Ethnography, Michigan Journal of Sociology*.
- Book Reviewer, “Seeking the American Dream” by Robert Hauhart, Palgrave Publications, under contract; “Drugs and Drugs Policy” by Moshin and Atkins, Second Edition, Sage Publications, 2013; and “Drugs and The American Dream” by Adler, Adler, and O’Brien, February 2012 from Wiley Blackwell Publishing.
- Faculty Mentor, American Sociological Association Honor Program 2010, Jessica Muscatell.
- Session Organizer, Pacific Sociological Association meetings in April 2010, 3 sessions: Qualitative Research on Poverty, Qualitative Research on Welfare, and Teaching Focus Group Methodology.
- Session Organizer, California Sociological Association annual meeting November 2011: Women and Social Policy, and November 2009: Sociology of Gender.

UNIVERSITY OF HOUSTON SERVICE

- Faculty Mentor for Edwin Villa for his Honor’s Thesis on masculinity and sexuality, December 2014-present.
- Sociology Student Association, faculty sponsor, Department of Sociology, September 2014-present.
- Hiring committee, Department of Sociology, October 2014-present.

SONOMA STATE UNIVERSITY SERVICE

- Chair and Elected Representative from the School of Social Sciences on the Student Affairs Committee Sub-Committee on Academic Advising, 2009-present. Elected Chair of committee in August 2013.
- Faculty representative, SSU Alcohol and Drug Advisory Committee, September 2013-May 2014.

Workshop Facilitator, SSU Professional Development Sponsored Faculty Teaching Workshop series, "Connecting Students to Careers: How Faculty Can Translate Course Knowledge into Employment Skills" March 2013.

Faculty representative, Academic Advisor Search Committee, October-November 2013.

Social Sciences member on Interdisciplinary Studies Program Committee, 2009-May 2014.

Member, Center for Community Engagement Strategic Action Committee, 2010-2014.

Social Science Faculty Mentor for the SSU NoGap McNair Scholar Program, mentor Social Sciences students in creating posters for the spring research symposium and finalize their papers for publication in the McNair Scholar journal, August 2013-present. Faculty mentor for student research: Kristal Raheem (May 2013-present), Holly Phillips (August 2012-present), Hector Ruiz (April 2012-May 2013), Vanessa Hernandez (September 2010-May 2012), Kristel England (April 2011-May 2012), Andrea Huhn (August 2011-December 2012), Lauren Stavish (Feb. 2009-May 2010).

Faculty Sponsor and mentor, 2009, 2010, 2011 CSU Undergraduate Research Competition.

Proposal Reviewer, SSU Academic Undergraduate Research Grants, 2011, 2010 and 2008.

Presenter and Co-Organizer of Speaker's Panel in JUMP's Homelessness and Hunger Awareness Week, November 2011, 2010, 2009, 2008.

Organizer and Presenter, SSU Disability Awareness Week Brownbag "Reducing Disability Stigma in the Classroom," May 2010.

SSU SCHOOL OF SOCIAL SCIENCES SERVICE

Summer Freshman Orientation Faculty Mentor for Social Sciences, June 2013, July 2011.

Committee member, Sophomore Year Experience (SYE) Program Planning Committee, February 2012-present. Coordinated project's focus group research in Spring 2012, conducted 5 focus groups with a total of 30 SSU students, analyzed data Summer 2012, presented to SSU School of Social Sciences meeting in August 2012, presented to SSU's Graduation Initiative Committee, October 2012. SYE Program implemented in Fall 2013.

Social Sciences Brown Bag Series lecture, "The Role of Advocates in Helping Welfare Mothers Achieve Higher Education." October 2011.

Presenter, SSU Gendered Intersections Lecture Series: "Envisioning Another World: Grassroots Activism and Welfare Mothers' Perspective on Poverty Policy." March 2010.

New Faculty Mentor, 2009-2010.

SSU SOCIOLOGY DEPARTMENT SERVICE

Chair, Program Review Committee, Sociology Department, September 2013-May 2014.

Designated as the "Veterans Advisor" by the Sociology Department, September 2013.

Committee member, Hiring committee for tenure-track Assistant Professor, Fall 2013.

Peer teaching evaluations of adjunct faculty: November 2012 and October 2013.

Faculty Mentor for students (Kristel Raheem and Holly Phillips) applying for Undergraduate Research Grants and research mentor to attend the Pacific Sociological Association annual meetings in Portland, OR, March 2014.

Designated as the "Study Away Advisor" by Sociology Department, September 2012.

Academic Advisor, advisor for 110 sociology majors/minors, Spring 2009-May 2014

Committee member, Hiring committee for adjunct pool refresh, Spring 2011.

Committee Member, Department Curriculum Committee, Fall 2008-May 2014.

Coordinator, Announcement Listserv for Sociology Majors and Minors: Fall 2008-May 2014.

Faculty Co-Editor, Sociology Department Newsletter, Fall 2008-Summer 2012.

Facilitator, Transfer Student Advising workshops: 2010-2013.

COMMUNITY SERVICE

Issue Expert Mentor, JCI of Houston (Junior Chamber International) for IMPACT Days 2015, February 2015-October 2015. "Reverse Pitch" to a group of 120 social entrepreneurs, I pitched a social problem that can be solved through social innovation and they will work in small groups for 8 months to develop social ventures that could solve this problem. I serve as the "issue mentor" during the program. <http://impactdays.info/>

Treasurer, Executive Committee and board member to City of Oakland's KONO (Koreatown Northgate) Community Benefit District Board, April 2010-July 2014, (re-elected in January 2012). Elected as Secretary on the Executive Committee, May 2010-August 2013 (re-elected January 2012). Elected Treasurer in September 2013. Chair of Security and Operations Committee, October 2011-October 2013. www.konooakland.org.

KONO Representative, Neighborhood Crime Prevention Council (NCPC) of District 8: Area 2, organized by the Oakland Police Department and City of Oakland, October 2012-December 2013.

Volunteer, Hopalong Animal Rescue, feline program: fostering kittens, transporting cats to medical appointments, and helping with fundraising events. June-November 2013.

Research Coordinator, "Homeless in Pacifica" project, Pacifica Resource Center, December 2012-June 2013. Worked with Executive Director to write a research brief about the increasing number of homeless in Pacifica, and worked with community members, police department, and city council to create the Pacifica Homeless Response Team to increase services and programs for the unsheltered on San Mateo county coast.

Guest on "The Project Censored Show" discussing American poverty, as part of the Morning Mix on KPFA Pacifica Radio, 94.1 FM, live from Berkeley, CA. May 2013.

Taught the course "Exploring the American Dream" in the University of Georgia's OLLI "Alumni College" Summer School program in June 2012.

Chair of Executive Director Search Committee, City of Oakland Koreatown Northgate Community Benefit District Board, December 2010-February 2011.

President and elected member of the Telegraph Gateway Homeowners' Association Board, November 2010-present, and previously served as Secretary (Nov 2009-10).

Policy Research Committee Chair and grant-writing volunteer for Low-Income Families' Empowerment through Education (LIFETIME), Spring 2008-March 2010.

Participant, California Partnership, community coalition fighting poverty, 2004-2009.

PROFESSIONAL AFFILIATIONS

American Sociological Association (2004-present)
ASA member of Sex & Gender; Sociology of Education; Race, Gender, Class; Teaching Sociology; Poverty, Inequality, and Mobility sections

Pacific Sociological Association (2004-present)

California Sociological Association (2009-present)

Society for the Study of Social Problems (2007-present)

RECENT PROFESSIONAL DEVELOPMENT

Participant, New Faculty Scholars Program, University of Houston, October 2014-present.

Participant, SSU's Faculty Writing Program, Coordinated by Dr. Kathy Charmaz: 2007-May 2014.

Participant, SSU's Faculty Research Expo, March 2013, March 2011 and March 2010.

Participant, ASA's Section on Teaching and Learning's Workshop, "The Best Teachers We Can Be: Learning Scholarly Teaching." Atlanta, GA, August 2010.

PREVIOUS RESEARCH AND TEACHING EXPERIENCE

Adjunct Lecturer, Sonoma State University Department of Sociology; Drugs and Society,
Fall 2007 and Spring 2008

Qualitative Data Analysis Consultant, University of California Berkeley, School of Public Health
June 2007-August 2007: Conducted qualitative data analysis (using Atlas.ti) on focus groups and interviews for the Benefits of Diversity Project, addressing issues of racial and ethnic diversity in students and faculty in medical and public health schools, which was funded by the California Endowment.

Research Coordinator, Low-Income Families' Empowerment through Education (LIFETIME)
October 2003-December 2006: Coordinated community engaged research projects on a statewide research team to conduct research on welfare, domestic violence, and the experiences of welfare mothers in education. Co-authored "Family Violence Is *Not* an Option," a research report (June 2005) about the failure of CalWORKs to protect domestic violence victims and their children in the welfare system. Worked with media and other community-based organizations to disseminate research; worked with Executive and Associate Directors to raise \$1.5 million in foundation grants (average grant approximately \$20,000) over 2.5 years.

Research Associate, Vanderbilt University Women's Social Policy and Research Center
March 2002-October 2003: Lead author and researcher for *Tennessee Women's Scholarship Directory* (August 2003), a resource book of scholarships and financial aid options for higher education available to women in Tennessee; designed web site to support the directory, wrote grants, and conduct other fundraising to provide independent funding for the scholarship directory and the research center.

Adjunct Instructor, Vanderbilt University Department of Sociology; Women and Men in American Society, Fall 2002, Spring 2003, Summer I, Summer II 2003.

Research Assistant, Vanderbilt Institute for Public Policy, Immigrant Community Assessment
April 2003-August 2003: Performed qualitative data analysis of focus group data.

Teaching Assistant, Vanderbilt University, Department of Sociology; Gender in American Society, Contemporary Social Problems, Sociological Research Methods, Gender, Sexuality, and the Body, Women and the Law, Human Behavior in Organizations, Social Movements, Introduction to Sociology, Images of Women. Fall 1998-Spring 2002.

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OTHER PROFESSIONAL REFERENCES

Anita Rees, Executive Director of Pacifica Family Resource Center
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Phil Porter, past President of the KONO (Koreatown Northgate) Community Benefit District Board
Founder of InterPlay (www.interplay.org)
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Shari Godinez, Executive Director, KONO Community Benefit District
shari@koreatownnorthgate.org

Exhibit B-6

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

Case No. _____

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity
as Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of
the Florida Board of Medicine; FLORIDA
BOARD OF OSTEOPATHIC MEDICINE;
ANNA HAYDEN, D.O., in her official
capacity as Chair of the Florida Board of
Osteopathic Medicine; FLORIDA AGENCY
FOR HEALTH CARE ADMINISTRATION;
and ELIZABETH DUDEK, in her official
capacity as Secretary of the Florida Agency for
Health Care Administration,

**DECLARATION OF
LENORE WALKER**

Defendants.

I, LENORE E. A. WALKER, Ed.D., am over 18 years of age and declare and
state the following:

1. I am a clinical psychologist licensed to practice psychology in Florida,
New Jersey, and Colorado. I am currently a Professor at Nova Southeastern University
Center for Psychological Studies in Fort Lauderdale, Florida, where I also serve as
Coordinator of the Clinical Forensic Psychology Concentration. In my role as a
Professor, I train and supervise doctoral students in psychology programs in the Center

for Psychological Studies, including overseeing students' provision of psychotherapy services to women, men, adolescents, children, and families. Although I am no longer seeing my own patients on a regular basis, over the course of my career, I have treated or counseled over 2,000 victims of battering, rape, and incest.

2. I have a Doctorate in Psychology from Rutgers University and a Diplomate in Clinical Psychology and Family Psychology from the American Board of Professional Psychology. I have a national practice in clinical and forensic psychology, with particular expertise in violence against women, including rape and other forms of sexual violence, intimate partner violence, and family violence, including child abuse. I have provided expert testimony on these topics in civil and criminal cases throughout the United States. I have also been invited to testify before several committees of the United States Congress on national policy regarding violence against women and family violence, and am frequently asked to give presentations and lectures on these and related topics throughout the United States and internationally. My research on domestic violence was cited by the United States Supreme Court in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992).

3. Currently, I am a fellow of the American Psychological Association (APA), and serve on the APA Council of Representatives. I have previously served on the APA's Board of Directors and a number of APA committees and task forces. I am also a Board Member of the National Association for Practicing Professional Psychologists, and I serve on the editorial board for a number of major psychological journals, some published by the APA and some published independently. I have published 20 books and approximately 60 articles on violence against women, family

violence, and related topics. A copy of my curriculum vitae, which summarizes my background, experience, publications, and research, is attached to this declaration.

4. I submit this declaration in support of Plaintiffs' motion for a temporary injunction against enforcement of Florida House Bill 633 (the Act). I understand the Act requires Florida women seeking abortion to receive certain state-mandated information in person at least 24 hours before the procedure can be performed. This declaration focuses on the Act's impact on women who have experienced domestic abuse and sexual assault, including sex trafficking. My opinions are based on my training, education, and clinical experience, the research I have conducted, and my knowledge and review of the professional literature.

5. In my professional opinion, and as discussed in more detail below, the Act's 24 hour delay and additional trip requirement will harm abused women and sexual assault victims who seek abortions in Florida. While the Act purports to provide an exception for women who are victims of rape, incest, domestic violence, or trafficking, the exception does not allow women to self-report these incidents to the physician providing their abortion and instead requires them to present documentary proof, which they are unlikely to have. By delaying battered women or sexual assault victims in obtaining the care they need, subjecting them to additional emotional and psychological trauma, and increasing the risk of disclosure of their abortion to others, the Act will endanger the health and lives of Florida women.

Background Information on Violence Against Women

6. Violence against women can take the form of physical violence with or without injury; stalking; sexual assault including exploitation, being trafficked, stranger, partner, or acquaintance rape; and various forms of psychological abuse and

maltreatment. When the abuse is committed by a woman's current or former spouse, partner, or boyfriend, it is commonly referred to as intimate partner violence or domestic violence. There is significant overlap among these forms of abuse, as sexual assault can often include physical injury, and stalking can occur simultaneously with psychological abuse, to provide but two examples. In my U.S. National Institute of Mental Health funded research of 400 battered women, approximately one-half of the women interviewed said they had also experienced sexual abuse, mostly within their families.

7. One of the challenges of working in this field is the fact that there are no standardized definitions for these acts and behaviors. Another significant challenge stems from the fact that so many victims do not wish to reveal their own experiences, or will make intense efforts to conceal them, making it difficult to assess the prevalence of domestic violence and sexual assault. Terms such as "rape," "incest," "abuse," and "violence" carry certain social and cultural stigmas, and the use of these labels can prevent women from disclosing their experiences. For example, many battered women I have interviewed and counseled are uncomfortable labeling an unwanted or coerced sexual encounter with their partner as "rape." The same is often true for women who are sexually assaulted by an acquaintance or someone they are dating.

8. Although it can be difficult to measure the true prevalence of these acts of violence, because so many victims choose not to seek help from law enforcement or the justice system, the Center for Disease Control and Prevention (CDC) estimates that approximately one-third of all women in the United States have experienced rape, physical abuse, or stalking by a current or former intimate partner at some point in their lives.¹ For purposes of this declaration, I may use the terms "battered women" or

¹ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (2011) (the NISVS Report), at 39.

“abused women” interchangeably to refer to women who are victims of domestic violence.

9. Recent statistics estimate that nearly one-fifth of all women in the United States will be raped at some point in their lives.² Over 80% of rapes are committed by someone known to the victim (i.e. an intimate partner, family member, or acquaintance), and the perpetrator is a current or former intimate partner in nearly two-thirds of all rapes.³ While women can be victims of violence regardless of age, ethnicity, or class, women who experience domestic violence, rape, and sexual assault are disproportionately low-income.⁴

10. According to the CDC’s National Intimate Partner and Sexual Violence Survey (NISVS), 34.2% of Florida women have experienced rape, physical violence, or stalking by an intimate partner at some point in their lifetime, which amounts to over 2.5 million women.⁵ Estimates of the number of women who become pregnant as a result rape vary, with rates ranging from approximately 1.7% to approximately 5% of all rapes resulting in an unwanted pregnancy.

11. Perpetrators of domestic violence subject their partners to various forms of violence—including physical, psychological, economic, and sexual abuse—in order to assert their control and dominance. Physical violence includes a range of behaviors from slapping, pushing, or shoving, to more severe acts such as beating, choking/strangulation,

² *Id.* at 18.

³ Tjaden, P., and Thoennes, N. *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women*. National Institute for Justice, Centers for Disease Control and Prevention (2000), at 43.

⁴ Campbell, J.C. *Health consequences of intimate partner violence*. 359 *Lancet* 1331 (2002); Planty, M., Langton, L., et al. *Female Victims of Sexual Violence, 1994-2010*. U.S. Department of Justice, Bureau of Justice Statistics (2013), at 4.

⁵ NISVS Report, *Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner by State of Residence—U.S. Women, Table 7.4*, available at http://www.cdc.gov/violenceprevention/nisvs/state_tables_74.html.

or use of a gun or knife. In addition, it is common for an abuser to threaten to use physical violence against the woman, or to physically harm her children or other family members, as a means of intimidation and control. Stalking by an intimate partner entails repeated acts of harassment, intimidation, and/or threats that cause the victim to fear for her safety. Psychological or emotional abuse includes verbal abuse intended to shame, insult, and humiliate the abused woman, as well as a range of coercive and manipulative behaviors, such as interfering with the battered woman's relationships with family and friends, and limiting her access to money. Sexual abuse by an intimate partner can include rape as well as other unwanted sexual contact. Based on my own research, I would estimate that nearly one in three battered women has been raped one or more times by her abuser.⁶

12. Incest is a form of sexual assault committed by a family member or relative, other than a spouse, that involves multiple acts of sexual violation and exploitation over a period of time, ranging from several months to several years. Incest often begins when the victim is still a young child, and may go on for many years without the victim ever disclosing the abuse. Based on my work in this field, there is a strong correlation between acts of domestic violence committed by an abuser and acts of child abuse, including both physical abuse and incest.⁷ Incest is vastly underreported in the United States; most victims of incest do not report the abuse because they fear their abuser may harm them physically, because they feel guilty about the abuse, and/or because they are afraid to disrupt the family unit.⁸

13. Similar to other victims of gender violence, sex trafficking victims suffer extreme exploitation through the use of physical abuse, threats, coercion, and other

⁶ Walker, L.E.A. *The Battered Woman Syndrome* (Springer Publishing Co., 3d ed. 2009).

⁷ *Id.*; Walker, L.E.A. *The Battered Woman* (Harper and Row 1979).

⁸ Walker, L.E.A. *The Battered Woman Syndrome* (Springer Publishing Co., 3d ed. 2009).

control tactics. Although it is quite difficult to estimate the prevalence of trafficking in the United States, the U.S. Department of State estimates between 14,500 and 17,500 individuals are trafficked in the United States each year.⁹ Florida is known to have a high rate of sex trafficking victims such that the legislature has passed measures to provide “safe harbor” for these mostly young girls and women. Many of the treatment programs in local areas are being funded through this legislation. The experience with these victims has shown how reluctant they are to utilize established institutions and agencies in the community, including police.

14. Reproductive coercion or control is a form of domestic violence involving coercive behavior related to reproductive health. For example, many batterers will forcibly impregnate a woman, or employ some other form of reproductive coercion, such as refusing to wear a condom or destroying or manipulating a woman’s contraception as a means of impregnating her, in order to further demonstrate his control and dominance. Indeed, compelling a woman to carry an unwanted pregnancy to term and give birth is a common form of abuse, and one that can keep the abused woman trapped in the abusive relationship. Having a child, or an additional child, with her abuser makes it even more difficult for a woman to escape.

15. According to information collected by the CDC, between 4% and 8% of all pregnant women report that they have experienced physical abuse during pregnancy.¹⁰ Studies show that women are at increased risk of physical abuse during pregnancy,

⁹ Clawson, H. et al. *Human Trafficking into and within the United States: a review of the literature*. U.S. Department of Health & Human Services (2009), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/litrev/index.pdf>.

¹⁰ *Intimate Partner Violence During Pregnancy, A Guide for Clinicians*. American College of Obstetricians and Gynecologists, Centers for Disease Control and Prevention (2013), at 12, available at http://www.cdc.gov/reproductivehealth/violence/intimatepartnerviolence/ipvdp_slide.htm

including an increased risk of homicide.¹¹ A recent study comparing the long-term health effects of women who received abortions at or near the gestational age limit with women who were unable to obtain an abortion because they were beyond the gestational age limit found that physical violence decreased over time for the women who obtained an abortion, but not for women who were turned away and subsequently gave birth.¹² The researchers suggest that carrying an unwanted pregnancy to term may make it more difficult for abused women to leave the abusive relationship.¹³ Women, especially low-income women, are afraid of leaving the relationship because of their inability to support themselves and their children, and to pay for basic necessities like food, housing, medical care, and clothing. And even if a woman separates from her abuser, he can use the children as a means of maintaining his power and control over the woman. Forced co-parenting, based on an award of joint custody, can keep the woman in the same neighborhood and in continued danger from her abuser.

The Act's Impact on Victims of Violence and Sexual Assault

16. The Act's 24 hour waiting period and mandatory additional visit will have devastating consequences for abused women and survivors of rape and sexual assault. First, the Act's mandatory delay and additional trip requirement will make it extremely difficult, if not impossible, for women in abusive relationships to seek an abortion. Those women who are able to obtain an abortion may have to delay the procedure. These additional hurdles are amplified for women who are poor and lack the resources to make all of the necessary arrangements while avoiding detection by their abuser. Second, by

¹¹ Morewitz, S. *Domestic Violence and Maternal and Child Health* (Kluwer Academic/Plenum Publisher 2004).

¹² Roberts, S., Biggs, M.A., Chibber, K., Gould, H., Rocca, C. and Greene Foster, D. *Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion*. 12 BMC Medicine 144 (2014).

¹³ *Id.*

forcing women in these horrific circumstances to wait an additional 24 hours before they can obtain an abortion, the Act subjects these women to additional emotional trauma, to the detriment of their health and well-being.

17. As I explain above, pregnancy is a time of extreme danger, and even lethality, for abused women, and abusers may use forced pregnancy as a way of keeping a partner under their control. Thus, it is often essential for many abused women to keep their pregnancy and/or intent to end the pregnancy a secret until after the abortion is obtained, and perhaps beyond that time as well. However, the Act will make it that much harder for a woman to obtain an abortion without detection by an abusive partner.

18. First, it will be extremely difficult for some battered women to make an additional trip to the abortion clinic without detection. Battered and abused women are carefully monitored by their abusers, such that going to a doctor's office or clinic in secret, even for a single visit, may require significant planning. Abusers have many ways of closely monitoring every move of the women they abuse; for example, many women have told me that their partner regularly checks the mileage on the car, and some abusers take more drastic measures such as removing the distributor cap of the car, or nailing doors and windows shut, in order to prevent the battered woman from leaving. An abuser may also call the woman multiple times at home and/or at work to ensure that he knows her whereabouts at all times. In addition, an abuser might show up unexpectedly at a woman's place of work to check up on her. In fact, battering at the worksite is not an uncommon event for victims of abuse. Abused women are expected to explain any absence from home or work. If an abusive partner suspects that a woman is leaving home or work during the day without his knowledge, he may become enraged and lash out with violence. Simply put, for some abused women, finding a way to get to an abortion provider for several hours for a single appointment may be extremely difficult. Finding a way to make an additional trip, especially within a close time period, is a hardship and may be impossible.

19. Second, abused women will have great difficulty obtaining the resources necessary to make the additional trip to an abortion provider. Abusive partners often maintain control and dominance by limiting a woman's access to money; even if an abused woman is employed, she may be forced to turn over her paycheck to the abuser. In addition, even if an abused woman's insurance plan would cover all or part of the costs of the procedure, she may not want to submit a claim to insurance out of fear of notifying the abuser of her abortion. For the same reason, she may be unable or unwilling to pay for the procedure with a credit card that can be traced back to her, and will therefore have to come up with all of the necessary funds in cash. Further complicating matters, perpetrators of abuse will often cut off or monitor a woman's communications with her family and friends in order to weaken her support system. Thus, an abused woman may not have any other person to turn to in order to loan her money for the abortion procedure itself, or for the additional costs of travel and childcare. Without her partner, or friends or family to turn to for support, an abused woman will have to delay the procedure in order to come up with the resources to afford an additional trip to the clinic.

20. In addition, women who are trying to conceal their pregnancy (not just their intent to seek an abortion) from their abusive partners must seek an abortion as soon possible, before the pregnancy becomes visible. Indeed, one study of women presenting at an abortion clinic reported that 8% of women seeking an abortion had not disclosed their intentions to their partner because they feared physical harm if the abortion was discovered.¹⁴ Due to the logistical and financial challenges of complying with the additional visit requirement, the Act will delay women in obtaining an abortion, thereby increasing the chances that the abuser will discover the pregnancy. If a woman's abuser discovers her plans to have an abortion, he will most likely prevent her from doing so.

¹⁴ Woo, J., Fine, P., & Goetzl, L. *Abortion Disclosure and the Association with Domestic Violence*, 105 *Obstet. Gynecol.* 1329 (2005).

Moreover, as I explained above, once a woman's pregnancy status is apparent, physical abuse by the batterer escalates; thus, the longer a woman is pregnant, the greater the threat to her health, and possibly even her life, from the abuse.

21. Even if an abused woman is able to make all of the arrangements for the additional required visit, in most cases she will not be able to travel on two consecutive days, both because of logistical difficulties and because of the intense monitoring and scrutiny that goes on in an abusive relationship. Thus, a woman will likely be delayed days, or possibly even weeks beyond her initial appointment, due to the difficulties of coming up with the funds to make the required additional visit and making all of the necessary arrangements, all without alerting the abuser. Moreover, for a woman who must travel a significant distance in order to reach an abortion provider, it is exceedingly unlikely that she would be able to stay away from home overnight without raising the abuser's suspicions. Even if a woman manages to find a way to stay away for two days, her partner may suspect that she had left him, which would greatly increase her risk of suffering physical violence.

22. In addition to the physical harms caused by the Act, the mandatory delay and additional trip requirement will also inflict psychological harms on women who have already endured psychological trauma. Many rape survivors are extremely distraught afterwards and may be suffering from post-traumatic stress disorder, anxiety, and/or depression. An unwanted pregnancy can be even more traumatizing for a rape survivor, as the pregnancy is a constant reminder of the rape. It is extremely important for women in these situations to be able to begin to resume their normal lives and move on from the tragic situation. Thus, for a rape survivor who wishes to terminate the resulting pregnancy, having the abortion is an important step in this recovery. For these women, the waiting period and mandatory additional trip will prolong their psychological suffering, because the pregnancy is a continual reminder of the assault.

23. Furthermore, the Act's waiting period and additional trip requirement will make it more difficult for rape victims to obtain an abortion. The planning necessary to arrange an appointment, make the necessary travel arrangements, and come up with the funds to pay for the abortion may be difficult for victims of rape who are suffering from post-traumatic stress disorder or other psychological effects. Even though a rape survivor may feel very strongly that she wishes to terminate the pregnancy, the prospect of complying with the mandatory delay and the additional trip requirement, and raising the funds necessary to make the additional visit, may prove to be insurmountable. At the very least, the Act will likely delay a rape victim's ability to obtain abortion for far more than 24 hours.

24. In addition, many victims of rape are afraid of disclosing the incident to friends or family. Some fear the stigma associated with rape; others fear being judged as somehow responsible for it. Forcing these women to make arrangements to be away from work, school, and family obligations on at least two separate occasions will increase the risk of discovery, and thereby jeopardize their privacy and confidentiality.

25. In sum, for victims of abuse and rape, the Act will cause a number of serious harms. For battered women living in poverty, the combined effects of the abuse and the lack of outside support or other resources may make it impossible to comply with state-mandated delay and additional visit requirement.

The Act's Limited Exception Will Not Apply to the Majority of Women Who
Experience Violence or Sexual Assault

26. I understand that the Act includes a waiver of the mandatory waiting period if a woman presents her physician with “a copy of a restraining order, police report, medical record, or other court order or documentation evidencing that . . . she is a victim of rape, incest, domestic violence, or human trafficking.” However, in my opinion, this exception is so narrow as to be effectively meaningless for the vast majority of victimized women.

27. In reality, very few women who have experienced these crimes will report them.¹⁵ Thus, statistics on the rates of rape, sexual assault, domestic violence, and stalking in this country are very likely to underestimate the prevalence of these crimes. And even if a woman does choose to make an official report, she may not feel ready to do so until months after the assault or abuse has ended.

28. Abuse and sexual assault victims are reticent to report these incidents for a number of reasons. First, many fear that disclosing the abuse or assault will subject them to retaliation and further abuse by the perpetrator. Abusers may become more violent after a woman discloses the abuse. Second, survivors of abuse and rape may be unwilling to report these incidents because of shame, embarrassment, and/or a belief that their reports will not be taken seriously. In addition, for victims of violence and sexual assault, describing these incidents to a stranger, such as a police officer or medical professional, can be extremely painful and traumatic. Many women, especially in the African/Caribbean and Latina communities in Florida, do not trust the police to make such a report. In my own clinical practice, I have known many women who were

¹⁵ Tjaden, Patricia N. T., and Thoennes, N. *Extent, Nature, and Consequences of Intimate Partner Violence*. National Institute for Justice, Centers for Disease Control and Prevention (2000), at 57 (finding that most intimate partner rapes, physical assaults, and stalkings are not reported to law enforcement); Kilpatrick, Dean, et al. *Drug-Facilitated, Incapacitated, and Forcible Rape: A National Study* (2007), at 2 (finding that only 16% of all rapes were reported to law enforcement).

unwilling to cooperate with law enforcement officials, even when doing so would have made them eligible for free medical care and counseling services.

29. Moreover, many victims do not seek medical care at all, and of those that do, many are reluctant to disclose their experiences to a medical provider.¹⁶ Thus, a woman's first time disclosing her abuse or assault to anyone could be at the time she seeks the abortion. Requiring a woman to present documentary proof to a physician in order to verify her abuse or assault could be emotionally devastating, making her feel as if her own report of what happened cannot be trusted. Moreover, medical professionals are trained to treat victims with dignity and compassion, and without passing judgment, but requiring physicians to request official documentation beyond the woman's own report of the incident could undermine the physician-patient relationship.

Conclusion

30. Abused women and rape survivors who seek abortions, especially those who wish to keep their abortions private, must overcome enormous odds to obtain the care they need. It may be very difficult for them to come to a clinic once, and even more so for them to safely make multiple trips. In my opinion, if the Act is allowed to take effect, it will cause severe and irreparable harm to abused women and sexual assault survivors, including victims of rape, incest, and sex trafficking.

Executed on June 5, 2015 in Fort Lauderdale, Florida.

/s Lenore E. A. Walker

Lenore E. A. Walker, Ed.D.

¹⁶ Tjaden, Patricia N. T., and Thoennes, N. *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women*. National Institute for Justice, Centers for Disease Control and Prevention (2000), at 54-55 (finding about one-third of rape victims seek medical care, and slightly less than one-third of physical assault victims do so).

CV of Lenore Walker

R E S U M E

DR. LENORE E. A. WALKER

March 2015

**Professor of Psychology & Coordinator,
Ph.D. & PsyD. Clinical Forensic Psychology Concentration
Director, M.S. in Forensic Psychology
Nova Southeastern University
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Domestic Violence Institute.
Executive Director

CURRENT CERTIFICATION AND LICENSURE

Diplomate in Couples & Family Psychology American Board of Professional Psychology	2003
Florida License as a Practicing Psychologist (#5102)	1994
National Academy of Practice in Psychology Chair	1986 2011-2013
Fellow of the American Psychological Association	1983
American Board of Professional Psychology Diplomate in Clinical Psychology	1979
Colorado License as a Practicing Psychologist (#419)	1975
New Jersey License as a Practicing Psychologist (#1003)	1974
National Registry of Health Service Providers in Psychology	1974

EDUCATIONAL BACKGROUND

Nova Southeastern University Post Doctoral Master's Degree in Psychopharmacology (M.S. in Clin. Psychopharm)	M.S. 2004
Rutgers - The State University of NJ School Psychology	Ed.D. 1972
City College of the City University of NY Clinical School Psychology	M.S. 1967
Hunter College of the City University of NY Psychology Major	A.B. 1962

TEACHING APPOINTMENTS

Nova Southeast University Center for Psychological Studies Ft. Lauderdale, FL	Professor Adjunct Professor	8/1998-Present 1/98-8/98
Alliant University	Adjunct Professor	July 2006
University of Granada, Spain	Visiting Professor	May-June 2006
University of Salamanca, Spain Pontifica Universidad Salamanca Gender Violence MS Program	Visiting Professor	November 2005 May 2007 May 2009 May 2010 May 2011
University of Denver Graduate School of Professional Psychology	Adjunct Professor Practicum Supervisor	1976-1994 1995-1998
European Educational Organization School of Psychology,	Special Advisor Athens, Greece	1990-1992
Caribbean Center Puerto Rican Institute of Psychology (Albizu University) San Juan, Puerto Rico	Consultant	1986-1990 2000
Colorado Women's College Denver, Colorado	Associate Professor Chairperson Tenured Assistant Professor of Psychology	1977-1981 1977-1980 1978 1975-1977
University of Pittsburgh Semester-at-Sea Institute for Shipboard Education	Visiting Professor S.S. Universe Around the World Program	Spring 1981
College of Medicine and Dentistry of New Jersey Rutgers Medical School Institute of Mental Health Sciences, Piscataway, NJ	Assistant Professor of Psychiatry	1972-1975

Rutgers University Ph.D. Program in Clinical Psychology New Brunswick, NJ	Assistant Professor of Psychology (Joint Appointment)	1973-1975
Rutgers University GSAPP	Assistant Professor (Joint Appointment)	1974-1976

CLINICAL PSYCHOLOGY EXPERIENCE

Independent Practice of Psychology		1972-Present
Expert Witness Testimony		1977-Present
Criminal, Civil, Family, Juvenile Cases		
Community Mental Health Center Rutgers Medical School	Coordinator Educational Outreach Services Director of School/ Community Psychology Internship Program	1972-1975
Middlesex County Medical Health Clinic New Brunswick, NJ	Staff Psychologist	1969-1972
Coney Island Hospital Maimonides Medical Center	Staff Psychologist Intern	1967 - 1969 1967
New York City Board of Education - District 21 Coney Island, Brooklyn, NY	Elementary Grade Teacher - Emotionally Disturbed Children	1962-1968

RESEARCH

NSU- CPS	Women's False Confessions	2013-present
NSU & CPS	Analysis of family murder-suicides	2012-present
NSU & CPS	Survivor Therapy Empowerment Evidence-Based Treatment Program	2009-present

NSU Dental School	HRSA Training Grant for Teaching Dental Residents about Domestic Violence - Consultant	2008-2011
NSU-QOL Grant	BSO Mentally Ill Needs Survey	2006-2009
NSU Presidential Scholar	Battered Woman Syndrome Questionnaire	June 2003 - present
NIJ-BJA	South Florida Medical Corrections OPTIONS Program - Co-Principal Investigator	1999-2001
NIMH GRANT #RO1 MH30147	The Battered Woman Syndrome Study Principal Investigator	1978-1981
DHHS GRANT - Office on Human Development	Services to Battered Women Project Consultant	1977-1978

SPECIAL TESTIMONY

Testified as invited speaker to Congressional Committee of Judiciary on legislation pertaining to admissibility of Battered Woman Syndrome testimony in criminal homicide and domestic and child abuse cases. 1992

Testified as invited speaker to Senate Committee on Labor & Human Resources, Subcommittee on Child & Human Resources on S1843/HR29771, Domestic Violence Treatment Prevention Act February 6, 1990

Testified as invited speaker to Congressional Subcommittee on Children, Youth, and Families - Violence Against Women Hearings September 1987

Testified as consultant to Attorney General's Task Force on Family Violence. 1983

Testified as invited speaker to President Reagan's Task Force on Victims of Crime and Violence, Denver, Colorado. 1982

Testified as invited speaker to the Congressional Committee on Science and Technology, DISPAC Subcommittee, on research and treat-treatment alternatives for battered women to assist the government's legislative support for funding. February 15, 1978

Testified as invited speaker at the United States Commission on Civil Right's Consultation on battered women in Washington, D.C. January 31, 1978

Testified in support of legislation pending the Congress to fund programs for domestic violence. March 1978

Testified as an expert witness in criminal and civil trials in state and federal courts where interpersonal violence is an issue across the United States. 1977-Present

FORENSIC TESTIMONY

Qualified as a clinical and forensic psychologist with expertise in interpersonal violence, family violence, violence against women and children, child abuse, child custody, civil damages, sexual harassment, and impact of trauma and testified as an expert witness in criminal and civil cases in approximately 36 states and most Federal Court jurisdictions and in Greece and Hong Kong, China.

SELECTED CONSULTING AND BOARD POSITIONS

Certification Board of Child Custody Evaluation Specialists (IVAT)	2013
Instituto de Mujer in Murcia Spain	2010
Ministry for Equality & Gender Violence in Spain	2009
Public Health Institute of Spain	2006 ó 2010
Madrid Public Health Group on Domestic Violence	2006
Artemesia Group, Florence Italy	2006
Psychological Society of South Africa	2001
Judicial College Seminar on Family Violence Jerusalem, Israel	1998 (since 1993)
Israel State Attorneys Office Jerusalem, Israel	1998
Pan American Health Organization (PAHO) Consultant on Domestic Violence Policy to Central America	1996

Colorado Legislatures Battered Woman Syndrome Task Force, Chair Subcommittee on Battered Women in Prison	1994-1995
Broward County Public Defender's Office Ft. Lauderdale, Florida	1993- 2005
American Psychological Association (APA)	2013-2015 2005-2010
Elected to Council of Representatives	1984-1988 1994-1997
Board of Directors	1988-1989
Nominee for President	1989-1990
JurisMonitor, Inc., Boulder, Colorado	
Consultant	1990-1995
Director	1994-1995
Ministry of Justice, Costa Rica with United Nations ILANUD Project in Central America	1990-1994
Ministry for Equality of Women and Men Athens, Greece.	1988-1992
Women's Forum Foundation of Colorado Director and Treasurer	1985-1988
Women's Forum of Colorado Director and Secretary	1985-1987
U.S. Surgeon General Conference on Interpersonal Violence Leesburg, Virginia	September 1985
National Institute of Justice Office on Victims and Criminalization of Domestic Violence Programs	1984-1987
Coalition for Justice for Abused Women in Denver, Colorado (JAWS) And Project Safeguard	1982-1990
Consultant to numerous battered women shelters, programs, and task forces throughout the world. Keynote speaker and workshop leader at international, national, state and local conferences.	

TASK FORCES, COMMITTEES AND ADVISORY POSITIONS

Safety Resource Network of the Miami/Dade Children's Trust Scientific Advisory Council at Jackson Memorial Hospital	2005-2006
Chair, APA President's Task Force on Violence and the Family	1994-1996
Chair, APA Board of Director's Task Force on Child Abuse Policy	1989-1991
Joint Council on Professional Education in Psychology Division 35 Representative	1989-1995
APA Liaison to the DSM-IV	1987-1994
APA Liaison to the DSM-III-R	1986-1987
Committee on Legal Issues	1989-1991
Public Information Committee	1986-1988
Committee on International Relations in Psychology Chair	1992-1995 1995
APA Council of Representatives	1984-1988 1994-1997 2005-2008
Chair of Women's Caucus	1985-1988
Community Responsibility Center, Women's Community Corrections Program, Advisory Board Member	1982-1984
Colorado Women Psychologists and Colorado Women's Bar Association Joint Committee on Sexual Abuse of Children	1982-1984
Colorado Association for Aid to Battered Women (CAABW) A Founder and Board Member	1977-1980
Elected Colorado Delegate to the National 1977 Women's Conference, Houston, Texas	November

PROFESSIONAL ASSOCIATIONS

American Psychological Association	Member 1974 Fellow 1983 1988-1989
Board of Directors	
Liaison to Board of Professional Affairs	
Liaison to Committee on Legal Issues	
Public Information Committee	
Committee on Legal Issues	1989-1992
Committee on International Relations in Psychology	1992-1995
Chair	1995
Council of Representatives	1984-1988
Division 35	1994-1997
Division 46	2005-2010
Division 42	2013-
President - Division 35 (Women)	1989-1990
President of Division 12 Sec 4	1997-1998
President Division 46 (Media)	2001
President Division 42 (Independent Practice)	2002
Executive Committee Division 56 (Trauma)	2006
Chair - Women's Caucus of Council	1985-1988
Executive Board Member Division 43 (Family)	1987-1988
Executive Board Member Division 46 (Media)	1993-1995
Treasurer	1996-1998 1998-1990
Executive Board Member Division 51 (Men)	1996-1997
President - Division 12 Section 4 (Women)	1998
Treasurer - Division 52 (International Psychology)	1999-2000 2001-2002 2006-2007
Executive Council D 56 (Trauma)	
Chair of Nominations & Elections Committee	
Chair of Div 42 Ethics Committee	1999-2001
Chair - Committee on Women's Issues	
Division 41	1982-1988
Chair - Committee on Family Violence	
Division 43	1984-1988
Representative to Group on Restructuring	1987-1988
National Association for Practicing Professional Psychologists	
Board Member	2006 - present
American Board of Couples & Family Psychology	2008-2010
Elected Board Member	

National Academies of Practice in Psychology	
Treasurer	1998-2007
Co-Chair	208-2010
Chair	2010-2013
International Council on Psychology - Treasurer	2001-2003
Feminist Therapy Institute	
Founding Member and First Chairperson	1982-1984
Steering Committee	1982-1988
Women's Coalition for Legislative Action	
Co-Founder & Board of Directors	1986 - Present
Co-Chair	1986-1992
Chair	2005
Colorado Psychological Association	Full Member
Colorado Women Psychologists	Full Member
Florida Psychological Association	1995
Association for Women in Psychology	
Member of Delegation to NGO Forum	Full Member
UN Decade for Women Conference	
Nairobi, Kenya	July, 1985
International Council on Psychology	2001-2003
Treasurer	
International Women's Forum	1979 - present

JOURNAL EDITORIAL BOARDS

Journal of Child Custody	Editorial Board	2003-present
Journal of Trauma Practice	Editorial Board	2002-2011
Journal of Traumatic Stress	Editorial Board	1987-1994
Professional Psychology	Editorial Board	1986-1989
Violence and Victims	Special Associate Editor	1986-Present
RESPONSE and Violence Update	Editorial Board	1984-1995
Victimology	Editorial Board	1984-Present
Journal of Child Sexual Abuse	Editorial Board	1992-1994
Journal of Emotional Abuse	Editorial Board	1994-Present
Women and Therapy	Editorial Board	1992-1995
American Psychologist	Special Editor	
	International Psychology	1995-1998

Psychotherapy	Special Editor Issue on Family Violence	1998
American Psychologist	Special Editor Issue on International Domestic Violence	January 1999

HONORS AND AWARDS (Partial List)

IVAT Lifetime Advocacy Award	2013
APA Division 35 Corann Okoranodudu International Award	2011
APA Division 56 Lifetime Trauma Award	2011
APA Division 46 Lifetime Achievement Award in Media	2010
APA Presidential Leadership Citation	2004
APA Division 43 Psychologist of the Year	2001
APA Division 29 Psychologist of the Year	2001
APA Presidential Leadership Citation	2000, 2003
FPA -What A Woman Award	2000
APA and National Women's Health Coalition Distinguished Contribution Award	1994
APA Committee on Women in Psychology Distinguished Woman Psychologist Leader Award	1992
APA Board of Professional Affairs Distinguished Professional Contributions to Psychology in the Public Interest	1987
World Victimology Leadership Award Italy	1987
Colorado Women's Hall of Fame	1987
Colorado Working Women's Award	1987
Hunter College Alumni Hall of Fame	1986
Women Who Care Award - Colorado	1984
Colorado Salute to Women Award	1980

TELEVISION APPEARANCES

Numerous Local TV and radio documentaries and news shows including

Ted Koppel - Nightline	Today Show
Good Morning America	Oprah Winfrey Show
CBS Morning News	Phil Donahue Show
CBS News with Dan Rather	Hour Magazine
48 Hours	Sally Jesse Raphael
CNN and TBS	Joan Rivers
Dateline with Maria Shriver	Geraldo & Rivera Live
The O'Reilly Factor	Discovery Channel Series on Women Killers

VIDEO

The Abused Woman: A Survivor Therapy Approach. Assessment and Treatment of Psychological Disorders Video Series. New York: Newbridge Communications. (1996)

Feminist Therapy. Series by Allyn & Bacon. New York. (1998)

PUBLICATIONS (Partial List)

Jungersen, T.J., **Walker, L.E.A.**, Black, R.A., Groth, C.M. (accepted for publication, 2014). Treatment of interpersonal partner violence trauma using the Survivor Therapy Empowerment Program (STEP). *Journal of Counseling and Development*.

Walker, L.E.A., J. Pann, V. Vanhasselt, & D.L. Shapiro (in press). Best practices model For mentally ill involved with the criminal justice system. New York: Springer.

Walker, L.E.A. (in press). Who is the real witch in the hunt for truth about child sexual abuse: Review of Cheitø, *The Witchhunt Narratives*.

Walker, L.E.A. (2015). Looking back and looking forward: Psychological and legal interventions for domestic violence. *Ethics, Medicine & Public Health: A Multidisciplinary Journal*. Inaugural Issue. <http://dx.doi.org/10.1016/j.jemep.2015.02.002>.

Kleinman, T. K. & **Walker, L.E.A.** (2014-2015). Challenge to AFCCø proposal for a court-involved therapist to substitute for a trained psychotherapist when litigants require psychotherapy. *Journal of Child Custody*.

Walker, L.E.A., Conte, C., & Grabner, S. (2014, November/December). Women uniquely vulnerable in the criminal justice system. *The National Psychologist*, 23, p. 12.

Walker, L.E.A., D. Cummings, & N. Cummings (2012). Our broken family court system. (2012). Ithaca, New York: Ithaca Press.

Walker, L.E.A. (2011). Jonas and his protective, delusional, or alienating mother: Advocacy, forensics, and boundaries with battered women. Chapter in W.B. Johnson & G.P. Koocher (Eds.) *Ethical conundrums, quandries, and predicaments in mental health practice*. A casebook from the files of experts. NY: Oxford.

Walker, L.E.A. (2010). Child Physical Abuse and Maltreatment. Chapter in Thomas, J.C. & Hersen, M. (Eds.). *Handbook of Clinical Competencies*. New York: Springer.

Walker, L.E.A. & Shapiro, D.L. (2010). Parental Alienation Disorder: Why label children with a mental disorder? *Journal of Child Custody*, 7 (4), 266-286.

Walker, L.E.A., M. Robinson, R.L. Duros, J. Henle, J. Caverly, S. Mignone, E.R. Zimmerman, & B. Apple. (2010). The myth of mental illness in the movies and its impact on forensic psychology. Chapter in M.G. Gregerson (Ed.) *The cinematic mirror for psychology and life coaching*. NYC: Springer.

Walker, L.E.A. (2009). *The Battered Woman Syndrome, Third Edition*. New York:Springer

Needle, Rachel & Walker, L.E.A. (2007). *Abortion Counseling*. New York: Springer.

Dorfman, W. & Walker, L.E.A. (2007). *A First Responders Guide to Abnormal Psychology*. NY: Springer.

Walker, L.E.A. (2007). Battered Woman Syndrome: Empirical findings. Chapter in Denmark, F. et al. (Eds.). *Violence and Exploitation Against Women and Girls*. New York Academy of Sciences Annals. N.Y.C.: Academy of Sciences.

Walker, L.E.A. (2006) Legal issues for battered women. Chapter in Jackson, N. *Encyclopedia of Domestic Violence*. New York: Taylor & Francis.

Walker, L.E.A. (2006). Battered Woman Syndrome. Chapter in Jackson, N. *Encyclopedia of Domestic Violence*. New York: Taylor & Francis

Walker, L.E.A. (2006). Survivor Therapy with families where there is domestic violence. *Academy of Family Psychology Newsletter*.

Walker, L.E.A. (2005) Is adjudication psychology a proficiency area? In Grossman, L.R. (Ed.). *Licensing Blues: Fact or Fiction?* APA Division 31 website.

Walker, L.E.A. (2004). Legal issues influencing girls and women's psychological health. Chapter in J.P. Worell & C. Goodheart (Eds.) *Handbook on girls and women's health*. NYC: Oxford University Press.

Walker, L.E.A. (2004). Reflections on the psychosocial theory of learned helplessness. Introduction to Chapter in Bergen, R., Edleson, J. & Renzetti, C. (Eds.) *Classic papers on violence against women*. Boston, MA: Allyn & Bacon.

Walker, L.E.A., Brantley, K. & Rigsbee, J. (2004). A Critique of Parental Alienation Syndrome. *Journal of Child Custody*, 2.

Droz, L., Kuehnle, K. & Walker, L.E.A. (2004). Safety First: Understanding the impact of domestic violence on children. *Journal of Child Custody*, 2.

Walker, L.E.A. with 6 other psychologists (2004) *Finding your voice: A Woman's guide to self fulfillment*. NY: Wiley.

Walker, L.E.A. & Shapiro, D.L. (2004). *Introduction to Forensic Psychology. Clinical and Social Psychological Perspectives*. NY:Kluwer/Plenum.

Kuehnle, K. & Walker, L.E.A. (2003). *Custody Evaluations when there are Allegations of Domestic Violence. Continuing Education Home Study*. Sarasota, FL: Professional Resources Press.

Walker, L.E.A. (2002). Feminist Ethics, Boundary Crossings, Dual Relationships and Victims of Violence. In Zur, O. & Lazarus, A. (Eds.). *Dual Relationships*. NY: Springer.

Walker, L.E.A. (2001). Politics, Psychology and Battered Women. *Journal of Trauma Practice*. 1,

Walker, L.E.A. (2001). Battering in adult relationships. Chapter in *Encyclopedia of Gender*. NY:Academic Press

Prieto, J., Sabourin, M., Walker, L.E.A., Aragones, I., & Amerigo, M. (2000). Applied Social Psychology. Chapter 26 in K. Pawlik & M.R. Rosensweig (Eds.). *The International Handbook on Psychology*. London: Sage.

Walker, L.E.A. (2000). *The Battered Woman Syndrome, Second Edition*. NY:Springer

Sabourin, M. & Walker, L.E.A. (1999). Recherches contemporaines en psychologie legale. (Contemporary research in forensic psychology). Chapter in Brunet L. (Ed.). *L'Expertise psycholegale: Balises methodologiques et deontologiques*. (pp. 25-44). Presses de l'Universite du Quebec: Quebec, CN.

Walker, L.E.A. (1999). Terapia para sobrevivientes con mujeres golpeadas. (Survivor therapy with battered women). *Revista Argentina de Clinica Psicologica*, 8(3), 201-210.

Walker, L.E.A. (1999). Psychology and domestic violence around the world. *American Psychologist*. 54, 21-29.

Walker, L.E.A. & Levant, R.F. (1998). Mental health issues in criminal court: Collaboration between Broward County, FL courts and Nova Southeastern University. In T. R. Chibucos & R. M. Lerner (Eds.), *Serving children and families through community-university partnerships: Success stories*.

Walker, L.E.A. & J. Reid Meloy (1998). Stalking and domestic violence. Chapter in Meloy, J.R. (Ed.) *The Psychology of Stalking*. (Pp. 139-161). Academic Press: New York.

Walker, L.E.A. (1996). Assessment of abusive spousal relationships. Chapter in Kaslow, F. (Ed.). *Handbook of Relational Diagnosis and Dysfunctional Family Patterns*. New York: Wiley.

Walker, L.E.A. (1995). Current Perspectives on Men Who Batter Women: Implications For Intervention and Treatment to Stop Violence Against Women: Comments on Gottman, Jacobson, Rushe, Wu Short, Babcock, La Taillade, Waltz. (1995) □ *The relationship between heart rate reactivity, emotionally aggressive behavior, and general violence in batterers* □, Journal of Family Psychology, 9.

Walker, L.E.A., Price, R.L., Wilk, D., Rogers, S. (1995). Domestic Violence and the Courtroom: Understanding the Problem...Knowing The Victim. American Judges Foundation, Inc., National Center for State Courts: Williamsburg, VA.

Walker, L.E.A. (1995). The Transmogrification of a feminist foremother. Women and Therapy New York: Haworth Press.

Walker, L.E.A. (1995). Understanding Battered Woman Syndrome. Trial Magazine, ATLA, February, 1995.

Walker, L.E.A. (1994). Survivor Therapy. A training video. New York: Newbridge Communications.

Walker, L.E.A. (1994). Abused women and survivor therapy: A practical guide for the psychotherapist. Washington, DC: American Psychological Association.

Walker, L.E.A. (1994) The importance of knowing what you know and don't know. In The Forum section. Ethics and Behavior. Vol.4, No.2:162-167.

Walker, L.E.A. & Levant, R. (1993). Intergender dialogue with psychologists. The Independent Practitioner, 13.

Walker, L.E.A. (1993) Are personality disorders gender biased? Yes! In S.A. Kirk and S.D. Einbinder (Eds.) Controversial Issues in Mental Health. (pp. 21-30). New York: Allyn and Bacon.

Walker, L.E.A. (1993) The battered woman syndrome is a psychological consequence. In R.J. Gelles & D.R. Loeske (Eds.) Current controversies on family violence. (pp. 133-152) Newbury Park: Sage.

Walker, L.E.A. (1993) Legal self-defense for battered women. In M. Hansen & M. Harway (Eds.), Battering and family therapy: A feminist perspective. (pp. 200-216). Newbury Park: Sage.

Walker, L.E.A. (1992) Battered women as defendants. Chapter in N. Zoe Hilton (Ed.) Legal Responses to Wife Assault: Current Trends and Evaluation. (pp. 233-257). Newbury Park: Sage.

Walker, L.E.A. (1992) Battered Women Syndrome and self-defense. Notre Dame Journal of Law, Ethics, and Public Policy, Vol 6, Issue #2, 1992:321-334.

Walker, L.E.A. (1992) Racism and violence against women. Chapter in J. Adleman & G. Enguidanos (Eds.) The significance of racism in the psychology of women: Building consciously anti-racist models of feminist therapy. New York: Haworth.

Walker, L.E.A. (1991) Post-traumatic stress disorder in women: Diagnosis and treatment of Battered Woman Syndrome. Psychotherapy, 28 (1), 21-29.

Walker, L.E.A. and Corriere, Sandra (1991) Domestic Violence: International perspectives on social change. In E. Viano (Ed.) Victim's rights and legal reforms: International perspectives. Proceedings of the Sixth International Institute on Victimology, (1990). Onati Proceedings, #9. (135-150). Onati, Spain: University of Onati Institute for Sociology & Law.

Walker, L.E.A. (1990) Psychological assessment of sexually abused children for legal evaluation and expert witness testimony. Professional Psychology : Research and Practice, 21 (5), 344-353.

Walker, L.E.A. (1990) Violence in the family. F. Kaslow (Ed.) Voices in family psychology. (pp. 139-158) Beverly Hills: Sage Publications.

Brown, L.S. & Walker, L.E.A. (1990) Feminist therapy perspectives on self disclosure. In G. Striker & M. Fisher (Eds.) Self disclosure in the therapeutic relationship. (pp. 135-154) New York: Plenum.

Walker, L.E.A. (1989) Terrifying Love: Why battered women kill and how society responds. New York: Harper/Collins.

Walker, L.E.A. (1989) When the battered woman becomes the defendant. In. E. Viano (Ed.). Crime and its victims: International research and public policy. Proceeding of the Fourth International Institute on Victimology, NATO Advanced Research Workshop, Il Ciocco, Tuscany, Italy. (pp. 57-70). New York: Hemisphere Publishing.

Walker, L.E.A. (1989) Psychology and violence against women. American Psychologist, 44, 695-702.

Walker, L.E.A. & Dutton-Douglas, M.A. (1988). Future directions: Development, application and training of feminist therapists. In M.A. Dutton & L.E.A. Walker (Eds.), Feminist psychotherapies: Integration of therapeutic and feminist systems. (pp. 276-300). Norwood, N.J.:Ablex.

Douglas, M.A. and Walker, Lenore E. (Eds.) (1988) Feminist psychotherapies: therapy and feminist systems. New York, Ablex Publishing Co.

Walker, L.E.A. (1988) The impact of forensic issues on women's rights. In Prentky R.A. & V.L. Quinsey (Eds.) Human sexual aggression: Current Perspectives. (pp. 361-372) New York: NY Academy of Sciences.

Walker, Lenore E.A. (Ed.) (1988) Handbook on sexual abuse of children: identification, treatment and legal issues. New York: Springer Publishing.

Sonkin, D.J. Martin, D. and Walker, Lenore E. (1985) The male batterer. New York: Springer.

Rosewater, L.B. and Walker, Lenore E. (Eds.). (1985) Handbook of feminist therapy: women's issues in psychotherapy. New York: Springer.

Walker, L.E. (1984) The battered woman syndrome. New York: Springer.

Walker, L.E. (Ed.)(1984) Women and mental health policy. Beverly Hills: Sage.

Walker, L.E. (1984) Battered women, psychology and public policy. American Psychologist, 39 (10):1178-1182.

Walker, L.E. (1979) The Battered Woman. New York: Harper & Row.

KEYNOTE SPEECHES AND PAPERS PRESENTED (Partial List)

Walker, L.E.A. (2014, October). Advances in Models for treatment of victims of trafficking: STEP works. SAFE Coalition on Human Rights Conference. Chicago, IL.

Walker, L.E.A. (2014, October). Identifying victims of trafficking in clinical settings. SAFE Coalition on Human Rights Conference. Chicago, IL.

Walker, L.E.A., Rosenblatt, K., Jackson, M., Sarachaga-Barato, N., Mahler, C., & Gaviria, G. (2014, October). Raising the bar: Taking trafficking victims to the next level of treatment. SAFE Coalition on Human Rights Conference. Chicago, IL.

Walker, L.E.A. (2014, August). Development of a project in U.S. Immigration Court. Presentation in Symposium with Walker, L.E.A., Shapiro, D.L., Simonds, M., O'Neill, C., Calderin, D., Crouch, A., Roque, S., Shook, J., Akl, S., Boltinghouse, J., Jackson, M. (2014, August). Psychologists Involvement in U.S. Immigration Court. Symposium presented at the 122nd APA Annual Convention, Washington, D.C.

Walker, L.E.A. (2014, August). Teaching medical ethics and benefits of the MS in Clinical Psychopharmacology for forensic psychologists. Presentation in Symposium, Burns, W.J. (Chair). Enhanced job and training opportunities for psychopharmacology graduates. 122nd APA Annual Convention, Washington, D.C.

Akl, S., Roque, S., & Walker, L.E.A. (2014, August). Virtual simulations and avatars in online psychology courses. Poster presented at the 122nd APA Annual Convention, Washington, D.C.

Milano, N., Crouch, A., Jourdain, M., & Walker, L.E.A. (2014, August). Sexual functioning in incarcerated women who experienced child abuse histories. Poster presented at the 122nd APA Annual Convention, Washington, D.C.

Grabner, S.S., Conte, C.B., Groth, C.M., Astor, J. H., Hylton, T., & Walker, L.E.A. (2014, August). False Confessions by Women with Histories of Trauma and Abuse. Poster presented at the 122nd APA Annual Convention, Washington, D.C.

Lopez, V.A., Lundell, L., Mahler, C., Guskowski, K., Walker, L.E.A., & Van Hasselt, V.B. (2014). The victimization of women through murder-suicide: Florida case examples. Poster presented at the American Psychological Association Annual Meeting, Washington, DC.

Walker, L.E.A. (May 2014). What research tells us about best practices to protect moms and children when there is violence in the home. Invited Presentation: American Psychological Association & American Bar Association Conference on Violence and the Family. Washington, D.C.

Walker, L.E.A. (October 2013). Trauma Informed Care. Presentation at Fast Forward Conference sponsored by APA Division 42. Philadelphia, PA.

Walker, L.E.A. (October 2013). Our Broken Family Court System. NSU, Ft. Lauderdale, FL.

Walker, L.E.A. , D. Shapiro, GAH Benjamin, R. Geffner (September 2013). Advanced techniques & ethical issues in child custody evaluations. International Violence and Trauma at Alliant University (IVAT) & American Academy of Couples & Family Psychology. San Diego, CA.

Walker, L.E.A. (September 2013). Expert witness testimony in high publicity cases. IVAT. San Diego, CA.

Walker, L.E.A. (September 2013). Trauma Informed Practices. IVAT, San Diego, CA.

Walker, L.E.A. (September 2013). Forensic sexual abuse interviews. IVAT, San Diego, CA.

Walker, L.E.A. (August 2013). Empirically Based Trauma Interventions. Chair Symposium. American Psychological Association (APA) Annual Convention, Honolulu, HI.

Walker, L.E.A. (August 2013). Our Broken Family Courts: Lack of protection for trauma-exposed children. Chair Symposium. American Psychological Association (APA) Annual Convention, Honolulu, HI.

Walker, L.E.A. (July 2013). Creating a trauma-sensitive family court. Presentation at International Academy of Law & Mental Health (IALMH) conference. Amsterdam.

Walker, L.E.A. (July 2013). Gender violence issues. Presentation at International Academy of Law & Mental Health (IALMH) conference. Amsterdam.

Walker, L.E.A. (May 2013). Battered Woman Syndrome Testimony in the Courts. Invited Presentation at Conference on New Directions in Clinical and Forensic Assessment. APA Division 42, Miami Lakes, FL.

Walker, L.E.A., N. F. Russo, K. McNamara (October 2012). Creating a women's health agenda. Presentation at National Academies of Practice conference. Cleveland, OH.

Walker, L.E.A. (October 2012). Interprofessional Competencies: Psychology. Presentation at National Academies of Practice conference. Cleveland, OH.

Walker, L.E.A. (August 2012). STEP: Battered woman treatment for men and women. Chair Symposium. American Psychological Association Annual Convention, Orlando, FL.

Walker, L.E.A. (August 2012). Efficacy of the Felony Mental Health Court. Chair Symposium. American Psychological Association Annual Convention, Orlando, FL.

Walker, L.E.A. (August 2012). Violence and women's health: Connections, intersections, and coalitions. Discussant Symposium. American Psychological Association Annual Convention, Orlando, FL.

Walker, L.E.A. (March 2012). Seven deadly sins in family court. Presentation at Our Broken Family Court System Conference. Cummings Foundation: Phoenix, AZ.

Walker, L.E.A. & Benjamin, G.H.A. (2011, February). Protecting children in domestic violence families. Presentation at the American Academy of Couples & Family Psychologists, Ft. Lauderdale, FL.

Walker, L.E.A. (2010, June 2). BWS Theory and Research for Judges: Avoiding Pitfalls and Creating Solutions. Presentation to the American Family & Conciliation Courts (AFCC). Denver, CO.

Walker, L.E.A. (Chair), R. Resnick & R. Ax, W.J. Burns, J. Rey, A. Miles, & B. Rom-Rymer. (2011). Should APA support psychopharmacology programs to predoctoral students? Symposium at APA Annual Meeting. San Diego, CA. August 12th.

Walker, L.E.A. (Chair), S. Etkind, A. Jones, A. Mulcahy, F. Peric, & S. Lewis. (2010). Empirically supported group interventions with high publicity domestic violence victims. Presentation at APA Annual Meeting, San Diego, CA. August 12th.

Walker, L.E.A. (2009). Survivor Therapy Empowerment Program (STEP). Symposium at APA Annual Convention. Toronto, Canada.

Walker, L.E.A. (2008). Treating Trauma Victims & Survivors. Symposium at APA Annual Convention, Boston, MA.

Walker, L.E.A. (2006). Media, Myths, and Mental Illness. Chair. Symposium at APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2006). Ethics in high profile media cases. Invited symposium (D46) at APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2006). Battered Woman Syndrome: PTSD & Implications for Treatment Recommendations. Presentation in Symposium D42 Forensics for the Independent Practitioner. APA Annual Meeting, New Orleans, August.

Walker, L.E.A., Ardern, H., Walker, L., Brosch, R., Graham, M., Jeneffsky, M., Scott, E., Tome, A., & Worth, C. (2006). In Their Own Words: Domestic Violence and Incarcerated Women. Poster Presentation. APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2006). Survivor Therapy with Trauma Victims. Invited presentation in Symposium for D56 (Trauma) at APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2005, November). Domestic Violence and Gender Issues. Invited Seminar at University of Salamanca, Spain. November 4 & 5, 2005.

Walker, L.E.A. (2005, September). Domestic Violence and Raising Healthy Children. Workshop in Conference on Raising Healthy Children, NSU Health Sciences Profession, Ft. Lauderdale, FL. September 17, 2005.

Walker, L.E.A. et al. (2005, August). Battered Woman Syndrome: Thirty Years. Symposium presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Walker, L.E.A. et al. (2005, August). Born to be Wild: Media Images of Juvenile Girls: Bad or Trauma Victims. Symposium presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Walker, L.E.A. et al (2005, August). Forensic Psychology in a Clinical Training Program. Symposium presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Walker, L.E.A., Shapiro, D.L., Seligson, M.R. (2005). Legal issues in health care: Mental health issues. *Chabad of Downtown, Fort Lauderdale*. C.E.U. for lawyers. April 12 & May 10, 2005.

Walker, L.E.A., Antonopoulou, C., Rotlevy, S. (2005). Legal rights for children. *Presentation to Hellenic-American Union*. Athens, Greece. May 13th.

Walker, L.E.A. & Antonopoulou, C. (2005). Forensic Psychology. *Presentation to New York College*. May 17, 2005.

Walker, L.E.A. & Baca, J. (2005). *Psychopharmacology for children*. Workshop presented at Florida Psychological Association meeting, RitzCarlton Hotel, W.Palm Beach, FL. July 15th.

Walker, L.E.A. (2004). Psychopharmacological Update, Spousal Abuse, Legal/Ethical Responsibilities. American Academy of Clinical Psychology, ABPP, Los Angeles, CA. (May).

Walker, L.E.A. (2003). Prosecuting when Women are Victims: Battered Women and Sexual Assault Cases. Keynote invited address to annual meeting of Prosecutors. San Juan, Puerto Rico. (October)

Walker, L.E.A. (2003). International Perspectives on Battered Women. Invited address to annual meeting of the Interamerican Society of Psychologists, Lima, Peru (July).

Walker, L.E.A. (2003). Psychological Screening in Magistrates Court. Symposium with students at the annual meeting of the Interamerican Society of Psychologists, Lima, Peru (July).

Walker, L.E.A. (2003). Survivor Therapy with Battered Women: Assessment and Treatment Issues. Invited Workshop to the Michigan Women Psychologists, May 16th.

Walker, L.E.A. (2003). Child Custody and Exposure to Domestic Violence. Invited Presentation to the Interdisciplinary Group on Child Custody. Bonita Springs, FL., April 25th

Walker, L.E.A. (2003). Is there a Future in Psychology? Invited keynote lecture to Psi Chi Honor Society Undergraduates, Regional Chapter, FIU, April 17th.

Walker, L.E.A. (2002). Tribute to Al Ellis on his 90th Birthday. American Psychological Association Annual Convention, Chicago, IL., August.

Walker, L.E.A. (2002). Mental Health Issues as Mitigation in the Death Penalty. Discussant. American Psychological Association Annual Convention, Chicago, IL., August.

Walker, L.E.A. (2001). Psychological Issues for Battered Women. Invited presentation to PROMUDEH International Conference on Violence Against Women. Lima Peru, November 28th

Walker, L.E.A. (2001). Violence Risk Assessment with Domestic Violence Perpetrators in Custody Disputes. Workshop for Hawaii Psychological Association, Honolulu, HI, November 16th.

Walker, L.E.A. (2001). Domestic Violence and Substance Abuse. Invited presentation to Straub Foundation Annual Meeting, November 15th & November 17th, Honolulu, HI.

Walker, L.E.A. (2001). Families Torn Apart by Domestic Violence. Invited presentation in Injury and Violence Prevention and the Family, Ileana Arias (Chair). Psychology Builds a Healthy World: New Markets, New Research, 2001 Miniconvention Program. APA Annual Meeting, San Francisco, August 24th.

Walker, L.E.A. (2001). Forensic/Law Psychology POD Chair & the Role of Treating and Forensic Psychologists in Cases Where there has been Violence Against Women. Invited Presentation in Miniconvention on Pioneering and Reinventing: Innovative Practices for the 21st Century from a Diversity of Perspectives and Backgrounds. APA Annual Meeting, San Francisco, August 25th.

Walker, L.E.A. (2001). Legal and Ethical Issues in Expert Testimony on Psychological Syndromes. Invited Symposium by APA Committee on Legal Issues. APA Annual Meeting, San Francisco, August 24th.

Walker, L.E.A. & Shapiro, D.L. (2001). Ethics Code and Independent Practitioners: Response of Division 42. Symposium on Ethics Code, Courts, and Axis II Pathology: A Menacing Synergy. APA Annual Meeting, San Francisco, August 26th.

Walker, L.E.A. (2001). Practicing Psychology in the New Mental Health Court. Chair. APA Annual Meeting, San Francisco, August 26th.

Walker, L.E.A. (2001). Media Psychology and Hot News: Presidential Address for Division 46. APA Annual Meeting, San Francisco, August 27th.

Walker, L.E.A. (2001). Beyond the Psychological Impact of Trauma: New Assessment, Treatment, and Forensic Interventions when Women Experience Violence. Invited Address to the Canadian Psychological Association, Quebec City, CN, June 23rd.

Walker, L.E.A. (2001). The How Tos in Family Law Cases When Domestic Violence is at Issue. Workshop with L. Drozd & T.G. Kleinman at Association of Family and Conciliatory Courts, Chicago, IL. (May 10, 2001).

Walker, L.E.A. (2001). Psychology and Domestic Violence. Keynote Address to the New York State Psychological Association Annual Meeting, Albany, NY, (May 5, 2001).

Walker, L.E.A. (2001). Forensic Issues in Domestic Violence Cases. Presentation at Women In Distress Conference, Ft. Lauderdale, FL. (March)

Walker, L.E.A. (2001). Broward County Mental Health Court as a Model for Independent Practitioners. Presentation with R. Levant, D. Shapiro, M.R. Seligson, & M. Jalazzo to APA Division 42 Midwinter Board Meeting, Miami Beach, FL (March 2, 2001).

Walker, L.E.A., D. Shapiro & C. Antonopoulos (2000). Psychologists as Expert Witness. Presentation to New York College Athens, Greece. (December).

Walker, L.E.A. (2000). Domestic Violence and Psychotherapy. Presentation to Geneva Conference on Battered Women with WHO. Geneva, Switzerland (December 2000).

Walker, L.E.A. (2000). Ethical Issues in Child Custody Evaluations When Domestic Violence Is Claimed. Presentation to American Psychological Association Annual Meeting, Washington, DC, August, 2000.

Walker, L.E.A. (2000). Forensic Psychology Training. Invited Symposium, Sabourin, M. (Chair). International Congress on Psychology, Stockholm, Sweden, July, 2000.

Walker, L.E.A. (2000). Domestic Violence Around the World. Broward Mental Health Court and OPTIONS program. Invited Symposium, L. Walker (Chair). International Congress on Psychology, Stockholm, Sweden, July, 2000.

Walker, L.E.A. (1998). Domestic Violence Around the World. Invited Address to the International Association of Applied Psychology, San Francisco, CA. August.

Walker, L.E.A. (1998). Domestic Violence Around the World: Problems and Solutions. Symposium Chair. International Association of Applied Psychology, San Francisco, August.

Walker, L.E.A. (1998). Forensic Psychology: Criminal Cases. Chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Forensic Psychology: Gender Issues. Chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Forensic Psychology: Child Custody Evaluations. Chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Forensic Psychology: Marketing Strategies. Co-chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. & Albert Ellis (1998). Dialogue on violence. Invited presentation by Division 1 at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Not Ready for Standup Comedy. Invited presentation by Division 1 at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Feminist forensic training models. Presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). From Times to Tabloids: High Profile Media Cases and Psychology. Seminar presentation at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Wilderness psychology and women: Discussant. Seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Children Exposed to Domestic Violence. Workshop for Florida Psychological Association, Key West, FL. June.

Walker, L.E.A. (1998). Feminist Therapy. Workshop for Florida Psychological Association, Key West, FL. June.

Walker, L.E.A. (1997). Advanced Issues in Domestic Violence. Workshop for Florida Psychological Association, Ft. Lauderdale, FL. Dec. 1997.

Walker, L.E.A. (1997). Expert Witness Testimony in Criminal Cases. Workshop for Florida Psychological Association, Ft. Lauderdale, FL. Dec. 1997.

Walker, L.E.A. (1997). Domestic Violence and Survivor Therapy. Workshop for Broward County Mental Health Association. Ft. Lauderdale, FL, November.

Walker, L.E.A. (1997). Assessment and Treatment of Abused Women. Workshop and Invited lecture at International Association of Applied Psychology Regional Conference. Mexico City, July.

Walker, L.E.A. (1997). Battered Women as Survivors. Workshop for Psychological Association of Alberta. Calgary, CN. May.

Walker, L.E.A. (1997). Domestic Violence: Perpetrators and Victims. Workshops for Advocates and Professionals. Santa Rosa, CA, May.

Walker, L.E.A. (1997). Psychology and Violence and the Family. Workshop for Maine Psychological Association. April.

Walker, L.E.A. (1997). Survivor Therapy Techniques with Abused Women. Workshop for APA Midwinter Psychology Conference. St. Petersburg, FL., March.

Walker, L.E.A. (1997). Domestic Violence Issues for Advocates, Judges, and Psychotherapists. Workshops for Orange Country Psychological Association, Battered Woman Shelter, and Judges' meeting. January.

Walker, L.E.A. (1996). Survivor Therapy. Workshop at Milton Erikson Foundation Short Term Therapy Conference, San Francisco, CA. December 1996.

Walker, L.E.A. (1995). Women as Survivors: Feminist Therapy Techniques. State of the Art Workshop at Milton Erikson Foundation Evolution of Psychotherapy Conference. Las Vegas, NV. December, 1995.

Walker, L.E.A. (1995). The Patient/Therapist Relationship. Panel with Miriam Polster, Arnold Lazarus, & James Bugental. Milton Erikson Foundation, Evolution of Psychotherapy Conference. Las Vegas, NV. December, 1995.

Walker, L.E.A. (1995). PTSD and Abuse. Panel with Donald Meichenbaum, Cloe Madanes, & Francine Shapiro. Milton Erikson Foundation Evolution of Psychotherapy Conference. Las Vegas, NV. December, 1995.

Walker, L.E.A. (1995). The Media and the O.J. Simpson Trial. Broward County Public Defenders Office, Ft. Lauderdale, FL., November 17, 1995.

Walker, L.E.A. (1995). Workshop on Psychology of Domestic Violence. Old Dominion University, Norfolk, VA., November 19, 1995.

Walker, L.E.A. (1995). Psychological Impact of Domestic Violence and Rape. Invited presentation at Judicial Training Institute, Neve Ilan, Jerusalem, Israel, October, 1995.

Walker, L.E.A. (1995). Understanding Domestic Violence, Random Assaults, and Homicides: Clinical, Forensic and Legal Strategies for Trial. Keynote Speaker. Alternatives to Sexual Abuse, Portland, OR., October 20, 1995.

Walker, L.E.A. (1995). Dynamics of Domestic Violence and Efficacy of Psychological Treatment. Training workshop at the American Judges Association Annual Meeting, New Orleans, LA, October, 10, 1995.

Walker, L.E.A. (1995). Domestic Violence. Keynote Speaker. Lawyers Against Domestic Violence, Albuquerque, NM, September 8, 1995.

Walker, L.E.A. (1995). Gender Issues in the Victimization of Women. XXV Congreso Interamericano de Psicología, San Juan, Puerto Rico, July, 1995..

Walker, L.E.A. (1995). Intimate Violence: International Trends, Current Solutions. Panel with Emilio Viano and Margherita Repetto Alaia. Instituto Italiano di Cultura- Law, Justice & Society Series, Washington, DC, June 23, 1995.

Walker, L.E.A. (1995). Battered Women Syndrome: Identifying and Treating Survivors. Keynote Lecture, Arkansas Medical Society, Hot Springs, AK, May 5, 1995.

Walker, L.E.A. (1995). Survivor Therapy Workshop at Ohio Psychological Association, Columbus, OH, April, 1995.

Walker, L.E.A. (1995). Psychology of Domestic Violence. Two Day Workshop, Tokyo Institute of Psychiatry, Tokyo, Japan, April

Walker, L.E.A. (1994). Domestic Violence Courts in the United States. Invited presentation at Judicial Training Institute, Jerusalem, Israel. October, 1994.

Walker, L.E.A. (1994). Psychotherapy with Women and Battered Woman Syndrome. Invited presentation at International Conference on Domestic Violence, Amsterdam, The Netherlands., October, 1994.

Walker, L.E.A. (1994). Analyzing the Bobbitt Case. Presentation to the Federal Public Defenders Association. Atlanta, GA., October 5, 1994.

Walker, L.E.A. (1994). Keeping Kids Off Death Row. Presentation to Florida Public Defenders Life Over Death conference. Ft. Lauderdale, FL., September, 1994.

Walker, L.E.A. (1993, March) Psychology & Law: Violence Against Women Guest speaker at symposium to Pepperdine Law School, Malibu, CA.

Walker, L.E.A. (1992, October) Dynamics of Battering Relationships: Legal & Psychological Responses, plus panel discussion and mock trial for The American Judges Assn. Miami, FL.

Walker, L.E.A. (1992, October) Keynote and guest speaker for P.E.A.C.E. Initiative & other groups. San Antonio, TX.

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

Case No. _____

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity as
Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of the
Florida Board of Medicine; FLORIDA BOARD OF
OSTEOPATHIC MEDICINE; ANNA HAYDEN,
D.O., in her official capacity as Chair of the Florida
Board of Osteopathic Medicine; FLORIDA
AGENCY FOR HEALTH CARE
ADMINISTRATION; and ELIZABETH DUDEK,
in her official capacity as Secretary of the Florida
Agency for Health Care Administration,

Defendants.

NOTICE OF CONSTITUTIONAL QUESTION

Plaintiffs draw the following constitutional question in their June 11, 2015 Complaint,
attached:

Does Ch. 2015-1__, § 1, Laws of Fla. (H.B. 633, amending § 390.0111, Fla. Stat),
infringe upon a woman's right to abortion, in violation of the Right to Privacy, as
protected by Article I, section 23 of the Florida Constitution?

Dated: June 11, 2015

/s/ Benjamin James Stevenson

Benjamin James Stevenson

FL Bar #598909

AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF FLORIDA

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Pensacola, FL 32591

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Attorney for Gainesville Woman Care LLC d/b/a Bread and Roses Women's Health Center

Richard E. Johnson

FL Bar #858323

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Nancy Abudu

FL Bar #111881

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NY Bar #4418612

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*Attorneys for Gainesville Woman Care LLC
d/b/a Bread and Roses Women's Health
Center*

Autumn Katz*

NY Bar #4394151

Tiseme Zegeye*

NY Bar #5075395

CENTER FOR REPRODUCTIVE RIGHTS

199 Water St., 22nd Floor

New York, NY 10038

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Attorneys for Medical Students for Choice

*Pro Hac Vice Application Forthcoming

From: [Stearns Heather](#)
To: [Heather Stearns](#)
Subject: Fwd: 99 new legal jobs
Date: Wednesday, January 07, 2015 11:24:35 AM

Begin forwarded message:

From: "Gibson, Ben" <ben.gibson@eog.myflorida.com>
Date: January 7, 2015 at 11:21:31 AM EST
To: "Stearns, Heather" <Heather.Stearns@eog.myflorida.com>
Subject: 99 new legal jobs

From: The Florida Bar [<mailto:TheFloridaBar@association-network.com>]
Sent: Wednesday, January 07, 2015 11:15 AM
To: Gibson, Ben
Subject: [Spam:***** SpamScore] 99 new legal jobs
99 new legal jobs from the The Florida Bar Career Center | [View this email in your browser](#)
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[Insurance Defense Attorney](#)

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As a member of our insurance defense litigation team, you will provide legal representation to Progressive insureds and/or to the Progressive Insurance Companies before courts and arbitration panels in all aspects of litigation. Handling your own cases from beginning to end, you will also prepare legal pleadings, motions, statements, trial briefs and be involved in negotiating settlements. [more info](#)

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KEL Attorneys - Orlando, FL

Our high energy Firm is committed to hiring and retaining the very best talent in the legal industry. We are focused on hiring the best. A desire to work in a fast pace environment with a large caseload is required and expected. Excellent compensation package based on workload. Our Firm is seeking a litigation associate with min two years experience as either public defender, state attorney or PIP associate. [more info](#)

[Assistant County Attorney](#)

Leon County Attorney's Office - Tallahassee, FL

Assistant County Attorney with the Leon County Attorney's Office, assisting the County Attorney in providing legal representation for the Board of County Commissioners. Emphasis will be on land use and environmental law issues. [more info](#)

[Information Technology/Litigation Support Paralegal](#)

Lewis Brisbois Bisgaard & Smith LLP - Ft. Lauderdale, FL

The Ft. Lauderdale office of Lewis Brisbois Bisgaard & Smith has a position for a litigation support / trial paralegal with 5 years' experience in Commercial Litigation, Insurance Defense, Products Liability, and/or General Litigation. [more info](#)

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Tucker & Tighe, P.A. - Fort Lauderdale, FL

Tucker & Tighe, P.A., a downtown Fort Lauderdale AV-rated law firm representing community associations, seeks an experienced litigation associate. Work includes association lien foreclosures; condominium arbitrations; rule enforcement; injunction lawsuits; construction litigation; general litigation. Salary commensurate with experience. Please submit resume and writing sample by logging in & select "Apply by Email". [more info](#)

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Trenam Kemker - St. Petersburg, FL

Commercial real estate attorney with 4-6 years of experience for our real estate transactional practice, to be located in St. Pete. Seeking associate candidates who can assist in the structuring and documentation of mortgage/asset based lending, sales and acquisitions of commercial property, loan

modifications and workouts, as well as other legal work in our diverse commercial real estate practice [more info](#)

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Crew & Crew, P.A. - Fort Walton Beach, FL

Fort Walton Beach law firm seeks associate with experience in real estate or commercial litigation Construction litigation experience is a plus Busy practice offers exceptional opportunities for professional growth and partnership in a growing firm that offers high degree of client service Excellent benefit package and salary [more info](#)

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KEL Attorneys - Orlando, FL

Our Firm is seeking paralegals with familiarity in one or more of the following practice areas: Family Law, Foreclosure Defense, General Civil Litigation, Immigration, and Probate KEL Attorneys is a large, dynamic Firm representing clients in variety of practice areas Voted by Orlando Business Journal as #1 Best Place to Work! We are constantly evolving and looking for qualified Paralegals, who enjoy working in a fast paced environment, are interested in learning and have a passion for helping [more info](#)

Healthcare Attorney Tampa or St. Petersburg

Trenam Kemker - Tampa or St. Petersburg, FL

Healthcare Attorney to be located in Tampa or St Pete office 4-7 years of practice Prior experience in healthcare entity formations and maintenance, relations among owners of healthcare entities, healthcare contracting, healthcare transactions, healthcare provider employment agreements, state and federal healthcare regulation Experience should be through private law firm healthcare practice or a combination of law firm and in-house experience with a hospital or health provider group [more info](#)

Litigation Associates

Cole, Scott & Kissane, P.A. - Fort Lauderdale West, FL

Cole, Scott & Kissane, P A , a growing state-wide AV- rated" civil litigation firm seeks Litigation Associates with a minimum of two (2), maximum of (6) years litigation experience, for its Fort Lauderdale West Office Experience in the practice areas of insurance defense, Workers compensation and personal injury protection a plus Strong academic credentials, excellent research and writing skills required Highly competitive compensation and a friendly, excellent work environment [more info](#)

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Conroy Simberg - Hollywood, FL

Expanding Broward statewide insurance defense firm seeks experienced attorneys for the following positions - 1) Attorney with 3-7 years of liability experience 2)Attorney with a minimum of 2-4 years first party /property coverage experience Great opportunity for qualified candidate Send resume by logging in & select Apply by Email [more info](#)

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Dutton Law Group - Miami, Orlando, Tampa, Pompano, FL

AV-Rated law firm has immediate openings for associate with a minimum of 3 years of insurance defense, PIP litigation and/or BI experience in our Miami, Orlando, Tampa, and Pompano offices Salary will be commensurate with civil litigation experience The ideal candidate will have good academic credentials, excellent analytical and writing skills and experience handling a large volume of cases from inception through trial A portable book of business is a plus Position offers a competitive [more info](#)

Associate Contested Attorney - Panhandle Area

The Law Office of Daniel C. Consuegra - Tallahassee or Pensacola, FL

The firm is currently seeking a qualified Attorney for our Contested department to work out of the Panhandle The Attorney will work remotely from their home/home office and will be responsible for all aspects of contested matters, including pleading preparation, discovery, motion practice and trial Attorney will primarily be responsible for all cases in the Panhandle region and may also travel as needed to Northeast and Central Florida to attend hearings and trials The Attorney should have st [more info](#)

ERISA Attorney Tampa or St. Petersburg

Trenam Kemker - Tampa or St. Petersburg, FL

ERISA attorney with 4-6 years of experience to be located in either the Tampa or St Pete office We seek candidates with current experience in health and welfare plans, cafeteria (Section 125) plans, Affordable Care Act compliance, and HIPAA compliance Defined benefit plans and deferred compensation are other areas in which prior experience is desirable [more info](#)

First Party Attorney - West Palm Beach Office

Conroy Simberg - West Palm Beach, FL

West Palm Beach insurance defense firm seeks an attorney with a minimum of 3-7 years litigation experience, first party/property coverage experience helpful Excellent salary and benefits Email resume by logging in and select "apply by email " [more info](#)

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The Law Office of Daniel C. Consuegra - Tampa, FL

The firm is currently seeking a qualified Litigation Trial Attorney (5 years experience or more) for our Litigation department The Attorney will be responsible for all aspects of litigation, including pleading preparation, discovery, motion practice, trial and possible appeals in both state and federal cases The position requires a strong work ethic and great attitude The position offers sophisticated clients, challenging work, a friendly and relaxed work environment, competitive compensation [more info](#)

Paralegals / Legal Assistants - Tampa , Miami , and Pompano Beach

Dutton Law Group - Tampa, Miami, Pompano, FL

The Tampa , Miami , & Pompano Beach office of Dutton Law Group is seeking an experienced paralegal/legal assistant 2 years of experience to include PIP, insurance defense and civil litigation and should have good academic credentials [more info](#)

Litigation Attorney - Tampa Office

Conroy Simberg - Tampa, FL

Statewide insurance defense firm in Tampa seeks an attorney with 7-10 years of liability experience Competitive salary and benefits Email resume by

logging in and select "Apply by Email " [more info](#)

Business Transactions Associate Tampa

Trenam Kemker - Tampa, FL

Business Transactions Associate to be located in Tampa 2-4 years of practice Prior experience in entity formations and maintenance, business owner relations, general business transactions, employment agreements, nonqualified executive compensation plans, securities, M&A, and taxation, or some combination of experience in these areas [more info](#)

City Attorney

City of Pensacola - Pensacola, FL

The City of Pensacola is seeking an attorney with substantial Florida local government law experience to serve as City Attorney This individual will serve as the chief legal counsel for the City providing legal counsel and advice to the Mayor, City Administrator, City Counsel, City boards and commissions and staff as well as managing the City Attorney's Office The City offers a full range of municipal services as well as an International Airport, commercial Port, and a natural gas utility [more info](#)

Consumer & Class Action Litigation Associate

Hinshaw & Culbertson LLP - Miami, FL

The Coral Gables office of Hinshaw & Culbertson LLP, a leading national law firm, seeks an Associate Attorney with a minimum of two years of litigation experience, a commitment to exceptional client service, top quality writing skills and strong academic credentials [more info](#)

Associate Attorney : Complex Provider Fraud

Wicker, Smith, O'Hara, McCoy & Ford, P.A. - Miami, FL

The Miami office of Wicker Smith is seeking an associate to represent insurance companies This area is devoted to complex provider litigation and experience in fraud, criminal law, and personal injury protection is highly recommended Book of business a plus 3-5 years experience Candidates need to have 3-5 years of PIP experience and should have high academic credentials from a nationally respected law school and an equally impressive undergraduate degree EOE [more info](#)

Litigation Paralegal Needed

Gonzalez Saggio & Harlan LLP - Miami, FL

The Paralegal is responsible for providing legal and administrative support to the Litigation team This support will include, among other things, preparing legal documents and performing and organizing discovery and research functions under the direction of the Litigation Attorneys The ideal candidate will be experienced in litigation The team will require the candidate to be involved in strategy and be an independent thinker Familiarity with litigation/trial software is a plus [more info](#)

Personal Injury Plaintiff Associate Attorney

The Pendas Law Firm, P.A. - Orlando, FL

The Pendas Law Firm, P A seeks an aggressive associate attorney to handle a heavy case load The ideal candidate must have at least 3 - 4 years of personal injury plaintiff and trial experience Experience in medical malpractice is a plus Bilingual (English/Spanish) preferred, but not required [more info](#)

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The Pendas Law Firm, P.A. - Orlando, FL

The Pendas Law Firm, P A , a growing personal injury law firm, is seeking a bilingual (Spanish/English) case manager for pre-suit Candidate must have a minimum of 3 years of experience [more info](#)

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The Receptionist role is one of a gatekeeper and the initial representation for the entire firm and its employees The front desk Receptionist for the Tampa Office is directly responsible for providing hospitality and reception or other services defined below to all visitors into the Tampa Office, keeping track of all outgoing and incoming mail, handling the mail orders, prepping the file for data entry and production and organization for all break room supplies Receptionists will provide supp [more info](#)

PIP Attorney

Windhaven Insurance - Miami, FL

The staff attorney position defends the company against lawsuits for Personal Injury Protection and Physical Damage claims brought against the company The ideal candidate will have knowledge of civil litigation and insurance law as well as a strong work ethic [more info](#)

Legal Counsel I

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This junior-level attorney will be responsible for (i) preparing and negotiating contract documentation with customers of the company, (ii) analyzing litigation or other dispute matters, and (iii) providing legal advice and/or counsel to business units within the company This attorney will review, prepare and negotiate information and technology services contracts, software licenses, and other outsourcing and information services agreements for services and products provided to financial instit [more info](#)

Personal Injury Attorney - Performance based \$500,000 to \$1,000,000

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Thomas J. Henry Injury Attorneys is seeking a seasoned, results-driven Trial Attorney Attorney must be experienced in personal injury law, specifically in representing plaintiffs Attorney must have extensive first chair trial experience with a track record of success to match Performance-based compensation means you have the ability to earn \$500,000 to \$1,000,000 within the first 12-18 months [more info](#)

Personal Injury Attorney- Performance based \$500,000 to \$1,000,000

Thomas J. Henry Injury Attorneys - Corpus Christi, TX

Thomas J. Henry Injury Attorneys is seeking a seasoned, results-driven Trial Attorney Attorney must be experienced in personal injury law, specifically in representing plaintiffs Attorney must have extensive first chair trial experience with a track record of success to match Performance-based compensation means you have the ability to earn \$500,000 to \$1,000,000 within the first 12-18 months [more info](#)

Lead Personal Injury Attorney

Confidential - Sarasota, FL

Well established Sarasota plaintiff's worker's comp, personal injury and social security disability firm seeks to add a lead personal injury attorney. The ideal candidates will be decisive, confident, and systematic. The firm is client committed, results oriented, and collaborative. Applicants should have produced excellent results representing personal injury plaintiffs for a minimum of 3 years. He or she should be eager to independently take over a full caseload. A competent and trained suppo [more info](#)

Insurance Defense- BI/PD- Attorney

Windhaven Insurance - Miami, FL

Windhaven Insurance is seeking an Experienced BI/PD Attorney in the Miami/Doral area. The ideal candidate will have knowledge of civil litigation and insurance law as well as a strong work ethic. [more info](#)

Workers' Compensation Defense Attorney

Miller, Kagan, Rodriguez & Silver, PL - Orlando / Maitland, FL

Workers' Compensation Defense Associate responsible for representing the interests of employers and insurance carriers throughout the state of Florida in the handling of their workers' compensation claims. Position requires the use of independent judgment, research, litigation and analytical skills. Qualified candidates must be willing to work in a team environment and exhibit interest in marketing to the workers' compensation client base. Thorough knowledge of Florida W/C statutes and its app [more info](#)

Attorney - Jacksonville Office

Boyd & Jenerette, P.A. - Jacksonville, FL

Boyd & Jenerette, P.A., an established AV-rated litigation firm seeks an Attorney with a minimum of five (5) years litigation experience, involving Construction and Complex Liability insurance defense. Portable business required. Strong relevant verifiable experience, Florida bar admission, and federal court experience. We offer a generous benefits package and salary commensurate with experience. Job located in Jacksonville. All submissions held in strict confidence. Email your resume [more info](#)

Litigation Paralegal

Bush Ross, P.A. - Tampa, FL

Bush Ross is looking for an experienced Litigation Paralegal. Paralegals at Bush Ross work within a team of lawyers and legal assistants. This type of teamwork-driven office environment creates a positive relationship between our attorneys and support staff. The general responsibilities of the Litigation Paralegal position include, but are not limited to: Communicate with clients, witnesses, judicial assistants and other attorneys and their staff, prepare legal documents, pleadings, correspondence [more info](#)

Attorney: Professional Malpractice

Wicker, Smith, O'Hara, McCoy & Ford, P.A. - Jacksonville, FL

Candidates need to have 0-2 years of litigation and professional malpractice experience and should have high academic credentials from a respected law school. The working environment consists of a close-knit group of aggressive attorneys working together as a team. [more info](#)

Litigation Paralegal

Boyd Richards Parker & Colonnelli - Miami, FL

Civil defense law firm is seeking a paralegal with a minimum of 3 years of experience in a litigation office - Must be highly organized with strong research and writing skills and fully computer literate. Paralegal Primary responsibilities include managing files for litigation matters, arranging depositions, cataloging documentation, drafting discovery, pleadings and other litigation documents, responding to pleadings, preparation for depositions, motions, hearings and trial [more info](#)

Civil Litigation Paralegal with 7+ Years of Experience Required

Litigation Law Firm - Jacksonville, FL

Civil litigation law firm seeks full-time paralegal. Qualified candidate must have Florida Civil Litigation (trial) experience. 7 years experience required. Florida Registered Paralegal certificate a plus. Construction experience preferred. Competitive salary and benefits package. [more info](#)

Legal Assistant - Bilingual (Spanish)

David F. Vedder, P.A. - Daytona Beach, FL

David F. Vedder, P.A. in Daytona Beach, FL seeking full time permanent Legal Assistant for Immigration and Nationality Law firm. Spanish speaker required with superb computer skills. Benefits included, Salary commensurate with experience. 2 years of previous experience working in a law firm environment. [more info](#)

Medical Malpractice Associate Attorney & Personal Injury Associate Attorney

Dennis Hernandez & Associates, PA - Tampa, FL

Dennis Hernandez & Associates, P.A., a personal injury boutique Tampa firm is seeking the following attorneys: 1) Associate attorney with experience in medical malpractice. Candidates must have three (3) to five (5) years of experience in all aspects of litigation from case inception through assistance at trial. Qualified candidates must possess the following: Top third of law school class, Admitted to practice in the State of Florida, Must have minimum of 3 years MedMal experience, plaintiff or [more info](#)

Construction Litigation Associate Attorney with 3+ Yrs. of Exp.

Hill Rugh Keller Main - Orlando, FL

Downtown Orlando "AV" rated law firm seeks an Associate Attorney with 3 - 4 years of experience in construction, insurance defense or commercial litigation. Must have a strong academic record. Please send resume with salary requirements to the email provided. Applicants should have strong research and writing skills. 3-4 years experience required - insurance defense, construction and/or commercial litigation. [more info](#)

PIP Attorney

Ellis, Ged & Bodden, P.A. - Sarasota, FL

Ellis, Ged & Bodden, P.A. is seeking an ambitious, highly motivated and passionate PIP attorney for our office in Sarasota, FL. 3-5 years of litigation experience required. Experience prosecuting and defending claims for personal injury protection (PIP) benefits. Must be comfortable managing a large caseload with minimal supervision. Required to attend depositions, hearings, preparation of various legal documents including motions,

memorandums and discovery Conduct hearings and assist in trial [more info](#)

Insurance Litigation Associate Attorney

Simon, Reed & Salazar, P.A. - Miami, FL

First Party Insurance and Complex Litigation Growing insurance defense firm located in Dadeland area seeks attorney for associate position to assist with first party coverage and complex litigation; 3-6 years experience in civil litigation with at least some first party experience required Please send resume, salary requirements and writing sample [more info](#)

Corporate and Business Attorney and Trusts & Estates Attorney

Grant Fridkin Pearson, P.A. - Naples, FL

Grant Fridkin Pearson, P A , an established Naples firm with an AV rating, is seeking attorneys to fill the following positions: 1 Attorney with significant experience in business acquisitions, mergers, and business entity structuring and the necessary and related business entity tax knowledge 2 Attorney with experience in sophisticated estate planning and administration An LLM in taxation or estate planning is required The ideal candidates should be members of The Florida Bar, be presen [more info](#)

Civil Litigation Attorney

Gurley Vitale PA - Sarasota, FL

Gurley Vitale, a Sarasota AV rated commercial litigation law firm is seeking a lawyer with minimum of five years complex civil litigation experience Candidate must have superior academic credentials, a successful employment history and proven client relations skills This is a long term opportunity Salary commensurate with talent and experience Medical, disability and 401k benefits provided All inquiries will be treated with the utmost discretion and held in strict confidence [more info](#)

Real Estate Paralegal

Hahn Loeser & Parks LLP - Fort Myers or Naples, FL

Hahn Loeser & Parks LLP has an immediate opening for an experienced Real Estate Paralegal (5 years) in our Fort Myers or Naples office We are seeking someone with experience in reading and understanding contracts, and drafting residential and commercial documents related to conveyance, acquisitions, leases and loans [more info](#)

Real Estate Attorney

Hahn Loeser & Parks LLP - Fort Myers or Naples, FL

Hahn Loeser & Parks seeks a real estate attorney with 5 years of experience for the Fort Myers or Naples office Qualified candidates must have strong academic credentials and experience with structuring and negotiating residential and commercial closings We are looking for an independent and detail-oriented individual with excellent analytical and writing skills [more info](#)

Estate Planning Associate

Hahn Loeser & Parks LLP - Naples, FL

Hahn Loeser & Parks seeks an associate with 5-7 years of experience to join the Estate Planning group in our Naples office Our widely-recognized Estate Planning team is known for handling complex estate plans, trusts and business succession plans customized to meet the needs of our clients across the U S and abroad [more info](#)

Probate Paralegal

Hahn Loeser & Parks LLP - Naples, FL

Hahn Loeser & Parks seeks an experience estate planning paralegal in our Naples office Our widely-recognized Estate Planning team is known for handling complex estate plans, trusts and business succession plans customized to meet the needs of our clients across the U S and abroad [more info](#)

Corporate Paralegal

Hahn Loeser & Parks LLP - Naples, FL

Hahn Loeser & Parks seeks an experienced corporate paralegal in our Naples office This individual will assist with all stages of corporate formations/organization, and the preparation for and closing of various corporate transactions, including mergers and acquisitions Experience with performing corporate filings in multiple states is required [more info](#)

Paralegal/Legal Assistant

Hall Booth Smith P.C. - North Palm Beach, FL

Hall Booth Smith, P C a leading U S law firm, is seeking a Litigation Paralegal and a Legal Secretary for its North Palm Beach office [more info](#)

Attorney - Fluent in Spanish is Required

Confidential - Coral Gables, FL

High profile AV rated trial firm in Coral Gables seeking an attorney with 0-3 years experience Candidate must have excellent academic credentials, research, writing and people skills Must have a strong work ethic Fluency in Spanish is a must The firm handles catastrophic personal injury, medical malpractice, wrongful death and professional liability cases Salary commensurate with experience and productivity Excellent benefits package [more info](#)

Real Estate Transactions Attorney

Hill Ward Henderson - Tampa, FL

Hill Ward Henderson, an AV-rated, Tampa, Florida law firm seeks qualified attorneys for its Real Estate Group Candidates must have 1-3 years of real estate transactions experience The position requires excellent academic credentials, client development potential, and a strong work ethic Please visit our firm website at www.hwhlaw.com [more info](#)

Foreclosure Attorney 1-3 Years Exp.- & 5 Plus Years of Litigation Experience

Shd Legal Group PA - Fort Lauderdale, FL

If you are a team player & detail oriented, well organized, great communicator! We are looking for you! We are a high energy environment looking for someone with a strong work ethic and a great attitude If you feel that you fit the description, please send us your resume, we would really like to meet you! [more info](#)

[Associate Attorney](#)

McEwan, Martinez, Dukes & Hall PA - Orlando, FL

Immediate Opening for an Associate Attorney for an Orlando litigation firm Heavy Medical Malpractice Defense experience required [more info](#)

[PIP Insurance Defense Attorney](#)

Progressive Insurance - Miami, FL

In response to business growth, Progressive House Counsel is expanding our PIP practice with plans to add PIP Attorneys to our Miami location Please consider joining our in-house legal team and Progressives award-winning, employee-friendly work environment [more info](#)

[Pre-Trial or Trial Team Associate](#)

John Bales Attorneys - St. Petersburg, FL

John Bales Attorneys, a 15 lawyer practice in St. Petersburg, is offering newly admitted attorneys an opportunity to work with the firms pre-trial or trial team on cases including, but not limited to, Personal Injury, Complex Litigation, Medical Malpractice, and Insurance Coverage Disputes To apply, please submit a resume, cover letter, and unofficial transcript, addressed to Matt Jacobs [more info](#)

[Paralegal Fort Lauderdale and Orlando Office](#)

KEL Attorneys - Fort Lauderdale and Orlando, FL

KEL Attorneys is a large, dynamic Firm representing clients in variety of practice areas Voted by Orlando Business Journal as #1 Best Place to Work! We are constantly evolving and looking for qualified Paralegals, who enjoy working in a fast paced environment, are interested in learning and have a passion for helping others Our Firm is seeking paralegals with familiarity in one or more of the following practice areas: Family Law, Foreclosure Defense, General Civil Litigation Familiarity with [more info](#)

[Attorney - Insurance Defense](#)

Luks, Santaniello, Petrillo & Jones - Miami, FL

Luks, Santaniello, Petrillo & Jones, an Insurance Defense litigation trial practice with 8 locations statewide, has an immediate opening for an INSURANCE DEFENSE ATTORNEY in our Miami office 5 years experience to handle general liability, vehicular, premises and wrongful death cases Excellent benefit package including 401K and retirement plan Salary will commensurate with experience For more information visit our website at [WWW.LS-LAW.COM](#) [more info](#)

[Commercial Litigation Attorney](#)

McGlinchey Stafford PLLC - Jacksonville, FL

McGlinchey Stafford, a nationally-recognized business and consumer financial services defense law firm, is seeking an associate to join its commercial litigation practice group in its Jacksonville, FL office [more info](#)

[Commercial Litigation Attorney](#)

McGlinchey Stafford PLLC - Fort Lauderdale, FL

McGlinchey Stafford, a nationally-recognized business and consumer financial services defense law firm, is seeking an attorney to join its commercial litigation practice group in its Fort Lauderdale, FL office [more info](#)

[Corporate Securities Associate](#)

McKenna Long & Aldridge LLP - Atlanta, GA

McKenna Long & Aldridge LLP seeks a Corporate Securities Associate with 4 to 7 years of experience to join our Corporate department in the Atlanta office Candidate should have corporate finance and securities experience, particularly with Securities Act and Securities Exchange Act filings Candidate should have strong communication, analytical and writing skills as well as the ability to work in a fast-paced team environment [more info](#)

[Real Estate & Finance Associate](#)

McKenna Long & Aldridge LLP - Atlanta, GA

McKenna Long & Aldridge LLP seeks an Associate to join the Real Estate & Finance department in the Atlanta office Candidate should have 3 years of real estate and finance experience, preferably representing lenders Candidate should have strong communication, analytical and writing skills as well as the ability to work in a fast-paced team environment [more info](#)

[Attorney](#)

Millennium Partners - Aventura, FL

Millennium Partners is a leading default services law firm representing mortgage servicers and institutional lenders in the State of Florida and Commonwealth of Puerto Rico The firm is a 100% woman-, minority- and veteran-owned and operated business with offices in Aventura, Florida and San Juan, Puerto Rico [more info](#)

[PIP / First Party Civil Litigation Attorney - Amazing Opportunity!](#)

The Law Offices of Dan Newlin - Orlando, FL

Must have a minimum of 10 years experience in first party litigation, hungry, superstar with proven successful track record needed to aggressively work pip and first party insurance denials cases and help manage and build our first party department Salary 150k - 250k with opportunity to make substantially more depending on individual and team performance [more info](#)

[Civil Litigation Attorney](#)

The Law Offices of Dan Newlin - Orlando, FL

Must have a minimum of 10 years litigation experience, hungry, superstar with proven successful track record needed to aggressively work personal injury cases and help manage Pre-Suit Attorneys Salary 150k - 250k with opportunity to make substantially more depending on individual and team performance [more info](#)

[Associate Attorney](#)

Nabors, Giblin & Nickerson, P.A. - Tampa, FL

Nabors, Giblin & Nickerson, P.A., a leader in public finance law in the State of Florida, is seeking an associate attorney with 2-5 years of experience in corporate and/or real estate transactions for its Tampa office Competitive compensation and benefits package and no billable hours More information about the firm can be found at [www.ngnlaw.com](#) Please direct inquiries in confidence to Chris Traber [more info](#)

Bankruptcy Attorney

Albertelli Law - Tampa, FL

Now in its 18th year, ALAW is a leading provider of legal services to the mortgage banking industry. Today ALAWs expanding practice includes every financial vertical, including, but not limited to, unsecured personal finance to commercial secured lending, serving institutional and private, lenders, financial institutions and hedge funds throughout the loan life-cycle from securitization through origination and asset reclamation [more info](#)

Foreclosure Legal Assistant

Albertelli Law - Tampa, FL

Now in its 18th year, ALAW is as a leading provider of legal services to the mortgage banking industry. Today ALAWs expanding practice includes every financial vertical, including, but not limited to, unsecured personal finance to commercial secured lending, serving institutional and private, lenders, financial institutions and hedge funds throughout the loan life-cycle from securitization through origination and asset reclamation [more info](#)

Litigation Attorney

Confidential - Orlando, FL

Orlando midsized law firm is seeking a motivated and talented associate with 1-3 years of civil or commercial litigation experience, and an interest in product liability defense. Candidate must have an exceptional work ethic, the ability to travel, work well in a team environment and possess the skills of an avid litigator. Competitive salary and benefits. Please send cover letter, resume, writing sample and references in one single upload [more info](#)

Paralegal Fort Lauderdale Office

KEL Attorneys - Fort Lauderdale and Orlando, FL

Our Firm is seeking paralegals with familiarity in one or more of the following practice areas: Family Law, Foreclosure Defense, General Civil Litigation, Immigration, and Probate. KEL Attorneys is a large, dynamic Firm representing clients in variety of practice areas. Voted by Orlando Business Journal as #1 Best Place to Work! We are constantly evolving and looking for qualified Paralegals, who enjoy working in a fast paced environment, are interested in learning and have a passion for helping [more info](#)

Legal Secretary

Confidential - Palm Beach Gardens, FL

Palm Beach Gardens: Growing AV rated insurance defense firm looking for secretary with a MINIMUM of 3 years workers compensation defense experience. Excellent benefit package, salary negotiable [more info](#)

Pre-Suit Personal Injury Attorney

The Law Offices of Dan Newlin - Orlando, FL

Pre-suit Personal Injury Attorney for growing Orlando Personal Injury Law Firm. Applicants must have a minimum 5 years of experience, preferably in Civil Personal Injury Law. Must have strong work ethic, committed to excellence, and great interpersonal skills [more info](#)

Real Estate Attorney with a Minimum of 5 Years Experience

Confidential - Orlando, FL

Prominent Central Florida real estate firm seeks an experienced real estate attorney with minimum 5 years experience for its sophisticated real estate development and transactional practice. Exposure to commercial transactions, mixed use development, timeshare/hospitality law is highly preferred but not required. Candidates must possess excellent written and verbal communication skills, analytic ability, legal research skills, law school performance, a strong desire to work on complex matters an [more info](#)

Associate Attorney

Bobo Ciotoli White & Russell, P.A. - North Palm Beach, FL

Provide litigation support and services in all aspects of medical malpractice, products liability and general liability cases; including, but not limited to: (1) Attending depositions and trials; (2) creating reports, summaries of records, and memorandum of law; (3) working with clients; and (4) research and retain experts. Competitive Salary, 401K, Health Care Contribution, Life Insurance, Disability Insurance and paid Vacation [more info](#)

Trial Attorney IV

Nationwide Mutual Insurance Company - Plantation and Orlando, FL

Provides representation for clients on complex and/or high-risk legal matters. Reviews and evaluates assigned cases. Prepares and tries cases in all courts and agencies. Provides related legal advice and services and manages relationships with Claims and Clients. Assists in mentoring of other trial attorneys [more info](#)

Attorney

Roig Lawyers - Tampa & Orlando, FL

Roig Lawyers is a minority owned litigation firm delivering a DIFFERENT experience of extraordinary and uncommon character. We are a multi-practice Florida Litigation firm with more than 100 attorneys in offices throughout the State of Florida. Current practice areas include but are not limited to Commercial Litigation, Construction, Corporate, Real Estate, Banking, Finance, Labor & Employment and all phases of Insurance Litigation [more info](#)

Litigation Associate Attorney

Seipp Flick & Hosley LLP - Lake Mary, FL

Seipp Flick & Hosley LLP a growing state-wide AV- rated" civil litigation firm seeks a Litigation Associate with a minimum of two (2), maximum of (4) years litigation experience. Experience in the practice areas of products liability defense, personal injury or complex litigation a plus. Strong academic credentials, excellent research and writing skills required. Highly competitive compensation and a friendly work environment in Central Florida. All submissions held in confidence [more info](#)

Litigation Attorney with 7+ Years of Experience

Litigation Law Firm - Jacksonville, FL

Serves clients by presenting legal options; preparing and managing litigation cases; providing legal and work direction to legal assistants. Duties: Concludes cases by bringing cases to settlement or trial; planning, organizing, and presenting arguments and counter-arguments, maintains rapport with clients by making regular contact with clients; satisfying client needs, prepares cases for litigation by filing lawsuits; evaluating cases; completing discovery, provides clients with legal advice by [more info](#)

Associate Attorney

Confidential - Naples, FL

Small Naples based law firm, with a rapidly expanding practice, seeks an associate attorney. The ideal candidate should be in the top 10% of their class, highly motivated to learn, have strong research skills and be willing to work long hours. Candidate should also possess strong verbal and written communication skills, organizational and time-management skills, an ability to think critically, problem-solving skills, as well as read and understand complex legal [more info](#)

Attorney w/ 3 to 5 Years of Property Loss Claims Experience Required

Groelle & Salmon PA - Tampa, FL

Statewide AV rated defense firm seeking attorneys to join our Tampa location. Three to five years experience in property loss claims a must. Litigation experience necessary. Great working environment and benefit package to include medical, dental, life, long-term disability and matching 401(k). Send resume in confidence by logging in and select "Apply by Email" [more info](#)

Attorney w/ 4+ Yrs. of Property Insurance Loss Claims Experience

Groelle & Salmon PA - Miami, FL

Statewide AV rated insurance defense firm seeking attorneys with 4 years experience with property insurance loss claims to join our North Miami location. Litigation and trial experience necessary. Send resume in confidence by logging in and select "Apply by Email" [more info](#)

Accounts Payable Specialist

Bush Ross, P.A. - Tampa, FL

Tampa law firm is seeking an Accounts Payable Associate. The general responsibilities of the Accounts Payable Associate position include, but are not limited to: maintain records and process accounts payable transactions, reconcile accounts, prepare accounts payable checks, print accounts payable reports and maintain accounts payable files, prepare 1099s, answer all vendor inquiries, monitor credit card account balances; audit any questionable charges, and/or large amounts [more info](#)

Family Law Associate Attorney

Men's Divorce Law Firm - Orlando, FL

2-5 years experience. The applicant must have Family Law and Trial experience. The Associate will be in Court on a daily basis, meeting with clients, and working on documentation in the office. For consideration please email admin@mensdivorcelaw.com. Come join a Top 100 Companies for Working Families and Best Places to Work awards winner [more info](#)

Paralegal - Elder Law

The Elder Law Center of Kirson & Fuller - Orlando, FL

A growing Elder Law firm in Central Florida is recruiting for a paralegal for their office in downtown Orlando. Candidates should be hard working and want to be a member of a great team and bring a positive attitude. This position requires excellent organizational skills, attention to detail, excellent verbal and written communication skills, especially on the phone, proficient in Word, Outlook, working knowledge of Pro Docs, updating job knowledge by participating in educational opportunities [more info](#)

Associate Attorney - FC Trials and Hearings

Van Ness Law Firm, PLC - Fort Walton / Panama City, FL

A position is needed in the Fort Walton and Panama City area for an Associate Attorney with at least four (4) years of foreclosure practice experience to include Trials, Depositions and Mediations. This position is a telecommunication position whereby it is expected to cover regional trials and hearings as assigned by law firm which is based in South Florida. Time not spent preparing and covering court assignments will be preparing discovery, pleadings and other matters for the firm. This is an [more info](#)

Bankruptcy Attorney

Siegfried, Rivera, Hyman, Lerner - Coral Gables / Broward, FL

A/V rated Siegfried, Rivera, Hyman, Lerner needs an experienced Bankruptcy Attorney for either its Coral Gables or Broward office. Ideal candidate should have a portable book of business and desire to market and expand their creditor representation practice. Minimum 5 years experience representing clients in bankruptcy, litigation and distressed situations. Position has partnership potential and reward for generation of business. Send resume and salary requirements [more info](#)

Real Estate Attorney

Siegfried, Rivera, Hyman, Lerner - Coral Gables Broward West Palm, FL

A/V rated Siegfried, Rivera, Hyman, Lerner needs an experienced real estate lawyer. Office may be located in Coral Gables, Broward or West Palm. Ideal candidate should have a book of business and be a rising star who wants a unique opportunity to advance in the commercial real estate field. Position has partnership potential and reward for generation of business. Send resume and salary requirements by logging in and select "Apply by Email" [more info](#)

Plaintiff Insurance Litigation Claims Associate Attorney

The People's Law Team - Fort Lauderdale, FL

Associate Attorney needed for insurance litigation claims. We are looking for organized, smart, and conscientious individuals to join our growing team of successful lawyers and staff. We offer competitive salaries, full benefits, and a pleasant work environment. If you want to work where you are valued and appreciated, and your work counts, please send your resume and cover letter by logging in and choose the option "Apply by Email" [more info](#)

Associate Attorney

Gregory S. Martin & Associates, P.A. - Maitland, FL

Associate Attorney: Boutique construction law firm seeks 2-5 year attorney. Construction law or related experience preferred; technical background required. Competitive salary plus benefits. Submit resume and writing sample by logging in & select "Apply by Email" No phone calls please [more info](#)

Associate

Alvarez Winthrop Thompson & Storey, P.A. - Orlando, FL

AV rated multi-practice firm seeks associates with 2 - 5 years experience in Insurance Defense, Commercial Litigation, Real Estate and Corporate

Must have strong work ethic and be able to immediately assist with a full case load Portable business a plus [more info](#)

[Associate Attorney](#)

Company Confidential - North Palm Beach, FL

AV rated trusts and estates firm in North Palm Beach County, Florida seeks an associate The following are desirable factors, but none is a prerequisite: board certification, LLM , CPA certification, some portable business, 10-plus years experience We offer a pleasant and respectful work environment, sophisticated practice and opportunity for career advancement [more info](#)

[Senior Attorney - Civil Litigation](#)

DeMahy Labrador Drake Victor & Cabeza - Coral Gables, FL

AV-rated Coral Gables civil trial firm with offices in Broward & Palm Beach seeks senior-level attorney with portable business looking to maximize earning potential Compensation negotiable with excellent benefits & diversity-minded work environment [more info](#)

[Senior Attorney - Labor & Employment](#)

DeMahy Labrador Drake Victor & Cabeza - Coral Gables, FL

AV-rated Coral Gables civil trial firm with offices in Broward & Palm Beach seeks senior-level labor and employment attorney with portable business looking to maximize earning potential Firm has existing non-EPL clients with potential source of EPL work Compensation negotiable with excellent benefits & diversity-minded work environment [more info](#)

[Attorney - Civil Litigation](#)

DeMahy Labrador Drake Victor & Cabeza - Coral Gables, FL

AV-rated Coral Gables civil trial firm with offices in Broward and Palm Beach seeks 2-4 year attorney with personal injury defense experience, must be self motivated and independent worker Compensation negotiable , excellent benefits and diversity-minded work environment [more info](#)

[Attorney - Insurance Defense](#)

Dell Graham - Gainesville, FL

AV-rated Gainesville Insurance Defense firm is seeking an attorney with 2-4 years experience Candidate must have experience with an insurance defense law firm or insurance house counsel program and also must have trial experience [more info](#)

[Liability Defense Attorney](#)

Butler Pappas Weihmuller Katz Craig LLP - Miami, FL

AV-rated, civil litigation firm has an opening in its Miami office for a third party liability defense attorney with five plus years experience Excellent academic credentials required Competitive compensation offered [more info](#)

[Bankruptcy Associate Attorney](#)

Broward County Law Firm - North Broward County, FL

Boutique Law firm in Broward County is seeking an Associate to provide legal counsel to financial institutions in real estate and Bankruptcy Ideal candidate must have at least 2 -3 years of Federal bankruptcy court experience, excellent research, writing and analytical skills and detail oriented Successful candidate must demonstrate a strong work ethic Job responsibilities include managing high volume court calls and attend court hearings Qualifications: must be familiar with Bankruptcy C [more info](#)

[Attorney - Coconut Creek Office](#)

Boyd & Jenerette, P.A. - Coconut, FL

Boyd & Jenerette, P A , an established AV-rated litigation firm seeks an Attorney with a minimum of five (5) years litigation experience, involving Construction and Complex Liability insurance defense Portable business required Strong relevant verifiable experience, Florida bar admission, and federal court experience We offer a generous benefits package and salary commensurate with experience Job located in Coconut Creek All submissions held in strict confidence Email your resume [more info](#)

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Employers, Include Your Open Positions on the **The Florida Bar Job Flash** [Learn More >>](#)

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Career Services: 866-376-0949 ext 6082



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From: [Cerio, Tim](#)
To: [Gibson, Ben](#)
Subject: Fwd: ACLU Challenge of Abortion Restriction Law
Date: Thursday, June 11, 2015 9:42:19 AM
Attachments: [ATT486530.dat](#)
[ATT486536.htm](#)
[Exhibit\(S\).pdf](#)
[ATT486538.htm](#)
[Emergency Motion For Temporary Relief.pdf](#)
[ATT486540.htm](#)
[Exhibit\(S\).pdf](#)
[ATT486542.htm](#)
[Notice Amended Notice ToForOf.pdf](#)
[ATT486544.htm](#)

Sent from my iPhone

Begin forwarded message:

From: "Ed Tellechea" <Ed.Tellechea@myfloridalegal.com>
To: "Cerio, Tim" <Tim.Cerio@eog.myflorida.com>
Subject: Fw: ACLU Challenge of Abortion Restriction Law

See attachments below.

Edward A. Tellechea
Chief Assistant Attorney General
Administrative Law Bureau
Office of the Attorney General
PL-01, The Capitol
Tallahassee, Florida 32399-1050
Office: (850) 414-3754
Fax: (850) 922-6425

Ed.Tellechea@myfloridalegal.com

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----- Forwarded by Ed Tellechea/OAG on 06/11/2015 09:01 AM -----

From: Benjamin Stevenson <bstevenson@aclufl.org>
To: Peter Antonacci EOG <peter.antonacci@gray-robinson.com>, "GeneralCounsel@doh.state.fl.us" <GeneralCounsel@doh.state.fl.us>, "Ed Tellechea BoM" <Ed.tellechea@myfloridalegal.com>, Donna McNulty BoOS <donna.mcnulty@myfloridalegal.com>, "Stuart F. Williams AHCA" <stuart.williams@ahca.myflorida.com>
Cc: Nancy Abudu <NAbudu@aclufl.org>, Renée Paradis (rparadis@aclu.org) <rparadis@aclu.org>, "Jennifer Lee (jlee@aclu.org)" <jlee@aclu.org>, "richard@nettally.com" <richard@nettally.com>, "akatz@reprorights.org" <akatz@reprorights.org>, "TZegeye@reprorights.org" <TZegeye@reprorights.org>
Date: 06/11/2015 08:51 AM

Subject: ACLU Challenge of Abortion Restriction Law

Counselors –

We filed this morning a constitutional challenge to HB 633 imposing a 24-hour waiting period for abortions, which Gov. Scott signed into law yesterday afternoon. Please find attached the filed complaint and motion for an emergency injunction along with their exhibits and a notice of constitutional challenge. We will request an immediate hearing on our motion. Please let me know if you will represent the respective parties or if we should coordinate with other counsel.

Benjamin James Stevenson | Staff Attorney
American Civil Liberties Union Foundation of Florida
Post Office Box 12723 | Pensacola, FL 32591-2723
Tel. 786.363.2738 | Fax 786.363.1985

Because Freedom Can't Protect Itself | www.aclufl.org

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IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity as
Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of the
Florida Board of Medicine; FLORIDA BOARD OF
OSTEOPATHIC MEDICINE; ANNA HAYDEN,
D.O., in her official capacity as Chair of the Florida
Board of Osteopathic Medicine; FLORIDA
AGENCY FOR HEALTH CARE
ADMINISTRATION; and ELIZABETH DUDEK,
in her official capacity as Secretary of the Florida
Agency for Health Care Administration,

Defendants.

Case No. _____

COMPLAINT

I. PRELIMINARY STATEMENT

1. This action challenges the validity of House Bill 633 under the Florida Constitution. *See* Ch. 2015-1__, § 1, Laws of Fla. ("H.B. 633" or "the Act") (amending § 390.0111, Fla. Stat). H.B. 633 was signed by Governor Rick Scott on June 10, 2015, and is scheduled to take effect on July 1, 2015. The Act is attached hereto as Exhibit A-1.

2. H.B. 633 will impose an unwarranted twenty-four-hour delay and requirement of an additional trip to their doctor on women seeking abortion care in Florida. Existing law already requires physicians to provide patients with certain state-mandated information in

person, including the nature and risks of the procedure and the risks of carrying a pregnancy to term, and the probable gestational age of the embryo or fetus, as verified by ultrasound. H.B. 633 will require that information to be provided in person at least twenty-four hours before the abortion is performed. The Act thus will require a woman seeking to terminate a pregnancy to make an additional trip to her doctor at least twenty-four hours before she can then return to obtain her abortion. Violations of the Act will subject physicians and health care facilities to disciplinary action, including license revocation, license non-renewal, and monetary fines.

3. Article I, section 23 of the Florida Constitution guarantees the right to privacy of Florida citizens. This includes a woman's right to decide to terminate a pregnancy.

4. In imposing a mandatory delay and an additional-trip requirement before a woman may obtain abortion care, the Act will unlawfully intrude upon this right and violate the privacy rights of Florida women.

5. The Florida Legislature does not impose a similar mandatory delay or additional-trip requirement on any other medical procedure.

6. Both current Florida law and current medical best practices ensure that a woman's decision to obtain an abortion is fully informed. The state cannot meet its burden of proving that the Act satisfies strict scrutiny by furthering a compelling state interest through the least intrusive means, as required by the Florida Constitution's protection of the right to privacy.

7. If it goes into effect, the Act will cause immediate and irreparable harm to all Florida women seeking abortions and to Plaintiffs. It will also make it more difficult to obtain a medication abortion, and will impose particular harms on low-income women, women who have been abused or sexually assaulted, women facing medical risks from pregnancy that do not rise

to the level of a life-threatening medical emergency, and women who seek abortion due to a diagnosis of a severe fetal anomaly.

8. In addition, the Act will violate women's right to equal protection of the laws, as guaranteed by article I, section 2 of the Florida Constitution, by impermissibly singling out abortion as the only type of medical care for which a delay prior to the procedure is mandated by Florida law, and by impermissibly discriminating against women on the basis of their sex and on the basis of gender stereotypes.

9. Plaintiffs seek a declaratory judgment and a temporary and permanent injunction pursuant to Chapter 86, Florida Statutes, and Florida Rules of Civil Procedure Rule 1.610 to prevent the violation of their constitutional rights, those of their patients, and those of all Florida women.

II. JURISDICTION AND VENUE

10. This Court has jurisdiction over this action pursuant to article V, section 5(b) of the Florida Constitution and Sections 26.012 and 86.011, Florida Statutes.

11. Venue is proper in this Court pursuant to section 47.011, Florida Statutes because Defendants are located in this Circuit.

III. THE PARTIES

A. Plaintiffs

12. Plaintiff Gainesville Woman Care LLC d/b/a Bread and Roses Women's Health Center ("Bread and Roses") is a clinic located in Gainesville, Florida, which provides safe, legal, high-quality reproductive health care services to Florida women. Bread and Roses provides surgical abortions up to thirteen weeks and six days of pregnancy, dated from the first day of a woman's last menstrual period ("LMP"), and medication abortions up to eight weeks LMP.

Bread and Roses also offers pregnancy testing, contraception counseling and services, and referrals for other reproductive health care services, as well as for prenatal care and adoption services. Bread and Roses is licensed biannually and inspected annually by the Florida Agency for Health Care Administration. Bread and Roses sues on behalf of itself, its doctor, and its patients.

13. Plaintiff Medical Students for Choice is a not-for-profit organization that seeks to ensure abortion remains safe and legal in the United States and abroad. The organization works to destigmatize abortion provision and to make reproductive health care, including abortion care, a standard part of medical school education and residency training. Medical Students for Choice is composed of individual members who are organized into chapters located at medical school campuses and residency programs in seventeen countries, including seven affiliated chapters in Florida. Florida members of Medical Students for Choice receive training in abortion care and assist in providing abortions across the state, under the guidance and supervision of licensed physicians. Medical Students for Choice sues on behalf of its members and their patients.

B. Defendants

14. Defendant State of Florida, through its Legislature and Governor, adopted the challenged Act.

15. Defendant Florida Department of Health is the state agency authorized to impose penalties on providers of abortion care for violations of the Act. Defendant John H. Armstrong, M.D., is Secretary of the Department. Defendant Armstrong is sued in his official capacity as Secretary of Health for the State of Florida, as are his agents and successors.

16. Defendant Florida Board of Medicine is part of the Florida Department of Health. Defendant James Orr, M.D., is the Chair of the Florida Board of Medicine. Pursuant to Florida

law, the Florida Board of Medicine exercises supervisory powers over the state’s physicians and conducts disciplinary proceedings and imposes penalties against physicians. Defendants Florida Board of Medicine and Orr are authorized to impose penalties on providers of abortion for violations of the Act. Defendant Orr is sued in his official capacity as Chair of the Florida Board of Medicine, as are his agents and successors.

17. Defendant Florida Board of Osteopathic Medicine is part of the Florida Department of Health. Defendant Anna Hayden, D.O., is the Chair of the Florida Board of Osteopathic Medicine. Pursuant to Florida law, the Florida Board of Osteopathic Medicine exercises supervisory powers over the state’s osteopathic physicians and conducts disciplinary proceedings and imposes penalties against osteopathic physicians. Defendants Florida Board of Osteopathic Medicine and Hayden are authorized to impose penalties on providers of abortion for violations of the Act. Defendant Hayden is sued in her official capacity as Chair of the Florida Board of Osteopathic Medicine, as are her agents and successors.

18. Defendant Florida Agency for Health Care Administration is the state agency authorized to license abortion clinics, including Plaintiff Bread and Roses, and to refuse to renew those licenses for failure to comply with the Act. Defendant Elizabeth Dudek is Secretary of the Agency. Defendant Dudek is sued in her official capacity as Secretary of the Agency for Health Care Administration, as are her agents and successors.

IV. STATUTORY FRAMEWORK

19. Florida’s general informed consent law for medical procedures is codified at section 766.103, Florida Statutes. It provides for informed consent “in accordance with an accepted standard of medical practice among members of the medical profession,” with a doctor providing information that would allow “a reasonable individual, . . . under the circumstances,

[to] have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures.” § 766.103, Fla. Stat. The general informed consent statute does not mandate any waiting period or additional visit to a patient’s medical provider. *Id.*

20. Florida has a separate statutory provision for obtaining informed consent from patients seeking abortion. Under the current statutory scheme, a “termination of pregnancy” may not be performed or induced “except with the voluntary and informed . . . consent of the pregnant woman;” such consent is “voluntary and informed” if the “physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, informed the woman” of certain information, including “the nature and risks of the procedure, the probable gestational age of the fetus, and the risks to the woman and the fetus of carrying the pregnancy to term.” § 390.0111(3)(a)(1), Fla. Stat. A woman must confirm in writing that she has received this information orally from her physician. *Id.*

21. Pursuant to the Florida Supreme Court’s decision in *State v. Presidential Women’s Center*, 937 So. 2d 114 (Fla. 2006), the existing abortion-specific informed consent statute requires physicians to obtain informed consent in the same manner as is required under the general informed consent statute, and the information to be disclosed to patients—the risks of the procedure and the alternatives—is analogous to what is required under the general informed consent statute and at common law.

22. Section one of H.B. 633 would amend current law to provide that a woman’s consent to an abortion is “voluntary and informed” only if she makes an additional, separate visit to her provider’s office to receive that same information, at least twenty-four hours before returning for her procedure. H.B. 633 § 1.

23. The Act incorporates a narrow exception to the mandatory delay and additional-trip requirements for a life-threatening “medical emergency”—and even then, only where a physician “has obtained at least one corroborative medical opinion attesting to the medical necessity for emergency procedures and to the fact that to a reasonable degree of medical certainty the continuation of the pregnancy would threaten the life of the pregnant woman.” § 390.0111(3)(b), Fla. Stat. If a second physician is not available, the physician must “document reasons for the medical necessity in the patient’s medical records.” *Id.*

24. Thus, the Act’s mandatory delay and additional-trip requirements apply for every woman who seeks abortion care to protect her life or health because she is suffering from an illness, disease, or medical condition—except if and when that illness or condition rises to the level of a life-threatening medical emergency. There is no exception to the mandatory delay for non-emergency threats to a woman’s life, and no exception to protect a woman’s health.

25. The Act also makes no exception for women who receive a diagnosis of a severe fetal anomaly during pregnancy. Thus, a woman seeking to end her pregnancy after receiving such a diagnosis must fulfill the delay and additional-trip requirements before she can terminate.

26. The only other exception to the Act’s requirements applies if, at the time the patient “schedules or arrives for her appointment . . . she presents to the physician a copy of the restraining order, police report, medical record, or other court order or documentation evidencing that she is obtaining the abortion because she is a victim of rape, incest, domestic violence, or human trafficking.” H.B. 633 § 1.

27. This “exception” is no exception at all: The reality is that most women who are victims of rape, domestic violence, or other forms of assault do not seek medical attention in the

aftermath of these crimes or report these incidents to law enforcement. This narrow exception's stringent requirements provide no relief for these women.

28. Physicians are subject to disciplinary action for violating the Act, including revocation of their licenses to practice medicine and administrative fines of up to \$10,000 for each violation. § 390.011(3)(c), Fla. Stat.; *see also* §§ 458.331, 459.015, 456.072(2), Fla. Stat.

29. In addition, abortion clinics may be prevented from renewing their clinic licenses for violations of the Act. Fla. Admin. Code R. 59A-9.020.

30. The Act, by its terms, is scheduled to take effect July 1, 2015. H.B. 633 § 3.

V. STATEMENT OF FACTS

31. Legal abortion is one of the safest procedures in contemporary medical practice.

32. Women decide to terminate a pregnancy for a variety of reasons, including familial, medical, financial, and personal. Some women have abortions because they conclude that it is not the right time in their lives to have a child or to add to their families; some to preserve their life or their health; some because they receive a diagnosis of a severe fetal medical condition or anomaly; some because they have become pregnant as a result of rape; and others because they choose not to have biological children.

33. Approximately one in three women in this country will have an abortion by age forty-five. A majority of women having abortions (61%) already have at least one child, while most (66%) also plan to have a child or additional children in the future.

34. Women in Florida may obtain two types of abortion care: medication abortion and surgical abortion. Medication abortion is a method of terminating an early pregnancy by taking medications that cause the woman to undergo a procedure similar to an early miscarriage.

Medication abortion is available only through nine weeks LMP. Surgical abortion is available in Florida through twenty-three weeks and six days LMP.

35. Plaintiff Bread and Roses currently uses a comprehensive informed consent process for abortion, available on the day of the procedure, which provides women with the state-mandated information, as well as all other information necessary for them to fully understand the risks and benefits of abortion and of the alternatives to abortion. This process also ensures that after thoroughly considering this information, a woman gives consent that is informed and voluntary, and that she is confident in her decision. Bread and Roses gives its patients multiple opportunities to ask questions and discuss any concerns with their physician prior to an abortion.

36. Thus, Bread and Roses' existing informed consent process is consistent with current best medical practices, requirements under current Florida law, and informed consent processes for medical procedures with a comparable degree of risk.

37. The Act's requirement that all women seeking abortion care receive certain state-mandated information in person and at least twenty-four hours prior to the procedure will require women to make a minimum of two trips to their health care provider and to wait at least one additional day before they are able to obtain an abortion.

38. This forced delay and additional-trip requirement will injure all Florida women seeking abortions in multiple ways.

39. First, the Act will require women who have decided to terminate a pregnancy to make an additional, unnecessary visit to the clinic, and to wait twenty-four hours before the state permits them to effectuate their decision. This unwarranted intrusion into their personal privacy and autonomy, the interference with the physician-patient relationship, the judgment and moral

disapproval from the state the Act communicates, and the anxiety associated with delaying an abortion that a woman has decided she wants will harm all Florida women seeking this care.

40. Second, the Act will impose tangible costs: the mandatory extra trip will require greater outlays of time and money, including an additional day's absence from work, home, and/or school. For many women it will involve lost wages and added travel and child-care costs, and for some women, it will also require an overnight stay away from home.

41. Third, by requiring a woman to make time for and to take an additional trip to her health care provider, the Act will threaten her confidentiality. Forcing a woman to make an unnecessary additional trip increases the risk that her partner, family members, employer, co-workers, or others whom she has not told will learn that she is having an abortion.

42. Fourth, the Act will cause delays of greater than twenty-four hours for some women. For many women, it will be difficult, if not impossible, to schedule an appointment on two consecutive days due to work and/or school schedules, child-care availability, and the need to secure transportation to and from a provider. Moreover, Plaintiff Bread and Roses' doctor has a limited schedule, allowing her to provide care on only certain days, which will likely be true at other clinics as well. The mandatory delay and additional-trip requirement will thus significantly delay some women in obtaining abortion care.

43. Delay in obtaining an abortion can in turn cause additional harms. Although abortion is extremely safe, delays in performing an abortion increase the risk to a woman's health and well-being. Even a short delay will be sufficient to prolong some women's pregnancies into the second trimester, thereby significantly increasing the inconvenience and risk associated with the procedure, and/or requiring travel to a more distant health care provider if the

original provider does not offer services at that later point in pregnancy. Abortions are also more expensive the later they are performed.

44. Fifth, the additional-trip requirement exposes patients to further harassment by anti-abortion activists including those who regularly picket Plaintiff Bread and Roses.

45. The mandatory delay and additional-trip requirements will also be problematic for women seeking a medication abortion, which is available only early in pregnancy. Medication abortion allows patients to end a pregnancy at the earliest stages without undergoing a surgical procedure, and some women prefer it because they find it to be less invasive and more like a spontaneous miscarriage; others prefer medication abortion because it is more private and allows them to feel more in control of the process. For some women, medication abortion is medically indicated for physiological reasons that make surgical abortion difficult or impossible to perform. For other women, such as survivors of sexual assault, medication abortion is indicated to protect their mental health, as it is less intrusive into a woman's body. The delays the Act will impose, as described *supra* ¶¶ 42-43, will push some women beyond the timeframe in which medication abortion is an available option.

46. While a follow-up appointment is not considered medically necessary after a surgical abortion in most circumstances, the standard of care in the United States is to recommend some manner of a follow-up visit for a medication abortion. As a result, the Act's additional-trip requirement may fall more heavily on medication abortion patients. Some women may thus choose to have a surgical abortion, instead of the medication abortion they would otherwise prefer, to avoid yet another visit to their provider.

47. In addition to these harms common to all Florida women seeking abortions, and in addition to the difficulty it poses to women who would prefer medication abortion, the

mandatory delay and additional-trip requirements will pose particular harms to especially vulnerable populations of Florida women: low-income women; women who are the victims of domestic violence and those whose pregnancy is the result of rape or other forms of abuse; those who face medical risks from pregnancy that fall short of a life-threatening medical emergency; those whose pregnancies involve a severe fetal anomaly; and those minors who must seek a judicial bypass of the parental notification law in order to obtain a safe and legal abortion.

48. Nationally, approximately 70% of women seeking abortions are below 200% of the federal poverty level (“the FPL”), a frequent measure of low-income populations: in approximate terms, 40% are below the FPL, and another 30% are between 100% and 200% of the FPL. Because Florida’s poverty rate is higher than the national rate, it is likely that an even greater majority of women seeking abortions in Florida are low-income.

49. Low-income women will have the most difficulty in rearranging inflexible work schedules at low-wage jobs; arranging and paying for child-care; paying for the travel costs for an additional trip to the clinic; foregoing lost wages for missed work; paying for any increased costs associated with a later procedure; and saving up the money required to cover any or all of these additional expenses.

50. Women who are the victims of domestic violence will also face particular challenges as a result of this law. Having a child with an abuser can legally bind the woman to her abuser for life; having an infant to care for can make it that much harder for a woman to escape. Abusers may, if they know a woman is pregnant, try to force her to carry to term. Additional trips to the clinic increase exponentially the likelihood that an abuser will discover that his victim is terminating a pregnancy.

51. For a woman who has survived rape, the additional-trip requirement is likewise menacing: forcing her to make an unnecessary additional trip may be emotionally and psychologically damaging and increases the risk of unwanted disclosure of the rape and resulting pregnancy. Moreover, the many logistical difficulties of arranging a separate visit to the provider, including taking time off from work and/or school, arranging child-care, and making the necessary travel arrangements, are likely to be even more difficult for a woman following a traumatic event such as a rape.

52. The Act's narrow exception for victims of rape, incest, domestic violence, and human trafficking—which requires documentation—is meaningless for the vast majority of women who become pregnant under these horrific circumstances. The reality is that the majority of victims do not seek police or medical assistance in the aftermath of these crimes.

53. Forcing such women to make an additional trip in order to obtain abortion care may threaten their safety or well-being, could significantly delay them in seeking care, and could prevent them from obtaining an abortion altogether.

54. The Act will also threaten the health of Florida women seeking abortion care to protect their lives or health. While the Act incorporates a limited exception for medical emergencies that “threaten the *life* of the pregnant woman,” § 390.0111(3)(c), Fla. Stat., (emphasis added), there exists no exception for non-emergency threats to a woman's life or for *any* kind of threat to a woman's health.

55. For women who decide to terminate a wanted pregnancy after receiving a diagnosis of a severe fetal anomaly, the mandatory delay and additional-trip requirements are especially cruel, and will delay physicians in exercising their judgment to provide the care that is most appropriate for patients who have made that decision.

56. The Act will further infringe upon the right to abortion of minor women who choose to seek a judicial bypass of the requirement that they notify a parent, as permitted by Section 390.01114, Florida Statutes. Those minors will need to make an extra trip to the provider, in addition to the separate trips, delays, stresses, and costs involved in obtaining a judicial bypass.

57. Finally, by imposing a delay on abortion—a delay the Legislature does not impose on any other medical procedure—the Act suggests to abortion patients that the Legislature believes women are not competent to render considered, appropriate medical decisions for themselves and their families, and must instead be forced by the state to reconsider their medical decisions. This mandatory delay reflects and perpetuates the stereotype that women do not understand the nature of the abortion procedure, do not think carefully about their decision, and/or are less capable of making informed decisions about their health care than are men.

58. The Legislature considered a number of amendments that would have either ameliorated the Act's effects or applied its requirements to other procedures, all of which were rejected:

- One amendment would have imposed similar mandatory delay and additional-trip requirements before a man could obtain a vasectomy. *See* S.B. 724, A. 829796, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-2; *H.B. 633 – Informed Patient Consent*, Florida House of Representatives, <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=53704> (last visited June 5, 2015) [hereinafter *H.B. 633 Legislative History*]
- Another would have permitted women certain of their decisions to waive the Act's requirements and receive the mandated information on the same day as the abortion procedure. *See* H.B. 633, A. 213635, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-3; *H.B. 633 Legislative History*.
- Another would have allowed women who live 100 miles or more from the nearest abortion provider to waive the mandatory delay and additional-trip requirements. *See*

S.B. 724, A. 449942, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-4; *S.B. 274 – Termination of Pregnancies*, Florida House of Representatives, <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=53671&> (last visited June 5, 2015) [hereinafter *S.B. 724 Legislative History*].

- Two more would have permitted the informed consent information to be provided to the woman electronically, rather than in person, twenty-four hours before her abortion procedure. *See* S.B. 724, A. 853480, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-5; S.B. 724, A. 231828, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-6; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.
- Two others would have allowed the physician who would perform the abortion to delegate the informed consent requirements to a registered nurse, licensed practical nurse, advanced registered nurse, nurse practitioner, or physician assistant, addressing the delay for women sometimes created by doctors' limited clinic schedules. *See* S.B. 724, A. 930638, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-7; *H.B. 633*, A. 711443, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-8; *H.B. 633 Legislative History*.
- Three amendments would have allowed women who are victims of rape, incest, domestic violence, or human trafficking to waive the mandatory delay and additional-trip requirements without requiring official documentation. *See* S.B. 724, A. 874120, 974400, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-9; S.B. 724, A. 888882, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-10; S.B. 724, A. 113284, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-11; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.
- Two others would have waived the mandatory delay and additional-trip requirements for women who have received a diagnosis of a severe fetal anomaly. *See* SB. 724, A. 591932, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-12; Ex. A-11. *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.
- Two would have created an exception from the mandatory delay and additional-trip requirements in cases where the pregnancy poses a risk to the woman's health. *See* Ex. A-11, A-12; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.

59. If the Act goes into effect, Bread and Roses' physician risks the loss of her license to practice medicine and other disciplinary penalties for any violation of the Act.

60. If the Act goes into effect, Bread and Roses faces non-renewal of its license as an abortion clinic for failure to comply with the Act.

61. If the Act goes into effect, members of Medical Students for Choice who are trained in and assist in the provision of abortion care in Florida will be forced to deliver care that is not in the best interests of patients, that is antithetical to the instruction they otherwise receive regarding the informed consent process, and that is detrimental to their training as conscientious physicians, due to their participation in medical care that puts patients at risk of harm.

62. Florida law does not impose the Act's unnecessary and onerous provisions upon any other medical procedure.

63. The Act will irreparably harm Plaintiffs' patients in numerous ways, including by requiring women who have decided to terminate a pregnancy to make an additional, unnecessary visit to the clinic and to wait twenty-four hours before the state permits them to effectuate their decision; intruding into their personal privacy and autonomy; interfering with the physician-patient relationship; conveying judgment and moral disapproval from the state; requiring unnecessary delay that perpetuates outdated stereotypes about women; making the process of obtaining an abortion more costly; threatening the health of women seeking abortions; threatening the confidentiality of women seeking abortions; and cruelly forcing women pregnant under untenable circumstances to wait to terminate their pregnancies.

64. The state has no compelling interest in imposing the mandatory delay and additional-trip requirements on women who have made the decision to terminate their pregnancies.

65. Even if the mandatory delay were justified, the state has no compelling interest in requiring a patient to make an additional trip to her health care provider to receive the mandated information in person.

66. Even if there were compelling state interests behind these unnecessary requirements, there are other, less intrusive means that would adequately serve these interests.

VI. CLAIMS FOR RELIEF

COUNT I – RIGHT TO PRIVACY

67. Plaintiffs hereby reaffirm and reallege each and every allegation made in ¶¶ 1-66 above as if set forth fully herein.

68. The Act violates the right to privacy of women seeking and obtaining abortions in the state of Florida, as guaranteed by article I, section 23 of the Florida Constitution.

COUNT II – RIGHT TO EQUAL PROTECTION

69. Plaintiffs hereby reaffirm and reallege each and every allegation made in ¶¶ 1-66 above as if set forth fully herein.

70. The Act violates Plaintiffs' and their patients' rights to equal protection of the laws in the state of Florida, as guaranteed by article I, section 2 of the Florida Constitution, by:

(a) singling out abortion for onerous and medically unnecessary restrictions that the Florida Legislature does not impose upon any other medical procedure for which people may consent; and

(b) discriminating against women on the basis of their sex and on the basis of gender stereotypes.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray that this Court:

1. Issue a declaratory judgment that Section 1 of H.B. 633 violates the rights of Plaintiffs, their patients, and Florida women, as protected by the Florida Constitution, and is therefore void and of no effect.

2. Issue temporary and final injunctive relief, without bond, restraining the enforcement, operation and execution of Section 1 of H.B. 633 by enjoining Defendants, their agents, employees, appointees, or successors from enforcing, threatening to enforce, or otherwise applying the provisions of that statute.
3. Grant Plaintiffs' costs.
4. Grant such further relief as may be just and proper.

Respectfully submitted this 11th day of June 2015.

/s/ Benjamin James Stevenson

Benjamin James Stevenson

FL Bar #598909

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*Pro Hac Vice Application Forthcoming

Exhibit A-1



ENROLLED

HB 633, Engrossed 1

2015 Legislature

1
2 An act relating to informed patient consent; amending
3 s. 390.0111, F.S.; revising conditions for the
4 voluntary and informed consent to a termination of
5 pregnancy; reenacting s. 390.012(3)(d), F.S., relating
6 to Agency for Health Care Administration rules
7 regarding medical screening and evaluation of abortion
8 clinic patients, to incorporate the amendment made by
9 this act to s. 390.0111, F.S., in a reference thereto;
10 providing an effective date.
11

12 Be It Enacted by the Legislature of the State of Florida:
13

14 Section 1. Paragraph (a) of subsection (3) of section
15 390.0111, Florida Statutes, is amended to read:

16 390.0111 Termination of pregnancies.—

17 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
18 be performed or induced except with the voluntary and informed
19 written consent of the pregnant woman or, in the case of a
20 mental incompetent, the voluntary and informed written consent
21 of her court-appointed guardian.

22 (a) Except in the case of a medical emergency, consent to
23 a termination of pregnancy is voluntary and informed only if:

24 1. The physician who is to perform the procedure, or the
25 referring physician, has, at a minimum, orally, while physically
26 present in the same room, and at least 24 hours before the



ENROLLED

HB 633, Engrossed 1

2015 Legislature

27 procedure ~~in person~~, informed the woman of:

28 a. The nature and risks of undergoing or not undergoing
29 the proposed procedure that a reasonable patient would consider
30 material to making a knowing and willful decision of whether to
31 terminate a pregnancy.

32 b. The probable gestational age of the fetus, verified by
33 an ultrasound, at the time the termination of pregnancy is to be
34 performed.

35 (I) The ultrasound must be performed by the physician who
36 is to perform the abortion or by a person having documented
37 evidence that he or she has completed a course in the operation
38 of ultrasound equipment as prescribed by rule and who is working
39 in conjunction with the physician.

40 (II) The person performing the ultrasound must offer the
41 woman the opportunity to view the live ultrasound images and
42 hear an explanation of them. If the woman accepts the
43 opportunity to view the images and hear the explanation, a
44 physician or a registered nurse, licensed practical nurse,
45 advanced registered nurse practitioner, or physician assistant
46 working in conjunction with the physician must contemporaneously
47 review and explain the images to the woman before the woman
48 gives informed consent to having an abortion procedure
49 performed.

50 (III) The woman has a right to decline to view and hear
51 the explanation of the live ultrasound images after she is
52 informed of her right and offered an opportunity to view the



ENROLLED

HB 633, Engrossed 1

2015 Legislature

53 images and hear the explanation. If the woman declines, the
54 woman shall complete a form acknowledging that she was offered
55 an opportunity to view and hear the explanation of the images
56 but that she declined that opportunity. The form must also
57 indicate that the woman's decision was not based on any undue
58 influence from any person to discourage her from viewing the
59 images or hearing the explanation and that she declined of her
60 own free will.

61 (IV) Unless requested by the woman, the person performing
62 the ultrasound may not offer the opportunity to view the images
63 and hear the explanation and the explanation may not be given
64 if, at the time the woman schedules or arrives for her
65 appointment to obtain an abortion, a copy of a restraining
66 order, police report, medical record, or other court order or
67 documentation is presented which provides evidence that the
68 woman is obtaining the abortion because the woman is a victim of
69 rape, incest, domestic violence, or human trafficking or that
70 the woman has been diagnosed as having a condition that, on the
71 basis of a physician's good faith clinical judgment, would
72 create a serious risk of substantial and irreversible impairment
73 of a major bodily function if the woman delayed terminating her
74 pregnancy.

75 c. The medical risks to the woman and fetus of carrying
76 the pregnancy to term.

77
78 The physician may provide the information required in this



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HB 633, Engrossed 1

2015 Legislature

79 subparagraph within 24 hours before the procedure if requested
80 by the woman at the time she schedules or arrives for her
81 appointment to obtain an abortion and if she presents to the
82 physician a copy of a restraining order, police report, medical
83 record, or other court order or documentation evidencing that
84 she is obtaining the abortion because she is a victim of rape,
85 incest, domestic violence, or human trafficking.

86 2. Printed materials prepared and provided by the
87 department have been provided to the pregnant woman, if she
88 chooses to view these materials, including:

89 a. A description of the fetus, including a description of
90 the various stages of development.

91 b. A list of entities that offer alternatives to
92 terminating the pregnancy.

93 c. Detailed information on the availability of medical
94 assistance benefits for prenatal care, childbirth, and neonatal
95 care.

96 3. The woman acknowledges in writing, before the
97 termination of pregnancy, that the information required to be
98 provided under this subsection has been provided.

99
100 Nothing in this paragraph is intended to prohibit a physician
101 from providing any additional information which the physician
102 deems material to the woman's informed decision to terminate her
103 pregnancy.

104 Section 2. For the purpose of incorporating the amendment



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HB 633, Engrossed 1

2015 Legislature

made by this act to section 390.0111, Florida Statutes, in a reference thereto, paragraph (d) of subsection (3) of section 390.012, Florida Statutes, is reenacted to read:

390.012 Powers of agency; rules; disposal of fetal remains.—

(3) For clinics that perform or claim to perform abortions after the first trimester of pregnancy, the agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter, including the following:

(d) Rules relating to the medical screening and evaluation of each abortion clinic patient. At a minimum, these rules shall require:

1. A medical history including reported allergies to medications, antiseptic solutions, or latex; past surgeries; and an obstetric and gynecological history.

2. A physical examination, including a bimanual examination estimating uterine size and palpation of the adnexa.

3. The appropriate laboratory tests, including:

a. Urine or blood tests for pregnancy performed before the abortion procedure.

b. A test for anemia.

c. Rh typing, unless reliable written documentation of blood type is available.

d. Other tests as indicated from the physical examination.

4. An ultrasound evaluation for all patients. The rules shall require that if a person who is not a physician performs



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HB 633, Engrossed 1

2015 Legislature

131 an ultrasound examination, that person shall have documented
132 evidence that he or she has completed a course in the operation
133 of ultrasound equipment as prescribed in rule. The rules shall
134 require clinics to be in compliance with s. 390.0111.

135 5. That the physician is responsible for estimating the
136 gestational age of the fetus based on the ultrasound examination
137 and obstetric standards in keeping with established standards of
138 care regarding the estimation of fetal age as defined in rule
139 and shall write the estimate in the patient's medical history.
140 The physician shall keep original prints of each ultrasound
141 examination of a patient in the patient's medical history file.

142 Section 3. This act shall take effect July 1, 2015.

Exhibit A-2



829796

LEGISLATIVE ACTION

Senate

House

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Floor: 1/F/2R

04/23/2015 11:18 AM

Senators Sobel and Margolis moved the following:

Senate Amendment (with title amendment)

Before line 14
insert:

Section 1. Subsection (2) of section 381.0051, Florida
Statutes, is amended to read:

381.0051 Family planning.—

(2) ACCESS TO SERVICES; PROHIBITIONS; INFORMED CONSENT.—

(a) Except as otherwise provided in this section, no
medical agency or institution of this state or unit of local
government shall interfere with the right of any patient or



829796

physician to use medically acceptable contraceptive procedures, supplies, or information or to restrict the physician-patient relationship.

(b) Except in the case of a medical emergency, consent to a vasectomy is voluntary and informed only if the physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, while physically present in the same room, and at least 24 hours before the procedure informed the man of the nature and risks of undergoing or not undergoing the proposed procedure which a reasonable patient would consider material to making a knowing and willful decision of whether to undergo a vasectomy.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete line 3

and insert:

s. 381.0051, F.S.; providing conditions for the voluntary and informed consent to a vasectomy; amending s. 390.0111, F.S.; revising conditions for the

Exhibit A-3

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED _____ (Y/N)

ADOPTED AS AMENDED _____ (Y/N)

ADOPTED W/O OBJECTION _____ (Y/N)

FAILED TO ADOPT _____ (Y/N)

WITHDRAWN _____ (Y/N)

OTHER _____

Committee/Subcommittee hearing bill: Judiciary Committee
Representative Kerner offered the following:

Amendment (with directory amendment)

Remove line 22 and insert:

(a) Except in the case of a medical emergency or as
provided in paragraph (b), consent to

Between lines 94 and 95, insert:

(b) A pregnant woman seeking an abortion may decide not to
undergo the 24-hour delay required under paragraph (a).

1. In the event that a patient exercises her right to
waive the 24-hour delay, the patient's health care provider is
not subject to any criminal, civil, or administrative penalty
for failure to secure consent 24 hours before the procedure. The
patient's signature noting that she has exercised her right to

Amendment No. 2

17 waive certain requirements is sufficient proof of provider
18 compliance.

19 2. This paragraph does not alter the health care
20 provider's duty to obtain voluntary and informed consent as
21 otherwise required by this subsection.

22 -----
23
24 **D I R E C T O R Y A M E N D M E N T**

25 Remove lines 14-15 and insert:

26 Section 1. Paragraph (a) of subsection (3) of section
27 390.0111, Florida Statutes, is amended, paragraphs (b) and (c)
28 of subsection (3) are redesignated as paragraphs (c) and (d),
29 respectively, and a new paragraph (b) is added to that
30 subsection, to read:

Exhibit A-4



449942

LEGISLATIVE ACTION

Senate

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House

Floor: 3/F/2R

04/23/2015 11:25 AM

Senator Gibson moved the following:

Senate Amendment (with title amendment)

Delete line 85

and insert:

incest, domestic violence, or human trafficking. A woman may
waive the 24-hour waiting period if she lives 100 miles or more
from the nearest abortion provider. If a woman has exercised her
right to waive the state-mandated delay, the woman's health care
provider is not subject to any criminal, civil, or
administrative penalty for failure to secure consent 24 hours in
advance of the procedure. The patient's signature noting that



449942

she has exercised her right to waive the 24-hour waiting period requirement is sufficient proof of the provider's compliance with the requirements of this subparagraph. This subparagraph does not alter the health care provider's duty to obtain voluntary and informed consent as otherwise required by this section.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete line 5

and insert:

pregnancy; providing an exception; authorizing a woman to waive the 24-hour waiting period requirement under certain circumstances; providing that a health care provider is not subject to penalties under certain circumstances; providing for construction; reenacting s. 390.012(3)(d), F.S., relating

Exhibit A-5



853480

LEGISLATIVE ACTION

Senate

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House

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Floor: 2/F/2R

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04/23/2015 11:21 AM

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Senator Sobel moved the following:

Senate Amendment

Delete lines 22 - 34
and insert:

(a) Except in the case of a medical emergency, consent to a
termination of pregnancy is voluntary and informed only if:

1. The physician who is to perform the procedure, or the
referring physician, has, at a minimum, orally or
electronically, ~~in person~~, informed the woman of:

a. The nature and risks of undergoing or not undergoing the
proposed procedure that a reasonable patient would consider



853480

material to making a knowing and willful decision of whether to
terminate a pregnancy, at least 24 hours before the procedure.

b. The probable gestational age of the fetus, verified by
an ultrasound, at the time the termination of pregnancy is to be
performed.

Exhibit A-6



231828

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
03/31/2015	.	
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The Committee on Health Policy (Sobel) recommended the following:

Senate Amendment

Delete lines 22 - 34
and insert:

(a) Except in the case of a medical emergency, consent to a termination of pregnancy is voluntary and informed only if:

1. The physician who is to perform the procedure, or the referring physician, has, at a minimum, orally or electronically, ~~in person~~, informed the woman of:

a. The nature and risks of undergoing or not undergoing the



231828

proposed procedure that a reasonable patient would consider material to making a knowing and willful decision of whether to terminate a pregnancy, at least 24 hours before the procedure.

b. The probable gestational age of the fetus, verified by an ultrasound, at the time the termination of pregnancy is to be performed.

Exhibit A-7



930638

LEGISLATIVE ACTION

Senate

House

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Floor: 5/F/2R

04/23/2015 11:34 AM

Senator Sachs moved the following:

Senate Amendment (with directory and title amendments)

Between lines 103 and 104
insert:

(b) The physician who is to perform a termination of pregnancy may delegate the acts in sub-subparagraph (a)1.a. to a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant.

===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

And the directory clause is amended as follows:



930638

12 Delete line 15
13 and insert:
14 390.0111, Florida Statutes, is amended, a new paragraph (b) is
15 added to that subsection, and present paragraphs (b) and (c) are
16 redesignated as paragraphs (c) and (d), respectively, to read:
17
18 ===== T I T L E A M E N D M E N T =====
19 And the title is amended as follows:
20 Delete line 5
21 and insert:
22 pregnancy; providing an exception; authorizing a
23 physician to delegate certain informed consent
24 responsibilities to specified health care
25 professionals; reenacting s. 390.012(3)(d), F.S.,
26 relating

Exhibit A-8

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 633 (2015)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED (Y/N)

ADOPTED AS AMENDED (Y/N)

ADOPTED W/O OBJECTION (Y/N)

FAILED TO ADOPT (Y/N)

WITHDRAWN (Y/N)

OTHER

Committee/Subcommittee hearing bill: Health & Human Services
Committee

Representative Berman offered the following:

Amendment (with title amendment)

Between lines 94 and 95, insert:

(b) A physician who is to perform a termination of
pregnancy may delegate the acts in sub-subparagraph(3)(a)1.a.
to a registered nurse, licensed practical nurse, advanced
registered nurse practitioner, or physician assistant.

T I T L E A M E N D M E N T

Remove line 5 and insert:

pregnancy; allowing certain health care professionals to inform
a woman of the nature and risks associated with undergoing an

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 633 (2015)

Amendment No.

17 | abortion and with continuing with her pregnancy; reenacting s.
18 | 390.012(3)(d), F.S., relating

Exhibit A-9



874120

LEGISLATIVE ACTION

Senate

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House

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Floor: 7/F/2R

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04/23/2015 11:55 AM

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Senator Clemens moved the following:

Senate Amendment (with title amendment)

Delete line 85

and insert:

incest, domestic violence, or human trafficking. A woman who states that she is a victim of rape, incest, domestic violence, or human trafficking and is not able to present to the physician a copy of a restraining order, police report, medical record, or other court order or documentation evidencing her statement has a right to waive the 24-hour mandatory waiting period. In the event a woman exercises her right to waive the state-mandated



874120

delay, the woman's health care provider is not subject to any
criminal, civil, or administrative penalties for failure to
secure consent 24 hours in advance of the procedure. A signed
acknowledgement from the woman stating that she has exercised
her right to waive certain requirements is sufficient proof of
provider compliance. This section does not alter the health care
provider's duty to obtain voluntary and informed consent as
otherwise required by this section.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete line 5

and insert:

pregnancy; providing exceptions; providing that a
health care provider is not subject to penalties under
certain circumstances; providing that the act does not
alter a certain duty of a health care provider;
reenacting s. 390.012(3)(d), F.S., relating



974400

LEGISLATIVE ACTION

Senate

House

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Floor: 8/F/2R

04/23/2015 12:00 PM

Senator Clemens moved the following:

Senate Amendment

Delete line 85
and insert:
incest, domestic violence, or human trafficking. The woman may
waive the requirements of this subparagraph if she attests that
she is aware of the risk and has had 24 hours to consider her
decision to terminate the pregnancy.

Exhibit A-10



888882

LEGISLATIVE ACTION

Senate	.	House
Comm: RS	.	
04/21/2015	.	
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The Committee on Fiscal Policy (Margolis) recommended the following:

Senate Amendment

Between lines 76 and 77
insert:

The woman may waive the requirements of this subparagraph if the pregnancy is the result of rape or incest.

Exhibit A-11



113284

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
04/15/2015	.	
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	.	

The Committee on Judiciary (Joyner) recommended the following:

Senate Amendment

Between lines 76 and 77
insert:

The woman may waive the requirements of this subparagraph if the pregnancy is the result of rape or incest or is a risk to the woman's health or if a severe fetal anomaly exists.

Exhibit A-12



591932

LEGISLATIVE ACTION

Senate

House

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Floor: 6/F/2R

04/23/2015 11:41 AM

Senator Thompson moved the following:

Senate Amendment

Delete line 85

and insert:

incest, domestic violence, or human trafficking or when, on
the basis of a physician's good faith clinical judgment, there
is a risk to the woman's health or the presence of a severe
fetal anomaly incompatible with sustainable life.

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity as
Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of the
Florida Board of Medicine; FLORIDA BOARD OF
OSTEOPATHIC MEDICINE; ANNA HAYDEN,
D.O., in her official capacity as Chair of the Florida
Board of Osteopathic Medicine; FLORIDA
AGENCY FOR HEALTH CARE
ADMINISTRATION; and ELIZABETH DUDEK,
in her official capacity as Secretary of the Florida
Agency for Health Care Administration,

Case No. _____

Defendants.

**PLAINTIFFS' MOTION FOR AN EMERGENCY TEMPORARY INJUNCTION
AND/OR A TEMPORARY INJUNCTION**

Pursuant to Florida Rule of Civil Procedure 1.610, Plaintiffs GAINESVILLE WOMAN CARE LLC d/b/a BREAD AND ROSES WOMEN'S HEALTH CENTER ("Bread and Roses") and MEDICAL STUDENTS FOR CHOICE ("MSFC") move the Court for a temporary injunction enjoining Defendants STATE OF FLORIDA, FLORIDA DEPARTMENT OF HEALTH, JOHN H. ARMSTRONG, M.D, FLORIDA BOARD OF MEDICINE, JAMES ORR,

M.D., FLORIDA BOARD OF OSTEOPATHIC MEDICINE, ANNA HAYDEN, D.O.,
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, and ELIZABETH DUDEK
("Defendants" or "the state") from enforcing House Bill 633, before that Act's effective date of
July 1. In support of their motion, Plaintiffs state as follows:

INTRODUCTION

Absent injunctive relief from this Court, a sweeping restriction on Florida women's ability to access abortion services, unprecedented in this state, will take effect on July 1, 2015. Section one of Florida House Bill 633, signed by Governor Scott last night (June 10, 2015) would require a woman seeking an abortion to make an additional, unnecessary trip to her health care provider at least twenty-four hours before obtaining an abortion, in order to receive the same information she may currently receive on the day of the procedure. *See* Ch. 2015-1__, § 1, Laws of Fla. ("H.B. 633" or "the Act") (amending § 390.0111, Fla. Stat). The Act's unnecessary and burdensome requirements are imposed regardless of the distance a woman must travel to reach her provider, her own medical needs, her judgment, her doctor's judgment, or her individual life circumstances. By subjecting all women seeking abortion care to both a mandatory twenty-four-hour delay and an additional-trip requirement—a burden placed on patients seeking no other medical procedure in Florida, much less a medical procedure protected by the state Constitution as a fundamental right—the Act can only serve to deter women from seeking abortions, and to punish and discriminate against those who do.

By impeding a woman's access to abortion, the Act violates her right to privacy as guaranteed under article I, section 23 of the Florida Constitution. Because Plaintiffs are likely to succeed on the merits of their claims and they, along with their patients and all Florida women seeking abortions, will suffer irreparable harm if the Act is not enjoined, and because an

injunction will serve the public interest, this Court should issue immediate temporary injunctive relief against enforcement of the Act.

STATEMENT OF THE CASE

A. Current Florida Informed Consent Laws

“Informed consent” refers to the ethical obligations of doctors and other health care professionals to ensure that a patient is informed about a procedure, has the capacity to consent to a procedure, and does in fact consent to a procedure. Decl. of Kenneth W. Goodman, attached hereto as Ex. B-4, (“Goodman Decl.”) ¶ 7. Florida has a general informed consent statute that applies to all medical procedures, providing that informed consent is valid where a doctor or other health professional conforms to accepted standards of medical practice such that “a reasonable individual, from the information provided by the [doctor], under the circumstances, would have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures.” § 766.103, Fla. Stat. This statutory standard reflects best medical practices. Goodman Decl. ¶¶ 7-8. No waiting period or additional trip is required under Florida law for any other procedure. § 766.103, Fla. Stat.; Goodman Decl. ¶ 13.

Prior to H.B. 633’s enactment, Florida law had a specific informed consent statute for abortion, which provided that a “termination of pregnancy” may not be performed or induced “except with the voluntary and informed written consent of the pregnant woman.” § 390.0111(3), Fla. Stat. Such consent is “voluntary and informed” if the “physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, informed the woman” of certain information, including “the nature and risks of . . . [the] procedure,” “the probable gestational age of the fetus,” and the “risks to the woman and the fetus of carrying the pregnancy to term.” *Id.* Pursuant to the Florida Supreme Court’s decision in *State v.*

Presidential Women's Center, 937 So. 2d 114 (Fla. 2006), the abortion-specific informed consent statute requires physicians to obtain informed consent in the same manner as is required under the general informed consent statute, and the information to be disclosed to patients—the risks of the procedure and the alternatives—is analogous.

B. Provisions of the Act

H.B. 633, which is effective July 1, adds two provisions to Section 390.0111(3), Florida Statutes. First, it requires that the information be provided in person twenty-four hours prior to the procedure. This forces the woman to make a separate, additional visit to a provider's office, at least twenty-four hours before her appointment to obtain the abortion care she seeks. H.B. 633 § 1. Second, the Act provides a narrow exception to the mandatory delay and additional-trip requirements for a woman who, when she “schedules or arrives for her appointment . . . presents to the physician a copy of a restraining order, police report, medical record, or other court order or documentation evidencing that she is obtaining the abortion because she is a victim of rape, incest, domestic violence, or human trafficking.” *Id.*

The only other exception to the mandatory delay and additional-trip requirements is the exception in the current version of the informed consent law for “a medical emergency.” § 390.0111(3), Fla. Stat. The statute does not define “medical emergency,” but provides that in a medical emergency, “a physician may terminate a pregnancy” after “obtain[ing] at least one corroborative medical opinion attesting to the medical necessity for emergency medical procedures and to the fact that to a reasonable degree of medical certainty the continuation of the pregnancy would threaten the life of the pregnant woman.” § 390.0111(3)(b), Fla. Stat. (allowing physician to proceed absent corroborating opinion only if a second physician is not available). There is no exception for threats to a woman's life that are not “medical emergencies,” and no exception for threats of any kind to a woman's health.

C. The Effect of the Act on Women Seeking Abortion Care in Florida

The Act harms all Florida women seeking abortions: Today, a woman in Florida can obtain an abortion once she and her doctor believe it is appropriate—which means that she may do so upon her first visit to a clinic, just as patients in Florida may do when seeking all other comparable medical procedures. *See* Decl. of Christine L. Curry, attached hereto as Ex. B-3, (“Curry Decl.”) ¶¶ 9, 14; Goodman Decl. ¶ 13. If the Act were allowed to go into effect, that woman would have to make an additional, unnecessary trip to the clinic, and wait at least twenty-four hours before obtaining the abortion care she seeks. This in itself is a burden. Further, the mandatory delay and additional-trip requirements will force women to expend more time and money, including an additional day’s absence from work, home, and/or school. They will require paying for additional travel costs and child-care; involve lost wages for many women; and require an overnight stay away from home for some women. Decl. of Kristin Davy, attached hereto as Ex. B-2, (“Davy Decl.”) ¶ 5; Decl. of Sheila Katz, attached hereto as Ex. B-5, (“Katz Decl.”) ¶ 18.

The Act will also require that a physician be at the health center to provide the required information on the patient’s first visit. For Plaintiff Bread and Roses, this requirement will lead to delays far greater than 24 hours for patients, because its sole physician works no more than two days per week. Davy Decl. ¶ 16. Moreover, because it is likely not possible to staff a physician at every facility offering abortions each single day of the week, and because many women will not be able to take time away from their existing obligations to travel on two consecutive days, the Act will inevitably force many women to delay their abortion procedures by a significantly longer period of time than twenty-four hours. Curry Decl. ¶¶ 15, 20; Davy Decl. ¶¶ 16. That will in turn impose medical harm on women: While abortion is an extremely safe procedure, the later an abortion takes place in pregnancy, the greater the medical risks for

the woman, and the greater the cost as well. Curry Decl. ¶¶ 13, 15; Davy Decl. ¶ 18. The additional-trip requirement also poses a very real threat to a woman's confidentiality and privacy by increasing the risk that partners, family members, employers, co-workers, or others will discover that she is having an abortion. Davy Decl. ¶ 20; Katz Decl. ¶ 17. For some women, the mandatory delay and additional-trip requirements will prevent them from obtaining a medication abortion, which is an early method of ending a pregnancy involving drugs rather than surgery. Curry Decl. ¶¶ 10, 15. Medication abortion is medically indicated for physiological or mental health reasons for some women and is strongly preferred over surgical abortion by others for personal reasons. *Id.* ¶¶ 10-12; Davy Decl. ¶¶ 7, 17.

The mandatory delay and additional-trip requirements will also pose particular harms to especially vulnerable groups of Florida women, including low-income women; women who are victims of intimate partner violence; those whose pregnancy is the result of rape or other forms of abuse; those with wanted pregnancies that involve a severe fetal anomaly, and those with medical complications of pregnancy that are not immediately life-threatening. For these women, the mandatory delay and additional-trip requirements may inflict psychological harm, increase significantly costs and burdens, threaten their safety, threaten their health and even their lives, or prevent them from obtaining an abortion altogether. Davy Decl. ¶¶ 14, 19; Katz Decl. ¶¶ 15-23; Decl. of Lenore Walker, attached hereto as Ex. B-6, ("Walker Decl.") ¶¶ 16-25; Curry Decl. ¶¶ 15-19.

Low-income women will have the greatest difficulty in rearranging inflexible work schedules at low-wage jobs; arranging and paying for childcare; paying for the travel costs for an additional trip to the clinic; foregoing lost wages for missed work; and paying any additional costs associated with a later procedure. Katz Decl. ¶¶ 15-22; Davy Decl. ¶¶ 13-15. A significant

number of women seeking abortions have incomes that are at, or below, the federal poverty level. Nationally, in 2008, 42% of women having abortions had incomes below the federal poverty level, and another 27% had incomes below 200% of the federal poverty level, which is often considered a better measure of who is low-income. Katz Decl. ¶¶ 10, 14-15. Florida has a higher poverty rate than the United States, and a higher proportion of people living below 200% of the poverty line; thus, it is likely a large majority of women seeking abortions in Florida are low-income. *Id.* ¶¶ 8, 10, 15. Low-income women will find it more difficult to pay these increased costs without foregoing other necessities. *Id.* ¶ 22. The need to find and save money to pay for additional costs resulting from the Act will likely delay low-income women in seeking abortions, causing the harms associated with delay discussed *supra*.

For a woman with an abusive partner who is seeking an abortion without detection, the need for privacy—and thus the threat posed by the Act—is particularly acute. Walker Decl. ¶ 17. Women in abusive relationships often are carefully monitored and have limited unaccounted-for time. *Id.* ¶¶ 11, 18, 21. Forcing these women to make a medically unnecessary trip is not only cruel, but could also subject them to further violence. *Id.* ¶¶ 17-21.

Similarly, forcing women whose pregnancies are the result of rape or other violent crimes to comply with the Act’s requirements may cause them further trauma and psychological harm. *Id.* ¶¶ 22-24. While the Act does contain a purported “exception” for these circumstances, a woman who has survived these crimes cannot avail herself of it unless she first reports the crime to authorities. That makes the “exception” meaningless: Most victims of these forms of violence and abuse do not report the abuse to authorities in the first instance, and they too will be forced to wait before terminating pregnancies that result from this violence. *Id.* ¶¶ 26-29.

Those women with wanted pregnancies who seek abortions to protect their medical well-being or because they have received a diagnosis of a severe fetal anomaly will also face grave harms. While the Act incorporates a limited exception for medical emergencies that immediately threaten a woman's life, there is no exception for non-emergency threats to a woman's life, and no exception for *any* threat to a woman's health.¹ The Act will thus impose serious medical risks on women facing one of the numerous complications of pregnancy that threaten a woman's life or health outside the dangerously narrow confines of the Act's exception for life-threatening medical emergencies. Curry Decl. ¶¶ 18-19. The Act also contains no exception for women whose pregnancies involve grave or even lethal fetal anomalies, on whom the Act may impose psychological harm. Curry Decl. ¶ 16.

Finally, by imposing a waiting period on abortion—a waiting period the Legislature does not impose on any other medical procedure—the Act stigmatizes women seeking abortions and sends the message that they are incompetent decision-makers. This waiting period reflects and perpetuates the gender stereotype that women do not understand the nature of the abortion procedure, have not thought carefully about their decision to have an abortion, or are less capable of making an informed decision about their health care than men.

D. The Effect of the Act on Abortion Providers in Florida

The Act is enforced through penalties against doctors who provide abortions, who face both monetary fines of up to \$10,000 for each violation and disciplinary sanctions up to and

¹ The underlying statute provides that a physician's "reasonable belief that complying with the requirements of informed consent would threaten the life or health of the patient is a defense to any action brought under this paragraph." § 390.0111(3)(c), Fla. Stat. This affirmative defense to disciplinary action in limited cases, which a physician must prove to the medical board before she can avail herself of it, does not constitute an adequate health exception, nor provide any protection to licensed abortion clinics for potential violations of the Act.

including revocation of their licenses to practice medicine. § 390.0111(3)(c), Fla. Stat.; *see also* §§ 458.331, 459.015, 456.072(2), Fla. Stat. Abortion clinics, which must be licensed by the Florida Agency for Healthcare Administration, may be prevented from renewing their clinic licenses for violations of the Act. Fla. Admin. Code R. 59A-9.020.

ARGUMENT

A. Standard for Granting a Motion for Injunctive Relief

The “obvious purpose” of a temporary injunction is to maintain the status quo pending the determination of a case. *Smith v. Hous. Auth.*, 3 So. 2d 880, 881 (Fla. 1941) (en banc). Plaintiffs are entitled to a temporary injunction if they “satisfy a four-part test under Florida law: ‘a substantial likelihood of success on the merits; lack of an adequate remedy at law; irreparable harm absent the entry of an injunction; and that injunctive relief will serve the public interest.’” *Liberty Counsel v. Fla. Bar Bd. of Governors*, 12 So. 3d 183, 186 n.7 (Fla. 2009) (quoting *Reform Party of Fla. v. Black*, 885 So. 2d 303, 305 (Fla. 2004)); *see also St. John’s Inv. Mgmt. Co. v. Albaneze*, 22 So. 3d 728, 731 (Fla. 1st DCA 2009). As set forth below, Plaintiffs easily satisfy these four requirements, and granting a temporary injunction will preserve the status quo, allowing Florida women to continue making informed decisions about their own medical care without burdensome, unnecessary, and unconstitutional intrusion by the state.

B. Plaintiffs Have a Substantial Likelihood of Success on the Merits of Their Claim that the Act Violates the Right to Privacy

Plaintiffs have a substantial likelihood of success on the merits of their claim that the Act violates a woman’s fundamental right to privacy as guaranteed by article I, section 23 of the Florida Constitution, by infringing on her right to access abortion services. As discussed below, the Florida Supreme Court has repeatedly held that laws infringing on a woman’s privacy right

to determine whether or not to continue a pregnancy are subject to strict scrutiny. The Act unquestionably infringes on that right and cannot survive such scrutiny.

1. The Florida Constitution Requires Strict Scrutiny of All Incursions on the Fundamental Right to Privacy, Including a Woman's Right to Decide to End a Pregnancy

The Florida Constitution begins with a Declaration of Rights. “No other broad formulation of legal principles, whether state or federal, provides more protection from government overreaching or a richer environment for self-reliance and individualism than does this ‘stalwart set of basic principles.’” *Traylor v. State*, 596 So. 2d 957, 963 (Fla. 1992) (quoting *State ex rel. Davis v. City of Stuart*, 120 So. 335, 347 (Fla. 1929)). Unlike the Federal Constitution, the Florida Constitution’s Declaration of Rights contains “an express, freestanding Right of Privacy Clause,” added to the Constitution directly by Florida citizens in a 1980 general election. *N. Fla. Women’s Health & Counseling Servs., Inc. v. State*, 866 So. 2d 612, 619 (Fla. 2003) (“*North Florida*”). Florida’s explicit constitutional guarantee of the right to privacy provides in relevant part:

Every natural person has the right to be let alone and free from governmental intrusion into the person’s private life except as otherwise provided herein.

Art. I, § 23, Fla. Const.

As recognized by Florida courts, this *explicit* state right to privacy affords greater protections from governmental intrusion and is “a broader, more protective right” than the *implicit* right to privacy recognized under the Federal Constitution. *North Florida*, 866 So. 2d at 619; *id.* at 634 (“While the United States Supreme Court has read into the federal constitution an *implicit* right of privacy, that particular right is a weak version of our *explicit* freestanding state right” (internal footnote omitted)); *see also In re T.W.*, 551 So. 2d 1186, 1191-92 (Fla. 1989) (Florida’s “amendment embraces more privacy interests, and extends more protection to the

individual in those interests, than does the federal Constitution.”). As the Florida Supreme Court has explained at length:

Article I, section 23, was intentionally phrased in strong terms. The drafters of the amendment rejected the use of the words “unreasonable” or “unwarranted” before the phrase “governmental intrusion” in order to make the privacy right as strong as possible. Since the people of this state exercised their prerogative and enacted an amendment to the Florida Constitution which expressly and succinctly provides for a strong right of privacy not found in the United States Constitution, it can only be concluded that the right is much broader in scope than that of the Federal Constitution.

Winfield v. Div. of Pari-Mutuel Wagering, 477 So. 2d 544, 548 (Fla. 1985); *see also Von Eiff v. Azicri*, 720 So. 2d 510, 514 (Fla. 1998) (“The state constitutional right to privacy is much broader in scope, embraces more privacy interests, and extends more protection to those interests than its federal counterpart.”).

Under Florida law, an infringement upon the fundamental right to privacy warrants judicial review under the strict scrutiny standard, and is “presumptively unconstitutional unless proved valid by the State.” *North Florida*, 866 So. 2d at 626. The state bears the evidentiary “burden of proof to . . . justify an intrusion on privacy,” and in order to meet this burden, the state must demonstrate “that the challenged regulation serves a compelling state interest and accomplishes its goal through the use of the least intrusive means.” *In re T.W.*, 551 So. 2d at 1192 (quoting *Winfield*, 477 So. 2d at 547). This standard is a “highly stringent” one. *North Florida*, 866 So. 2d at 620-21 (quoting *In re T.W.*, 551 So. 2d at 1192). Indeed, “no government intrusion in the personal decisionmaking cases . . . has survived” such scrutiny. *Id.*

The Florida Supreme Court has repeatedly held that the state constitutional right to privacy “is clearly implicated in a woman’s decision of whether or not to continue her pregnancy.” *In re T.W.*, 551 So. 2d at 1192; *see also North Florida*, 866 So. 2d at 620-22, 632; *Renee B. v. Fla. Agency for Health Care Admin.*, 790 So. 2d 1036, 1041 (Fla. 2001). The

constitutional right to privacy “embodies the principle that [f]ew decisions are more personal and intimate, more properly private, or more basic to individual dignity and autonomy, than a woman’s decision . . . whether to end her pregnancy. A woman’s right to make that choice freely is fundamental.” *In re T.W.*, 551 So. 2d at 1193 (internal quotations and citations omitted).

In *In re T.W.*, the Florida Supreme Court held that strict scrutiny applied to restrictions on abortion that implicated the right to privacy. *Id.* In assessing whether the state had shown a compelling state interest, the court looked to the original trimester framework of *Roe v. Wade*, 410 U.S. 113 (1973). The *In Re T.W.* court held that “the state’s interest in maternal health” does not “become[] compelling” until “the end of the first trimester;”² the state’s interest in embryonic or fetal life only “becomes compelling upon viability.” *In re T.W.*, 551 So. 2d at 1193. The state is thus foreclosed from asserting a compelling interest in maternal health before the end of the first trimester, or a compelling interest in potential life before viability. “[P]rior to the end of the first trimester, the abortion decision must be left to the woman and may not be significantly restricted by the state. Following this point, the state may impose significant restrictions only in the least intrusive manner designed to safeguard the health of the mother.” *In re T.W.*, 551 So. 2d at 1193; *see also North Florida*, 866 So. 2d at 639-40 (reaffirming *In re T.W.*).

Since *In re T.W.*, Florida courts have consistently applied strict scrutiny to statutes that impose state-created burdens on a woman’s right to decide whether or not to continue a

² As the Florida Supreme Court recognized in *In re T.W.*, 551 So. 2d at 1193, the reason that *Roe* had identified the end of the first trimester as meaningful for women’s health restrictions is that in 1973, abortion beyond the first trimester was considered more dangerous than carrying to term. *Roe*, 410 U.S. at 163. With advances in medical technology, the evidence no longer supports this assumption. *See In re T.W.*, 551 So. 2d at 1197 (Ehrlich, J., concurring).

pregnancy.³ In 2003, the Florida Supreme Court held a newly enacted parental notification law unconstitutional under the strict scrutiny standard. *See North Florida*, 866 So. 2d 612. The law required a minor to notify a parent of her decision to have an abortion, or to convince a court that she was mature enough to make that decision on her own or that an abortion was in her best interests. *Id.* at 615. In *North Florida*, the court once again underscored the strength of the Florida Constitution’s protection of the right to privacy, especially as compared to federal protections. The court expressly rejected the state’s arguments that it should apply the lower, undue burden standard the U.S. Supreme Court articulated in *Planned Parenthood v. Casey*, rather than strict scrutiny,⁴ in determining whether a state law impermissibly infringes on the right to decide to end a pregnancy:

³ In *Renee B.*, the Florida Supreme Court determined that the exclusion of medically necessary abortions from Medicaid coverage did not implicate the privacy right: “the right of privacy does not create an entitlement to the financial resources to avail herself of this choice.” *Renee B. v. Fla. Agency for Health Care Admin.*, 790 So. 2d 1036, 1041 (Fla. 2001). That is, while the state cannot itself impose particular burdens on abortion without satisfying strict scrutiny, in *Renee B.*, “the State ha[d] imposed no restriction on access to abortions that was not already present.” *Id.* However, the *Renee B.* court emphasized that if the right to privacy were implicated, as is clearly the case here, strict scrutiny would apply. *Id.* at 1040.

⁴ In *Casey*, the United States Supreme Court upheld a twenty-four-hour waiting period, but only under this lesser, undue burden standard. *See Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 885 (1992). Unlike the strict scrutiny standard Florida applies, the lesser undue burden standard does not require that a law serve a compelling state interest through the least restrictive means, but instead required that the law not impose an undue burden on a woman’s right to choose while serving an “important” interest, which could include an interest in protecting potential life. *See generally Casey*, 505 U.S. 833; *In re T.W.*, 551 So. 2d at 1193. As discussed further *infra*, the Florida Supreme Court and the Florida people have emphatically rejected attempts to lessen Florida’s constitutional protection of the right to privacy. *See North Florida*, 866 So. 2d at 635-36; *Initiative Information: Prohibition on Public Funding of Abortions; Construction of Abortion Rights*, Fla. Dep’t of St., Division of Elections, <http://dos.elections.myflorida.com/initiatives/initdetail.asp?account=10&seqnum=82> (last visited June 6, 2015) (proposed amendment defeated with fifty-five percent of Florida voters in opposition).

Florida courts consistently have applied the “strict” scrutiny standard whenever the Right of Privacy Clause was implicated, regardless of the nature of the activity. The “undue burden” standard, on the other hand, is an inherently ambiguous standard and has no basis in Florida’s Right of Privacy Clause.

North Florida, 866 So. 2d at 635 (internal footnote omitted). The court stated that adopting the federal standard would require “abandon[ing] an extensive body of clear and settled Florida precedent in favor of an ambiguous federal standard,” and most important, it would require the court “to forsake the will of the people”:

If Floridians had been satisfied with the degree of protection afforded by the federal right of privacy, they never would have adopted their own freestanding Right of Privacy Clause. In adopting the privacy amendment, Floridians deliberately opted for substantially more protection than the federal charter provides.

Id. at 635-36. Indeed, Florida voters reasserted their will in 2012, when they defeated a ballot initiative that would have rolled back the independent state constitutional protection of abortion in favor of the lower federal constitutional standard. *See Initiative Information: Prohibition on Public Funding of Abortions; Construction of Abortion Rights*, Fla. Dep’t of St., Division of Elections, <http://dos.elections.myflorida.com/initiatives/initdetail.asp?account=10&seqnum=82> (last visited June 5, 2015).⁵ There can thus be no question that the Right of Privacy Clause protects the right to choose abortion and subjects laws that burden that right to strict scrutiny.

2. *Unlike the Prior Version of the Informed Consent Law as Construed, the Act Singles Out Abortion for a State-Imposed Burden and Is Therefore Subject to Strict Scrutiny*

Under the Florida Supreme Court’s interpretation of the state constitution’s strong privacy clause, strict scrutiny is required whenever the Legislature singles out abortion in

⁵ Earlier, in 2004, Florida voters did ratify a separate ballot initiative that authorized the Legislature to enact a parental notification requirement for abortion. *See* Article X, § 22, Fla. Const.

imposing a burden on access to health care. The Act is just such a burden, as illustrated by the history and holding of *State v. Presidential Women's Center*, 937 So. 2d 114 (Fla. 2006).

The challenged Act is an amendment to the Women's Right to Know Act, originally passed in 1998, and challenged in *Presidential Women's Center*, *see id.* at 115. That statute was upheld only after the state accepted a limiting construction to bring it in line with informed consent laws for other medical procedures. *See id.* at 120-21. Prior to that limiting construction, the Right to Know Act imposed unique burdens on abortion and the Court of Appeals had accordingly applied strict scrutiny and held the statute was unconstitutional. The intermediate court noted that unlike the informed consent requirements for other medical procedures, the challenged law would "not allow a physician to tailor the information to the woman's circumstances, [and] infringe[d] on the woman's ability to receive her physician's opinion as to what is best for her, considering her circumstances." *State v. Presidential Women's Ctr.*, 707 So. 2d 1145, 1150 (Fla. 4th DCA 1998).

On appeal before the Florida Supreme Court, the state, for the first time, offered a limiting construction permitting physicians to provide information tailored to each individual patient, rather than information that would be considered material by an abstract "reasonable patient." *Presidential Women's Ctr.*, 937 So. 2d at 119. The state also conceded that the mandated informed consent information only contemplated medical risks, not social, economic, or other risks. *Id.* Accordingly, the Supreme Court upheld the statute, *so construed*, as "comparable to [the informed consent requirements] of the common law and other Florida informed consent statutes implementing the common law." *Id.* at 118.

In contrast to the requirement ultimately upheld as construed in *Presidential Woman's Center*, the Act challenged in the instant case goes far beyond common law and other Florida

informed consent statutory requirements: It singles out women seeking abortion care and will require them, alone among patients, to receive state-mandated information in person at least twenty-four hours before their medical procedure. As the proponents of the Act themselves admitted, the Florida Legislature has never imposed a mandatory waiting period for any other medical procedure.⁶ *See* Fla. H.R., recording of proceedings (Apr. 22, 2015), *available at* http://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2015041243&TermID=86, 1:27:55 - 1:28:04, (Representative Sullivan Closing on H.B. 633). The Act imposes a unique burden on women seeking abortion care. It burdens their right to privacy and is thus subject to strict scrutiny under the Florida Constitution.

3. *The Act Cannot Survive Strict Scrutiny*

As detailed above, under Florida law, a statutory requirement that infringes upon a woman's right to privacy in choosing abortion is presumptively unconstitutional unless the state can prove that it "serves a compelling state interest and accomplishes its goal through the use of the least intrusive means." *Winfield*, 477 So. 2d at 547; *see also In re T.W.*, 551 So. 2d at 1192 (applying this standard to abortion restriction); *North Florida*, 866 So. 2d at 620 (same). The Act will neither serve a compelling state interest, nor employ the least intrusive means to serve any such hypothetical interest.

a. The Act Will Not Serve a Compelling State Interest

The Florida Supreme Court has recognized only two compelling state interests that can justify restrictions on abortion: the promotion of maternal health and potential life. *In re T.W.*,

⁶ The only patients who must observe a waiting period in Florida do so pursuant to *federally* mandated guidelines, not state law, and those are patients who qualify for Medicaid and seek financial coverage for sterilization procedures. *See* Fla. Admin. Code R. 64F-7.007(2) (citing statute codifying federal Medicaid requirement of 30-day waiting period for Medicaid-reimbursed sterilization, with exceptions).

551 So. 2d at 1193-94. However, both are significantly limited: the state's interest in maternal health becomes compelling no earlier than the beginning of the second trimester and its interest in potential life becomes compelling only after viability. *Id.*; *see also Presidential Women's Ctr.*, 707 So. 2d at 1149. Thus, "[u]nder Florida law, prior to the end of the first trimester, the abortion decision must be left to the woman *and may not be significantly restricted by the state.*" *In re T.W.*, 551 So.2d at 1193.

Here, the Act will serve no compelling state interests recognized by the Florida Supreme Court. There is no compelling interest in protecting potential life before viability; there is no compelling interest in protecting maternal health before the second trimester. But by its terms, the Act will apply throughout a woman's pregnancy.⁷ For this reason alone, the state is unable to demonstrate that the Act will further a compelling state interest and it must be struck down.

b. The Act Would Not Serve a Compelling Interest in Maternal Health Even if It Were Limited to Second-Trimester Abortions

Even if the Act were limited to the second trimester of pregnancy (which it is not), the state could not demonstrate it would serve a compelling state interest in protecting women's health, for two reasons.

First, the Florida Supreme Court has held that where the state claims it has a compelling interest in burdening abortion, the state's failure to impose parallel burdens on comparable medical procedures requires the conclusion that the state interest is not, in fact, compelling. In *In re T.W.*, the state claimed a compelling interest in protecting minors, but the state required parental consent only when a minor sought an abortion, and not for any other pregnancy-related medical procedure. "In light of this wide authority that the state grants [to minors,] we are

⁷ Florida generally bans post-viability abortions, with certain limited exceptions to protect a woman's health or life. § 390.01112, Fla. Stat.

unable to discern a special compelling interest on the part of the state under Florida law in protecting the minor only where abortion is concerned.” 551 So. 2d at 1195.

Hence, because the Florida Legislature has not imposed a mandatory delay and additional-trip requirement on any other medical procedure, including those that pose greater risks than abortion, there cannot be a genuine “compelling interest” in protecting women’s health that will be furthered by the Act. Curry Decl. ¶ 14; Goodman Decl. ¶¶ 13-14. Most medical procedures performed in the state of Florida are governed by the general informed consent statute, which, as the Supreme Court noted in *Presidential Women’s Center*, imposes obligations that are comparable to the *current* abortion-specific informed consent statute. See § 766.103, Fla. Stat.; *Presidential Women’s Center*, 937 So. 2d at 120; Goodman Decl. ¶ 13. That general informed consent statute does not require a patient to make a separate visit at least twenty-four hours before receiving medical services in order to hear, in person, information that could be provided on the day of the service. See § 766.103, Fla. Stat. Nor has the Florida Legislature deemed it necessary to require a patient to make a separate trip to a health center or hospital in order to fulfill informed consent requirements for any other pregnancy-related treatment, or for *any other* medical procedure, including procedures that are riskier than a first- or second-trimester abortion procedure.⁸ Curry Decl. ¶ 14; Goodman Decl. ¶ 14. In fact, the Legislature soundly rejected an amendment to the Act that would have imposed a similar twenty-four-hour waiting period for a vasectomy, a surgical sterilization procedure for men with comparable risks.

⁸ The *Presidential Women’s Center* opinion cites to three informed consent statutes that apply to specific medical procedures: breast cancer treatment, electroconvulsive and psychosurgical procedures, and, for inmates, psychiatric treatment. See 937 So. 2d at 118 (citing §§ 458.324, 458.325, 945.48, Fla. Stat. (2005)). These three statutes, both at the time of *Presidential Women’s Center* and now, require the physician to give information and to receive consent from the patient—but do not require information to be provided in person hours or days prior to the procedure, and thus do not impose a separate trip and delay.

See Compl., Ex. A-2, at 2; *H.B. 633 – Informed Patient Consent*, Fla. H.R., <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=53704&> (last visited June 5, 2015) [hereinafter *H.B. 633 Legislative History*]; see also *Women's Med. Ctr. of Providence, Inc. v. Cannon*, 463 F. Supp. 531, 537 (D.R.I. 1978) (vasectomy comparably risky to, or potentially more risky than, abortions). Because the Act targets only abortion and not comparable or riskier medical procedures, any state claim that a “compelling” interest in women’s health animates the Act must be rejected.

Second, the Act will not only fail to further, but will actually harm, any interest the state could possibly assert in maternal health. As explained in more detail *supra*, the Act’s requirements in practice will cause some women to delay their procedures far longer than a day, thus increasing their medical risk. See *supra* pp. 5-6. While abortion is an extremely safe medical procedure, delaying a woman in obtaining care increases the risk she faces. Curry Decl. ¶¶ 13, 15. Moreover, as the Act includes no exception for abortions necessary to protect a woman’s health, the Act will force a physician to wait even where delay unquestionably imposes additional medical risk on a patient whose health is already threatened by continued pregnancy. See § 390.0111(3)(a), Fla. Stat. Indeed, under the Federal Constitution as well as the Florida State Constitution, the lack of any exception to the mandatory waiting period when necessary to preserve a woman’s health is a fatal flaw. The United States Supreme Court in *Casey*, for example, held that it “would be required to invalidate the restrictive operation of” a twenty-four-hour mandatory delay if “it foreclose[d] the possibility of an *immediate* abortion despite some significant health risks. . . . [F]or the essential holding of *Roe* forbids a State from interfering with a woman’s choice to undergo an abortion procedure if continuing her pregnancy would constitute a threat to her *health*.” 505 U.S. at 880 (emphases added). But that is exactly what the

Act will do: It forecloses the possibility of an immediate abortion despite threats to a woman's health, by allowing an immediate abortion only in life-threatening medical emergencies.

Therefore, rather than serving a state interest in maternal health, the Act will do the opposite, and must certainly fall under Florida's Declaration of Rights.

c. The Act Does Not Use the Least Intrusive Means to Address Any Interest the State Might Assert

Even if there were a compelling state interest underlying the Act—which there is not, *see supra* Parts 3.a-b—“the state may impose significant restrictions only in the least intrusive manner designed to” serve those interests. *In re T.W.*, 551 So. 2d at 1193. “Any inquiry under this prong must consider procedural safeguards relative to the intrusion.” *Id.* at 1195-96. The state cannot meet its burden of demonstrating that the Act is the least intrusive means of serving any interest it may assert.

First, as discussed above, the state is already using less intrusive means to ensure that a woman's decision to have an abortion is well informed. Under current law, women are already advised of exactly the information the Act will require, § 390.0111(3)(a), Fla. Stat., and indeed have been receiving safe and legal abortion care in Florida for forty years with no need for a mandatory delay to ensure their decisions are informed. A less intrusive means of ensuring that women's decisions are informed is thus the current law; the Act will add only stigma, burden, and delay.

Second, even if the Florida Legislature had evidence that the current law were somehow inadequate, which it does not, it could easily have strengthened the law's requirements in a less intrusive way, as demonstrated by the numerous proposed Amendments to the Act that the Legislature rejected. Several of these would have made the Act less intrusive for all women:

- Amendment 213635 would have permitted a woman to waive the Act's requirements and have the procedure on the same day as receiving the required information. *See* Compl. Ex. A-3. This would have allowed women who wanted a day or more to consider the information they had received to do so, without imposing such delay on all women. That amendment was rejected. *See H.B. 633 Legislative History*.
- Amendments 853480 and 231828 would have allowed a woman to receive the required information in advance of the procedure over the phone, via mail, or by viewing a web site. *See* Compl. Ex. A-5, A-6. Women would still meet with their physicians to confirm their receipt and understanding of the information and to discuss any questions or concerns. Those amendments were rejected. *See H.B. 633 Legislative History; S.B. 724 – Termination of Pregnancies*, Fla. H.R., <http://myfloridahouse.gov/sections/Bills/billsdetail.aspx?BillId=53671> (last visited June 5, 2015) [hereinafter *S.B. 724 Legislative History*].
- Amendments 930638 and 711443 would have allowed doctors to delegate provision of the required information to a registered nurse or a physician assistant, mitigating difficulties clinics may have scheduling a doctor to be present on multiple days and the resulting delay to women. *See* Compl. Ex. A-7, A-8. Those amendments were rejected. *See H.B. 633 Legislative History*.

Other rejected amendments would have alleviated the intrusion the Act will impose on specific groups of women:

- Amendments 591932 and 113284 would have incorporated an exception for women with health conditions that do not rise to the level of a threat to the woman's life. *See* Compl. Ex. A-11, A-12; *H.B. 633 Legislative History; S.B. 724 Legislative History*.

- Amendment 449942 would have allowed a woman who lives more than 100 miles away from the nearest abortion provider to waive the mandatory delay and additional-trip requirement. *See* Compl. Ex. A-4; *H.B. 633 Legislative History*.
- Amendments making a meaningful exception for victims of certain crimes were also introduced. As explained in Part C, *supra*, a woman qualifies for the Act’s exception only if she has “documentation” that she is “a victim of rape, incest, domestic violence, or human trafficking.” H.B. 633. This punitively narrow exception is meaningless for the majority of sexual assault and domestic violence victims who do not report their assaults to the authorities. Several amendments would have dispensed with the Act’s demeaning and unnecessary “proof” requirements. *See* Compl. Ex. A-9, A-10, A-11; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.
- Amendments 591932 and 113284 would have added an exception to the Act’s requirements in the event that a woman receives a diagnosis of a severe fetal anomaly. *See* Comp., Ex. A-11, A-12; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.

Many of the amendments the Florida Legislature rejected reflect the current practices of other states’ abortion-specific mandated information and waiting period requirements,⁹ further

⁹ *See, e.g.*, Ga. Code Ann. § 31-9A-3(1) (state-mandated information can be given “by telephone” and by “a qualified agent”); Idaho Code § 18-609(3)(c), (4) (physician’s agent can certify patient’s receipt of state-mandated information); Ky. Rev. Stat. § 311.725(1)(a) (mandated information can be provided verbally by telephone, and by other professionals, including social workers); Mich. Comp. Laws § 333.17015(3) (mandated information can be provided by a “qualified person” in addition to doctor); Minn. Stat. § 145.4242(a)(1) (mandatory information can be provided by telephone); N.D. Cent. Code § 14-02.1-03 (mandatory information can be provided by telephone and designated agent of physician); Neb. Rev. Stat. § 28-327-(2) (mandatory information can be provided by telephone and by certain agents of physician); S.C. Code § 44-41-330(C), (D) (mandatory information can be mailed by health

demonstrating that the Florida Legislature did not utilize the least intrusive means available. *See North Florida*, 866 So. 2d at 642 (Anstead, C.J., concurring) (legislation at issue is not the least intrusive means, as other states have “less intrusive schemes that serve the same purpose”).

Whatever interests it may assert, the state could have pursued those interests through means less intrusive than forcing every patient seeking an abortion to make an additional trip to her doctor at least 24 hours prior to the procedure.

* * *

The Act cannot survive judicial review under strict scrutiny: the state lacks a compelling interest, and the Act is not narrowly tailored to serve any interest the state may assert, compelling or no. It is thus no surprise that the vast majority of courts to consider mandatory delays under strict scrutiny have struck them down.¹⁰ Plaintiffs are likely to succeed on the merits of their argument that the Act should meet the same fate.

worker); V.A. Code § 18.2-76(B) (mandatory information can be provided by trained professional; waiting period reduced to two hours for patients who travel at least 100 miles); Wis. Stat. § 253.10(3)(c)(2) (mandatory information can be provided by qualified person); W. Va. Code § 16-2I-2(a) (mandatory information can be provided by telephone and by health professional).

¹⁰ *See, e.g., City of Akron v. Akron Ctr. for Reprod. Health, Inc.*, 462 U.S. 416, 449-51 (1983), *overruled on other grounds by Casey*, 505 U.S. 833; *Zbaraz v. Hartigan*, 763 F.2d 1532, 1535-39 (7th Cir. 1985), *aff'd*, 484 U.S. 171 (1987); *Planned Parenthood Ass’n of Kansas City, Missouri, Inc. v. Ashcroft*, 655 F.2d 848, 866 (8th Cir.), *supplemented* 664 F.2d 687 (8th Cir. 1981), *rev’d on other grounds* 462 U.S. 476 (1983); *Planned Parenthood League of Massachusetts v. Bellotti*, 641 F.2d 1006, 1014-16 (1st Cir. 1981); *Charles v. Carey*, 627 F.2d 772, 785-87 (7th Cir. 1980); *Wynn v. Carey*, 599 F.2d 193, 196 n.6 (7th Cir. 1979); *Eubanks v. Brown*, 604 F. Supp. 141, 145-47 (W.D. Ky. 1984); *Margaret S. v. Edwards*, 488 F. Supp. 181, 212-13 (E.D. La. 1980); *Women’s Cmty. Health Ctr., Inc. v. Cohen*, 477 F. Supp. 542, 550-52 (D. Me. 1979); *Leigh v. Olson*, 497 F. Supp. 1340, 1347-48 (D.N.D. 1980); *Am. Coll. of Obstetricians & Gynecologists, Pa. Section v. Thornburgh*, 552 F. Supp. 791, 797-99 (E.D. Pa. 1982); *Women’s Med. Ctr. of Providence, Inc. v. Roberts*, 530 F. Supp. 1136, 1145-47 (D.R.I. 1982); *Planned Parenthood of Middle Tennessee v. Sundquist*, 38 S.W.3d 1, 22-25 (Tenn. 2000); *Mahaffey v. Attorney Gen. of Michigan*, No. 94-406793 AZ, 1994 WL 394970, at *6-7 (Mich.

C. Plaintiffs Lack an Adequate Remedy at Law and Will Suffer Irreparable Harm if an Injunction Is not Issued

Plaintiffs must also prove “two interrelated requirements” necessary to establish their right to injunctive relief: that the injury they allege cannot be adequately remedied at law and irreparable harm will occur if an injunction is not issued. *Liza Danielle, Inc. v. Jamko, Inc.*, 408 So. 2d 735, 738 (Fla. 3d DCA 1982).

Plaintiffs lack an adequate remedy at law where damages are unavailable or are “so speculative as not to be susceptible of proof.” *So. Colonization Co. v. Derfler*, 75 So. 790, 794 (Fla. 1917); *see also Thompson v. Planning Comm’n*, 464 So. 2d 1231, 1237 (Fla. 1st DCA 1985) (where calculation of damages is speculative, legal remedy is inadequate). Money damages are ordinarily not available for violations of Florida state constitutional privacy rights. *See Resha v. Tucker*, 670 So. 2d 56, 59 (Fla. 1996) (Grimes, C.J., concurring); *see also Tucker v. Resha*, 634 So. 2d 756, 757 (Fla. 1st DCA 1994); *Stephens v. Geoghegan*, 702 So. 2d 517, 521 n.1 (Fla. 2d DCA 1997) (“[v]iolation of privacy provisions of the Florida Constitution does not give rise to a cause of action for money damages” (citation omitted)); *cf. Garcia v. Reyes*, 697 So. 2d 549, 551 (Fla. 4th DCA 1997) (“there is ‘no support for the availability of an action for money damages, based [] on . . . violation of the right of due process, as guaranteed by the Florida Constitution’” (emphasis and citation omitted)); *Fernez v. Calabrese*, 760 So. 2d 1144, 1146 (Fla. 5th DCA 2000) (relying on *Garcia*, 697 So. 2d at 651).

Alternatively, Plaintiffs satisfy their burden of showing irreparable harm where they demonstrate injury that cannot be adequately compensated by money damages. *See Liza Danielle*, 408 So. 2d at 738 (“[i]rreparable injury is an injury of such a nature that it cannot be

Cir. Ct. July 15, 1994), *rev’d on other grounds sub nom. Mahaffey v. Attorney Gen.*, 564 N.W.2d 104 (Mich. App. Ct. 1997).

redressed in a court of law”; “the injury must be of a peculiar nature, so that compensation in money cannot atone for it” (quoting 29 Fla. Jur. 2d, Injunctions § 22 at 674-75)). The threatened or actual loss of constitutional rights, even for a minimal period of time, constitutes *per se* irreparable harm. *See, e.g., Ne. Fla. Chapter of Ass’n of Gen. Contractors of Am. v. City of Jacksonville*, 896 F.2d 1283, 1285 (11th Cir. 1990) (“on-going violation[s]” of the right to privacy “constitute[] irreparable injury”); *Brenner v. Scott*, 999 F. Supp. 2d 1278, 1291 (N.D. Fl. 2014) (enjoining Florida constitutional provision and statutes banning same-sex marriage because “the ongoing unconstitutional denial of a fundamental right almost always constitutes irreparable harm.”); *see also Elrod v. Burns*, 427 U.S. 347, 373 (1976) (holding that loss of constitutional “freedoms . . . unquestionably constitutes irreparable injury”). Here, the deprivation of a woman’s fundamental right to privacy, guaranteed by article I, section 23 of the Florida Constitution, *see supra* Part B.2, will result in irreparable harm.

Thus, an injunction is appropriate and necessary in this case to protect against the violations of women’s constitutional rights. *Cf. Deerfield Med. Ctr. v. City of Deerfield Beach*, 661 F.2d 328, 338 (5th Cir. Unit B 1981) (explaining that a threatened violation of women’s constitutional right to abortion mandates a finding of irreparable injury because “once an infringement has occurred it cannot be undone by monetary relief”). In previous abortion cases asserting violations of the right to privacy under the Florida Constitution, Florida courts have found injunctions to be the proper remedy. *See, e.g., North Florida*, 866 So. 2d at 640 (Fla. 2003) (permanently enjoining the state from enforcing parental notification statute, based in part on violation of right to privacy); *Presidential Women’s Ctr.*, 707 So. 2d 1145 (upholding trial court’s decision temporarily enjoining state from enforcing informed consent statute, based in part on alleged violation of right to privacy). Because the Act will undermine women’s health

and deprive them of their rights under the Florida Constitution, the Act threatens irreparable harm for which there is no adequate remedy at law.

D. Considerations of Public Interest Support Issuance of an Injunction

Finally, the issuance of an injunction will serve the public interest. No public interest is served by enforcing unconstitutional laws, while the public has a significant interest in ensuring that constitutional rights are not violated, and that citizens can access needed reproductive health care without unwarranted hardship. *See, e.g., A Choice for Women v. Butterworth*, 54 F. Supp. 2d 1148, 1159 (S.D. Fla. 1998) (finding that “the public interest is well served when the Court protects the constitutional rights of the public; in this case, the constitutionally protected right of women to have abortions”); *see also Carey v. Klutznick*, 637 F.2d 834, 839 (2d Cir. 1980) (“the public interest [] requires obedience to the Constitution”); *Saint v. Neb. Sch. Activities Ass’n*, 684 F. Supp. 626, 630 (D. Neb. 1988) (holding that public interest is served by preventing violations of an individual’s constitutional rights). A temporary injunction will preserve the status quo by allowing Plaintiff Bread and Roses and other abortion providers in the state to continue providing and the Florida members of Medical Students for Choice to continue assisting in providing and their patients to continue receiving safe and informed reproductive health care services until this case can be resolved on the merits.

CONCLUSION

Because Plaintiffs have shown a substantial likelihood of success on the merits, that irreparable harm will result if the Act is not enjoined, that they lack an adequate remedy at law, and that the relief requested will serve the public interest, this Court should issue a temporary injunction against enforcement of the Act before it goes into effect on July 1.

Dated: June 11, 2015

Respectfully submitted,

/s/ Benjamin James Stevenson

Benjamin James Stevenson

FL Bar #598909

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*Pro Hac Vice Application Forthcoming

Exhibit B-2

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

Case No. _____

v.

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity
as Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of
the Florida Board of Medicine; FLORIDA
BOARD OF OSTEOPATHIC MEDICINE;
ANNA HAYDEN, D.O., in her official
capacity as Chair of the Florida Board of
Osteopathic Medicine; FLORIDA AGENCY
FOR HEALTH CARE ADMINISTRATION;
and ELIZABETH DUDEK, in her official
capacity as Secretary of the Florida Agency for
Health Care Administration,

Defendants.

DECLARATION OF KRISTIN DAVY

I, Kristin Davy, am over 18 years of age and declare and state the following based on my personal knowledge:

1. I am the owner of Gainesville Woman Care LLC d/b/a Bread and Roses Women's Health Center ("Bread and Roses" or "the Clinic"), located in Gainesville, which has provided safe and legal abortion care for women in Florida for three decades. I have worked at Bread and Roses since 1998, and been its owner and director since 2004.

2. As the Clinic's owner and director, I oversee its daily operations, business matters, and compliance with all applicable laws and regulations. Bread and Roses was last inspected by the Florida Agency for Health Care Administration in mid-March of this year and no deficiencies were found.

3. Bread and Roses is a plaintiff in this lawsuit on behalf of itself, its patients, and its doctor. Based on my knowledge and experience working at and operating Bread and Roses, I submit this declaration in support of Plaintiffs' Motion for an Emergency Temporary Injunction and/or a Temporary Injunction against Section 1 of 2015 House Bill 633.

4. For nearly thirty years, Bread and Roses has provided safe, compassionate, and legal abortion care to the women of Florida. I have read this law and understand that it requires the doctor who will perform the abortion procedure, or the referring physician, to counsel the patient in person and 24 hours before the abortion procedure. For the reasons I discuss below, by requiring women seeking abortion services to make an additional trip to the clinic, this law will infringe upon women's access to abortion.

5. If this law were to go into effect, I believe our patients would be harmed in several ways: virtually all will be burdened by the additional logistical difficulties of arranging to be away from school or work to make the additional trip to the clinic, and many will need to save more money to pay for travel, childcare, and related expenses; many will be delayed in obtaining the care that they need as a result of these additional logistical difficulties, particularly our most vulnerable patients; some may be at increased risk of having their decision to seek an abortion revealed to others, despite their desire to keep that confidential; and some women, particularly those who must travel long distances or are very poor, may be unable to overcome all of these difficulties and will therefore be forced to carry an unwanted pregnancy to term.

BREAD AND ROSES AND OUR PATIENTS

6. At Bread and Roses, we provide high quality surgical abortion services up to 13 weeks and 6 days of pregnancy, as measured from the woman's last menstrual period ("LMP"), and medication abortions up to 8 weeks LMP. In addition to abortion care, we also offer pregnancy tests and options counseling and refer for prenatal care and adoption services. We provide roughly 800 abortions each year. Our abortions cost between \$450 and \$675. The average appointment for a surgical abortion lasts three to four hours, and for a medication abortion about two hours. Our medical director is an obstetrician-gynecologist and has been the only doctor providing abortions at Bread and Roses for the past ten years. She is now in semi-retirement and provides abortions only two days per week.

7. Surgical abortion involves the use of instruments to evacuate the contents of the uterus. In contrast, a woman undergoing a medication abortion (sometimes referred to as RU 486 or the abortion pill), terminates an early pregnancy by taking medications that cause her to miscarry within a relatively short time. In my experience, a patient's reasons for deciding to have a medication abortion are often very strongly held, personal, and important to her. Many women choose medication abortion because they find it less invasive and more like a spontaneous miscarriage. Some patients also choose medication abortion because it allows them to feel more in control of the process and offers more privacy because the abortion is completed at home.

8. At Bread and Roses we take very seriously our responsibility as health care providers to make sure that every patient's decision to have an abortion is voluntary and informed. Before an abortion is performed, we take a full medical history from the patient, perform additional laboratory tests, and walk her through the abortion procedure, making sure the woman understands what the procedure entails, the side effects, and the risks of the

procedure. Every patient is given multiple opportunities to ask questions and discuss concerns, if any, with our staff, including the physician, prior to the abortion procedure. Bread and Roses takes a number of additional steps to ensure that every patient has considered her options, is confident in her decision, and was not coerced into obtaining an abortion. For example, we meet with the patient alone, where she can discuss freely any questions or concerns she may have.

9. Florida also already regulates the nature of the counseling patients receive before obtaining an abortion. Pursuant to existing law, our doctor discusses the relevant medical information, including the risks of the procedure and alternatives, and performs an ultrasound and offers the woman the opportunity to view the image. The woman is also offered the opportunity to receive printed materials prepared by the state, which include a description of the fetus at various stages of development, a list of entities that offer alternatives to abortion, and detailed information regarding medical assistance for prenatal care, childbirth, and neonatal care.

10. The overwhelming majority of our patients have carefully considered their options, understand the nature of the abortion procedure, and are sure of their decision to have an abortion by the time they schedule their procedure. These women are currently able to obtain an abortion on the first day they come to the clinic.

11. Occasionally, we have patients who seek an appointment not for abortion, but for a pregnancy test and/or options counseling, and we schedule those appointments on days when we do not offer abortion care. If, after undergoing options counseling, the woman decides she would like to terminate her pregnancy, we will schedule her for an abortion on another day. Or, if the woman decides she would like to carry the pregnancy to term or consider adoption, we will refer her for prenatal care or adoption services.

12. Our patients seek abortions for a variety of reasons. Many of our patients already have children and are seeking an abortion because they understand the responsibilities of raising a child and feel that they cannot care for another child at this time. Some of our patients are students at nearby universities, colleges, and community colleges and want to complete their education before they start a family. Other patients seek abortions because they want to leave an abusive relationship, and fear that a pregnancy will tie them legally to their abuser.

13. In Florida, Medicaid does not cover abortion care except in cases of rape, incest, and when the woman's life is endangered. Most of our patients must pay for their abortions out of pocket, and the \$450-675 can be a significant and unexpected expense. Many of our patients have difficulty paying for the procedure and approximately one-fourth of our patients receive funding from charitable organizations that help poor women pay for abortions. Many of our patients must turn to friends and family to pay for the abortion, or forego other important expenses in order to gather the necessary funds.

EFFECT OF THE 24-HOUR DELAY AND ADDITIONAL-TRIP REQUIREMENT

14. The requirement that every patient meet in person with the physician who will perform the abortion, or the referring physician, at least 24 hours before the procedure, will add to the burdens our patients already face by requiring them to make an additional trip to the clinic in order to have an abortion. Based on working with our patients over the past seventeen years, I know that for some women, making an extra trip to the clinic will simply be too much. It will be especially difficult for those women who come from far away. These women will face a difficult choice: either pay for a hotel to stay overnight, pay for and arrange for childcare, miss work or school, and forego lost wages for a few days; or take two trips to the clinic and make a separate set of arrangements for work, childcare, or school for that extra visit.

15. Even women who live near the clinic will be significantly burdened. Many of our patients have jobs with unpredictable schedules, or schedules that are not set well in advance, such as those in the food service or retail industries. It is hard to overstate how extremely difficult it is for some women to ensure that they will not be scheduled to work during their single appointment. Requiring these women to arrange at least two shifts off work in a single week so that they can make an extra visit to the clinic will be tremendously difficult, and may threaten their employment. This is a profound risk and burden on the lives of these women and their families. Moreover, this will double the amount of lost wages these women suffer, adding to the expense of having an abortion. For our patients who already have children, arranging for childcare so they can attend even one appointment can be costly and/or difficult. Requiring a woman to arrange for childcare for two days in a week will again pose a greater burden.

16. As mentioned above, Bread and Roses has had a single doctor for the last ten years, who is now semi-retired and provides care at the clinic only two days per week. It already can be difficult for our patients to find time to match their work and family obligations with our schedule. If a woman must make an additional trip to the clinic, these difficulties will be exacerbated, and may cause her to wait at least an extra week for her abortion at our clinic.

17. Such delays may push patients past the gestational age for having a medication abortion, which, as I explained above, many of our patients prefer for personal reasons. This delay may also push patients past the gestational age up to which we schedule surgical abortions—13 weeks and 6 days LMP.

18. Moreover, aside from the increased risks of the procedure, I understand that there are patients for whom it is particularly inadvisable to delay the procedure, including those suffering from severe symptoms of pregnancy, and those who are in abusive relationships and

may need to conceal their pregnancy. Finally, the costs of the procedure go up as gestational age increases. This is especially true for procedures after the first trimester. This will only exacerbate the obstacles our patients must overcome, as they must save even more money to have a later procedure.

19. While the additional-trip requirement will inconvenience all of our patients and will burden their access to abortion, it will be especially dangerous for some of our most vulnerable patients—women who are victims of intimate partner violence. We have had patients who were in abusive relationships and wanted to extricate themselves from these dangerous situations. These women desperately wanted abortions in order to terminate pregnancies that could potentially tie them to their abusive partners forever. These women had an extremely difficult time concealing their pregnancies, gathering the funds to pay for their abortions, and finding the time to evade the scrutiny of their abusive partners for the three to four hours necessary for the abortion procedure. While it can be difficult and embarrassing for women to ask others for support and assistance to pay for and obtain an abortion—for example, by asking for a ride to the clinic, or for childcare—for women in abusive relationships, these concerns are exacerbated. We have treated some women whose friends and families did not want to provide assistance or support for the woman in obtaining an abortion, out of fear that should the abusive partner learn of the abortion, he would target them for helping her. For these women, an additional trip to the clinic would not only be extremely difficult, but could be fatal. Each additional trip to the clinic is another opportunity for the woman to be caught by her abusive partner. When a patient reveals to us that she is a victim of intimate partner violence, we provide her with information regarding local resources, including shelters, counselors, and groups at the university, which can provide assistance.

20. The question of confidentiality raises a broader concern. The decision to terminate a pregnancy is a deeply private one, and all of our patients, not just those in abusive relationships, have concerns about protecting their privacy. Requiring a woman to make an additional visit will only increase the chance that she will be seen or judged by people she knows. Moreover, it also subjects our patients to further harassment by anti-abortion activists who are routinely outside our clinic holding signs with upsetting messages and images, yelling messages at all who walk through our doors. While we occasionally have volunteers who escort our patients, that is not always the case. For many of our patients it can be very distressing to be harassed and called horrible names while walking into our clinic. Forcing our patients to endure this harassment and humiliation once more will harm our patients' emotional well-being.

21. For all of these reasons I believe the Act is unnecessary and will, in fact, harm women in Florida seeking abortions.

Under penalties of perjury, I declare that I have read the foregoing declaration and that the facts stated in it are true to the best of my knowledge and belief.

Executed on June 5, 2015 in Gainesville, Florida.

/s/ Kristin Davy
Kristin Davy

Exhibit B-3

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity as
Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of the
Florida Board of Medicine; FLORIDA BOARD OF
OSTEOPATHIC MEDICINE; ANNA HAYDEN,
D.O., in her official capacity as Chair of the Florida
Board of Osteopathic Medicine; FLORIDA
AGENCY FOR HEALTH CARE
ADMINISTRATION; and ELIZABETH DUDEK,
in her official capacity as Secretary of the Florida
Agency for Health Care Administration,

Case No. _____

Defendants.

DECLARATION OF CHRISTINE L. CURRY, M.D., Ph.D.

I, CHRISTINE CURRY, M.D., Ph.D., declare under penalty of perjury that I am over 18 years of age, and that the following statements are true and correct:

1. I am a physician licensed to practice medicine in Florida. I am board certified by the American Board of Obstetrics and Gynecology. I currently serve as an Assistant Professor in the Obstetrics and Gynecology Department at University of Miami Hospitals and at Jackson Memorial Hospital, where I supervise, mentor, and train medical students and residents. I

mention these affiliations for purposes of identification only; the opinions I offer here are my own, and do not reflect those of any institution with which I am affiliated.

2. In 2009, I received an M.D. from Loyola University Stritch School of Medicine and a Ph.D. from Loyola University's Department of Microbiology and Immunology. I completed my residency in obstetrics and gynecology at Boston University Medical Center in 2013, where I also completed the Ryan Program in Abortion and Family Planning. As part of the Ryan Program, I received specialized training in abortion care. My experience and credentials are more fully set forth in my curriculum vitae, a true and accurate copy of which is attached to this declaration.

3. In my practice, I provide a full spectrum of obstetrical and gynecologic care to patients, including prenatal care and labor and delivery; outpatient well-woman care, such as pap smears, cancer screening, STI testing and treatment, and contraception counseling and provision; medical and surgical abortions; and inpatient gynecologic surgeries, such as hysterectomies and fibroid removals. I provide surgical abortions up to thirteen weeks, as measured from the first day of a woman's last menstrual period ("LMP") and medication abortions up to nine weeks LMP.

4. I have read the challenged Act, Florida House Bill 633, and understand that it requires the physician who will perform the abortion procedure, or the referring physician, to provide information and counseling to a patient in person and twenty-four hours before the abortion procedure. I also understand that the Act contains two extremely narrow exceptions: one for women who have become pregnant as a result of abuse and reported the abuse to the authorities, and another for a woman whose very life is threatened by their pregnancy in medical emergencies.

5. I provide the following facts and opinions as an expert in the fields of obstetrics and gynecology and reproductive health. The statements below are based on my education, teaching, and clinical experience, as well as my review of the relevant medical and scientific literature.

Safety of Legal Abortion in the United States and Florida

6. Legal abortion is one of the most common medical procedures performed in the United States. Nearly one in three women in the United States will have an abortion by the age of 45, and the majority of women who have abortions are already mothers. The vast majority of abortion procedures performed in the United States occur in the first trimester.

7. Abortion is also one of the safest medical procedures in the United States and is substantially safer than childbirth. A woman's risk of death associated with childbirth is approximately 14 times higher than her risk of death associated with abortion.¹ The risk of death is less than one out of every 100,000 legal induced abortions.² Because abortion is so safe, the vast majority of abortions in the United States can be, and are, safely and effectively performed in an outpatient setting. This is also true in Florida.

8. From my experience, women have abortions for a variety of reasons, including medical, familial, personal, and financial reasons. Some women have abortions to preserve their life or their health. For these women, carrying a pregnancy to term can put their lives at grave risk, significantly shorten their life expectancy, or cause permanent damage. Other women have abortions to terminate wanted pregnancies after the fetus has been diagnosed with an anomaly.

¹ Raymond, Elizabeth G., & Grimes, David A., "The Comparative Safety of Legal Induced Abortion and Childbirth in the United States," *Ob. & Gyn.* 119 (Feb. 2012): 215-19.

² Raymond, Elizabeth G., Grossman, Daniel, Weaver, Mark A., Toti, Stephanie, & Winikoff, Beverly, "Mortality of induced abortion, other outpatient surgical procedures, and common activities in the United States," *Contraception* 90, no. 5 (July 2014): 476-79.

Others have abortions because their pregnancy was a result of rape or sexual assault. Still other women have abortions because they appreciate the responsibilities of motherhood and feel they cannot adequately provide for a child at that time. In my experience, whatever a woman's reasons for terminating a pregnancy, she makes the decision thoughtfully after much consideration and deliberation with those she includes in her process: her family, friends, and/or physician.

9. There are two methods of abortion in the United States: surgical abortion and medication abortion. Surgical abortion involves the use of instruments to evacuate the contents of the uterus. Despite its name, surgical abortion involves no incision into the woman's skin or other bodily membrane. In Florida, surgical abortion is available through 23.6 weeks LMP. Surgical abortion is comparable to other gynecological procedures in terms of risk, invasiveness, instrumentation, and duration. For example, first-trimester surgical abortions are nearly identical to diagnostic dilation and curettage ("D&C") and to surgical completion of miscarriage. Second-trimester surgical abortions are similar to hysteroscopy, a gynecological procedure that uses endoscopy for diagnostic and operative purposes. Florida law does not require a twenty-four-hour waiting period before either of these other gynecological procedures with comparable risks, nor indeed any other procedure I perform in my practice.

10. Medication abortion (also called medical abortion) involves administration of medication to induce an abortion. Medication abortions are available for women up to 9 weeks LMP. In the most commonly used medication abortion protocol, women take mifepristone and misoprostol to induce an abortion. The patient takes the mifepristone in the clinic, which blocks the hormones needed to maintain a pregnancy, and the misoprostol at home, which causes her uterus to contract and expel its contents.

11. In my experience, most patients will have a strong preference for either surgical or medical abortion. For example, young women, women who are survivors of sexual assault, and women who are otherwise fearful of undergoing a “surgical procedure” or of having instruments inserted into the vagina, often prefer medication abortion. From the patient perspective, a medication abortion is similar to a spontaneous miscarriage, and feels more private, by allowing the patient to experience the abortion in her own home. For many women who have experienced physical or sexual trauma, having the abortion experience in private, with family members or friends available for support (rather than hospital staff), helps them feel more in control of the situation and is therefore important to their mental and psychological health.

12. For some women, including some of my patients, medication abortion is medically indicated for physiological reasons that make surgical abortion difficult or impossible to perform, including women with uterine anomalies, such as uterine fibroids, or women who are morbidly obese.

13. Although abortion is an extremely safe procedure, the risk of medical complications increases as the pregnancy advances.³ Thus delay in obtaining an abortion increases the risk of complications.

The Act Will Harm Women’s Health

14. The Act singles out abortion procedures from all other medical procedures to impose a twenty-four-hour delay and an additional-trip requirement, with no medical benefit to the patient. For example, having obtained informed consent from a woman, a physician can perform a D&C procedure for diagnostic purposes, or to complete a miscarriage—which is the same procedure used to perform a first-trimester abortion—without requiring the patient to delay

³ Bartlett, Linda A., *et al.*, “Risk Factors for Legal Induced Abortion-Related Mortality in the United States,” *Ob. & Gyn.* 103, no. 4 (Apr. 2004): 729-37.

for any period of time, or to make an additional, separate visit to the medical facility. It is my opinion that by forcing women seeking abortions—but not patients seeking any other medical procedure, including those riskier than abortion—to wait twenty-four hours and to make an additional visit to the medical provider before they can obtain the treatment, the Act will harm Florida women seeking abortion and undermine the physician-patient relationship. It will prevent physicians from administering the care they believe will protect their patients' well-being.

15. By forcing women to delay the procedure at least twenty-four hours and to make arrange for an additional trip to a provider, the Act will cause women to delay their abortion by at least one day, and in some cases, even longer. Such delays may push women past the gestational limit when medication abortion is available. This will force women for whom a medication abortion is clinically indicated to undergo a procedure that is less safe for them. It will also force a woman who prefers a medication abortion for psychological reasons to undergo a surgical abortion, which may harm her emotional and psychological state, and this pertains especially to victims of sexual trauma. In other cases, delays may push women past the gestational limit of the nearest abortion provider, forcing them to travel farther. This, in turn, is very likely to create further delay, increasing the risks of the procedure. Additionally, the later an abortion takes place in the pregnancy, the greater the cost of the procedure for the patient.

16. Moreover, by forcing virtually all women to wait twenty-four hours and make an additional trip to the clinic, the Act will inflict emotional distress and psychological trauma on women who seek abortions under distressing circumstances. This includes women who have made the extremely difficult decision to terminate a wanted pregnancy because of grave or even

lethal fetal anomalies, such as anencephaly, where the fetal brain stem has failed to develop, or a severe cardiac defect.

17. Additionally, the twenty-four-hour waiting period may prevent some women from obtaining an abortion altogether, such as women who are victims of domestic violence. For example, I recently saw a patient who was being physically and verbally abused by her husband. She came to my practice seeking an abortion; however, she had forgotten her wallet and said she would return the next day for the procedure. When she did not return the next day, we called her on her cell phone and learned that her husband, who had discovered that she was trying to obtain an abortion, had locked her in the house to prevent her from leaving. She asked us not to alert the authorities because she feared that doing so might lead to further abuse and violence. We followed the patient's wishes and she did not present for her rescheduled appointment. If women who are victims of domestic violence are required to make an additional, dangerous trip to the clinic, the chances that the woman's abuser will learn of the woman's intention to have an abortion increases, thereby increasing the chances that a woman will be furthered abused and/or forced to carry the pregnancy to term.

18. Further, the Act fails to provide an adequate health and life exception for women with health issues, including conditions caused by or exacerbated by pregnancy. As a result, the Act will impose serious medical risks on women facing pregnancy complications such as placenta previa (abnormal presentation of the placenta which can cause life-threatening bleeding), hypertension and preeclampsia (which can lead to stroke, heart attack, or death if untreated), and premature rupture of membranes (which, if untreated, can lead to serious infection). Conditions such as these pose an immediate threat to a woman's health and threaten her life if untreated, but do not always occur in the context of a medical emergency. For a

woman who has decided to terminate her pregnancy because of one or more of these conditions, delay poses serious medical risks. In such cases, the standard of care is to terminate the pregnancy as soon as the woman decides to, not to wait until the woman's condition rises to the level of a life-threatening medical emergency. Yet the Act would prevent physicians from providing this necessary and important medical care as soon as is medically appropriate.

19. Forcing women in these circumstances to wait twenty-four hours harms them, both physically and psychologically, and will undermine the physician-patient relationship. A physician treating a patient needs to be able to deliver care in the manner and at the time that she or he, in the exercise of medical judgment, decides best promotes the patient's health. The Act would prevent physicians from doing so, and force them to unnecessarily delay delivering medically appropriate care.

20. Finally, if the Act goes into effect, the mandatory delay requirement will create extra administrative burdens for physicians who will have to counsel and obtain consent from every single abortion patient during a separate visit on a different day—and coordinate those visits to minimize the disruption for women. This added administrative burden will reduce the hours physicians have to see all their patients, including those seeking obstetrical and well-woman care. This, in turn, will exacerbate Florida's existing shortage of qualified physicians who provide abortions.

21. For all of these reasons, it is my expert opinion that rather than promote women's health, the Act will have the opposite effect: it will be detrimental and dangerous to women's health.

Executed on June 8, 2015 in Miami, Florida.

/s Christine Curry
Christine Curry, M.D., Ph.D.

CV of Christine Curry

CHRISTINE L CURRY MD PHD

ACADEMIC APPOINTMENTS

- 09/2014 - Assistant Professor, Obstetrics and Gynecology
University of Miami Hospitals, Miami FL
- 09/2014 - Assistant Professor, Obstetrics and Gynecology
Jackson Memorial Hospital, Miami FL
- 07/2013-07/14 Clinical Instructor, Obstetrics and Gynecology
Associate Clerkship Director, Third Year Medical Student Clerkship, Obstetrics and Gynecology
Teaching Attending, Resident Continuity Clinic
Boston University Medical Center, Boston MA
- 07/2013-07/14 Consultant, Obstetrics and Gynecology
Massachusetts Correctional Institution, Framingham MA
- 07/2013-07/14 Consultant, Gynecology
Lemuel Shattuck Hospital, Jamaica Plain MA

MEDICAL EDUCATION

- 2009-2013 Residency, Obstetrics and Gynecology
Administrative Chief Resident, Obstetrics and Gynecology
AQA Medical Honor Society
Boston Medical Center, Boston MA
- 2001-2009 MD, Stritch School of Medicine
PhD, Department of Microbiology and Immunology, Defended with Distinction
Loyola University Stritch School of Medicine, Maywood IL
- 1997-2001 BS, Biology with Honors, Spanish Minor
University of Iowa, Iowa City IA

STATE LICENCES

- 2014-2016 Florida State License, Number ME119383
- 2013-2015 Massachusetts State License, Number 254432

LANGUAGE SKILLS

- Spanish Conversational oral, written and medical
- Haitian Creole Fluent oral, written and medical

TEACHING EXPERIENCE

UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE

- 2014-2015 Faculty Mentor: Multispecialty Learning Initiative in Graduate Medical Education
- 2014- Faculty Advisor: Small Group Sessions, Obstetrics and Gynecology Clerkship
- 2014- Teaching Faculty: Obstetrics and Gynecology Clerkship
- 2014- Resident Research Committee Member: Obstetrics and Gynecology Residency Program

BOSTON UNIVERSITY MEDICAL CENTER

- 2013-2014 Curriculum Development: Social Determinants of Health and Physician Advocacy
- 2013-2014 Associate Clerkship Director: Obstetrics and Gynecology
- 2013-2014 Course Director: Haitian Creole Language and Culture
- 2010-2013 Instructor: Haitian Creole Language and Culture

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

- 2008-2009 Co-Facilitator: Patient Centered Medicine
- 2008 Curriculum Designer: Global HIV and TB, Neiswanger Institute for Bioethics
- 2004-2005 Teaching Assistant: Immunology
- 2005 Teaching Assistant: Medical Virology

UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF MEDICINE

- 2005-2007 Instructor: Global AIDS Seminar

TEACHING EXPERIENCE, Cont.

UNIVERSITY OF IOWA

- 2000-2001 Supplemental Instructor: Principles of Biology
- 1999-2000 Teaching Internship: Principles of Biology Laboratory

NATIONAL ORGANIZATIONS

- 2006 Curriculum Designer: Online microbicides module, Global Health Education Consortium
- 2004-2007 Curriculum Designer: Global Health Scholars Program, American Medical Student Association

RESEARCH EXPERIENCE

UNIVERSITY OF MIAMI

- 2015- Principle Investigator, Resident Research Project
Reproductive health medical student advocate project
- 2015- Principle Investigator, Resident Research Project
Gynecologic risk of malignancy with surgery for fibroids
- 2015- Principle Investigator, Resident Research Project
Training in substance abuse in pregnancy, national resident survey
- 2015- Principle Investigator, Resident Research Project
Evidence based curriculum design and implementation, substance abuse in pregnancy
- 2015- Principle Investigator, MD/MPH Capstone Student Project
Access to Long-Acting Reversible Contraception for Homeless Women in Miami

BOSTON UNIVERSITY MEDICAL CENTER

- 2012-2014 Principal Investigator
Provider Attitudes of Post-Placental IUD Placement
- 2009-2011 Research Assistant
Minimally Abnormal Pap Tests in HIV Positive Women

PHYSICIANS FOR HAITI

- 2014- Co-Principle Investigator
Teach the Teacher Curriculum
- 2012-2013 Principal Investigator
Continuing Medical Education Needs Assessment of Haitian Physicians

PARTNERS IN HEALTH

- 2007-2009 Research Assistant
Food Insecurity and Sex Work
Physician Initiated HIV Testing through Mobile Clinics in Rural Haiti

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

- 2003-2006 Graduate Research Assistant, Department of Microbiology and Immunology
Notch Signaling and Mitotic Catastrophe in Kaposi's sarcoma
- 2002 Research Internship
The HIV-1 Envelope Glycoprotein gp160 and Reactivation of KSHV

UNIVERSITY OF IOWA

- 2000-2001 Research Assistant, Department of Biology
Honors thesis: The Role of the MAP kinase kinase MEK1 reveals a new pathway that selectively regulates cell motility in *Dictyostelium* chemotaxis
- 2000 Howard Hughes Research Internship
Cell Motility in *Dictyostelium* Chemotaxis

HONORS AND AWARDS

INTERNATIONAL AWARDS

- 2008 Velji Award for Emerging Leaders in Global Health, Global Health Education Council
- 2008 Travel Grant Recipient, International Union Against TB and Lung Disease
- 2004 Nevin Narayan Achievement Award for Health and Human Rights Activism, Physicians for Human Rights

NATIONAL AWARDS

- 2012 Gold Humanism Honor Society, Humanism and Excellence in Teaching Award
- 2005 Albert Kligman Travel Fellowship, Society for Investigative Dermatology

HONORS AND AWARDS

BOSTON MEDICAL CENTER, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

- 2014 Faculty Teacher of the Year Award
- 2013 Excellence in Minimally Invasive Gynecologic Surgery
- 2012 Resident Teacher of the Year Award
- 2011 Resident Teacher of the Year Award
- 2010 Resident Teacher of the Year Award

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

- 2008 President's Medallion
- 2007 Alpha Sigma Nu Outstanding Nominee
- 2007 Alpha Sigma Nu Jesuit Honor Society

UNIVERSITY OF IOWA

- 2001 Hesseltine Biology Scholarship

PROJECT AND RESEARCH FUNDING

- 2015 University of Miami Department of Public Health Springboard Grant. Contraception Decisions, Education, and Access for Women Experiencing Homelessness (\$4000)
- 2007 Neiswanger Bioethics Institute Fellowship. Project: Creation of health justice curriculum modules based on medical and socioeconomic realities in rural Haiti. (\$4000)
- 2004 American Skin Association Medical Student Grant. Project: Targeting Notch in Kaposi's Sarcoma. (\$7000)
- 2002 American Medical Association Seed Grant Recipient. Project: The HIV-1 envelope glycoprotein gp160 and reactivation of KSHV. (\$1600)

GLOBAL HEALTH CLINICAL EXPERIENCE

- 2012 Saint Boniface Hospital, Resident Clinical Elective, Fonds de Blanc Haiti
- 2009 Partners In Health/Zanmi Lasante, Medical Student Elective, Belladere Haiti
- 2009 Landour Hospital, Medical Student Elective, Mussoorie India
- 2007-2008 Partners In Health/Zanmi Lasante, Clinical and Research Externship, Belladere Haiti
- 2001 Loyola University Stritch School of Medicine, Clinical Service Immersion, Dolores Guatemala

PEER REVIEWED PUBLICATIONS

Holland E, Michelis L, Sonalkar S, **Curry CL**. Barriers to Immediate Post-placental Intrauterine Devices Among Attending Level Educators. *Women's Health Issues*. In press 2015.

Nadas M, Bedenbaugh R, Morse M, McMahon G, **Curry CL**. A needs and resource assessment of continuing medical education in Haiti. *Annals of Global Health*. In press 2015.

Hudspeth J, **Curry CL**, Surena C, Sacks Z. Continuing professional development in low-resource settings: Haiti as an example. *Annals of Global Health*. In press 2015.

Rindos N, **Curry CL**, Tabbarah R, Wright V. Port-Site Metastases After Robotic Surgery for Gynecologic Malignancy. *JSLs*. 2014 PMID:24680146

Foust-Wright C, Shobeiri S, **Curry CL**, Quiroz L, Nihira M. Medical Student Knowledge of Global Health Problems: Obstetric Fistulas in Developing Countries. *J Reprod Med*. 2012 PMID:23091991

Curry CL, Hoffman Sage Y, Vragovic O, Stier E. Minimally Abnormal Pap Testing and Cervical Histology in HIV-Infected Women. *J Women's Health*. 2011 PMID:22011239

Rattan R, **Curry CL**. A New Method of HIV Prevention in Africa. *The Lancet Student*. 2008.

PEER REVIEWED PUBLICATIONS, Cont.

Curry CL, Reed L, Broude E, Golde T, Miele L, Foreman K. Notch Inhibition in Kaposi's Sarcoma Tumor Cells Leads to Mitotic Catastrophe through NF-kappaB Signaling. *Mol Cancer Ther*. 2007 PMID:17604336

Curry CL, Reed L, Nickoloff B, Miele L, Foreman K. Notch-Independent Regulation of Hes-1 Expression by C-Jun N-Terminal Kinase (JNK) Signaling in Human Endothelial Cells. *Lab Invest*. 2006 PMID:16732296

Curry CL, Reed L, Golde T, Miele L, Nickoloff, B Foreman K. Gamma secretase Inhibitor Blocks Notch Activation and Induces Apoptosis in Kaposi's Sarcoma Tumor Cells. *Oncogene*. 2005 PMID:15940249

Young H, Foreman K, Shin J, Hirakawa S, **Curry CL**, Sage D, Libermann T, Dezube B, Fingerroth J, Detmar M. Lymphatic Re-Programming of Blood Vascular Endothelium by Kaposi's Sarcoma Associated Herpesvirus. *Nat Gen*. 2004 PMID:15220917

LEADERSHIP

INTERNATIONAL ORGANIZATIONS

2014 Expert Witness: Medical testimony for El Salvadorian Supreme Court
2014-Current Advocacy Consultant: 100 Campaign for Global Access to Insulin
2012-Current Board Member: Board of Directors, Physicians for Haiti
2011-Current Chair: Monitoring and Evaluation Committee, Physicians for Haiti
2010-2011 Chair: Outreach Committee, Physicians for Haiti
2005-2007 Board Member: Board of Directors, Physicians for Human Rights

BOSTON UNIVERSITY MEDICAL CENTER

2013-Current Department Leader: Academy for Faculty Advancement
2012-2013 Administrative Chief Resident: Obstetrics and Gynecology, Boston Medical Center

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

2002-2003 Chapter President: Physicians for Human Rights
2001 Founding Member: Chapter Physicians for Human Rights
2002-2003 Participant: Innovations in Leadership Seminar

AMERICAN MEDICAL STUDENT ASSOCIATION

2005-2010 Co-Founder and Advisor: Global Health Scholars Program
2005-2007 Chair: Steering Committee, AIDS Advocacy Network
2003-2005 Coordinator: National and Regional AIDS Advocacy Network

ACADEMIC PRESENTATIONS

INTERNATIONAL

2012 Physicians for Haiti, Third Trimester Vaginal Bleeding, Port au Prince, Haiti
2012 St. Boniface Hospital, Morning Report, Third Trimester Vaginal Bleeding, Fond des Blancs, Haiti
2004 Makerere Medical School Grand Rounds, Kampala Uganda, Targeting Notch in Kaposi's Sarcoma and a Unique Model System

UNIVERSITY OF MIAMI

2015 AIDS Education and Training Center, Regional Webinar, Triple Threat of HIV, Pregnancy and Addiction
2015 Neonatal Intensive Care Unit Nursing Continuing Education Conference, The Distressed Infant
2014 OB/GYN Grand Rounds, Reproductive Health and the Correctional System

BOSTON UNIVERISTY MEDICAL CENTER

2013 Pregnancy and the Immune System Response
2011 OB/GYN Grand Rounds, Women in Control: HIV prevention
2011 Departmental Resident Research, Minimally Abnormal Pap Testing in HIV-Infected Women
2011 Gynecology Conference, Pelvic Anatomy Jeopardy
2011 Maternal Fetal Medicine Conference, Fetal Outcomes in Pregnancies with Subchorionic Hemorrhage
2011 OB/GYN Grand Rounds, Pulmonary Hypertension in Pregnancy
2011 Maternal Fetal Medicine Conference, Midtrimester PPRM
2011 Maternal Fetal Medicine Conference, Breech Vaginal Delivery

ACADEMIC PRESENTATIONS, Cont.

- 2011 Gynecology Conference, Reproductive Infections Disease Jeopardy
- 2011 Maternal Fetal Medicine Lecture, Predictors of Sepsis in Women with Chorioamnionitis
- 2009 CREOG Review, Endocrine Disorders in Pregnancy

ACTIVISM AND GLOBAL HEALTH PRESENTATIONS

FLORIDA INTERNATIONAL UNIVERSITY

- 2015 Medical Students for Choice, Screening of After Tiller

BOSTON UNIVERSITY MEDICAL CENTER

- 2014 Boston Student Health Activist Summit Keynote, The Last Excuse
- 2013 Global Health Elective Program, Finding the Meaning in Global Health
- 2013 Spectrum of Physician Advocacy Panel, Incorporating Advocacy into Medicine
- 2012 World AIDS Day, Global Health Activism for Medical Professionals
- 2012 International Human Rights Day, Toward a Better Haiti: Global Health through Research, Education and Advocacy

LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE

- 2010 Invited Speaker, Haiti. Healthcare. Before. After.
- 2008 Service and Global Health Workshop, Brain Drain: Perspectives from Haiti
- 2007 Association of Pre-Medical Students, Preventing HIV with Microbicides
- 2007 Global AIDS Week of Action, Microbicides: Gender Disparities and HIV
- 2006 American Medical Student Association, The Science and Advocacy of Microbicides
- 2006 St. Luke's Day Presentation, Healthcare-worker Brain Drain: Pushes, Pulls and Solutions
- 2006 Health and Justice Conference, Hand in Hand: Poverty and HIV
- 2004 AIDS Advocacy Network, HIV/AIDS: Treat the People
- 2003 Global AIDS Week, Global AIDS and Student Activism

REGIONAL

- 2007 AIDS Foundation of Chicago, Chicago Coalition for Microbicides, Biologic, Social and Economic Factors Increasing a Women's Risk for HIV
- 2006 AIDS Foundation of Chicago Microbicides Training, The Science Behind the Hope
- 2006 American Medical Student Association Region 8 Conference, Speaking Truth to Power: Bird-dogging 101
- 2006 American Medical Student Association Region 8 Conference, Microbicides: User-Controlled HIV Prevention
- 2005 American Medical Student Association AIDS Regional Advocacy Coordinators Retreat, HIV Treatment: How Close Are We to a Cure?
- 2004 American Medical Student Association Region 4 Conference, Topical Microbicides: New Hope for Non-Condom Prevention of HIV and other STDs
- 2004 American Medical Student Association Political Leadership Institute, Overview of Global AIDS Crisis

NATIONAL

- 2010 Medical Students for Choice National Conference, Choosing a Career in Women's Health
- 2008 Microbicides Leadership Institute, Success in Student Activism
- 2007 International Federation of Medical Students National Conference, Non-Condom HIV Prevention: Microbicides
- 2007 American Medical Student Association Global Health Leadership Institute, The Future of HIV Prevention: Vaccines and Microbicides
- 2006 Physicians for Human Rights National Student Conference, Fighting Global AIDS in the Context of Human Rights
- 2006 American Medical Student Association AIDS Institute, Update on Microbicide and Vaccine Research
- 2006 Annual National Catholic HIV/AIDS Ministry Conference, Advocacy 101: Brain Drain in Africa
- 2006 American Medical Student Association National Convention, Microbicides: Non-condom HIV Prevention
- 2005 American Medical Student Association AIDS Leadership Retreat, HIV Prevention: Vaccines and Microbicides
- 2005 American Medical Student Association National Convention, Topical Microbicides: Non-Condom Prevention of HIV and Medical Student Advocacy

ACTIVISM AND GLOBAL HEALTH PRESENTATIONS

- 2005 American Medical Student Association National Convention, The Health Professional Student AIDS Advocacy Network
- 2005 Physicians for Human Rights National Student Conference, Effective Student Organizing on HIV/AIDS
- 2004 Physicians for Human Rights Student National Conference, How to Set Up a PHR Student Chapter and Keep It Going

INTERNATIONAL

- 2013 International Federation of Medical Students' Associations, Panel Moderator, Integrative Global Health: Connecting Education, Infrastructure, Research, and Activism for Social Justice
- 2012 St. Boniface Hospital International Women's Day, Fond des Blancs Haiti, Human Rights are Women's Rights

ABSTRACTS

MENTORED MEDICAL STUDENT ABSTRACTS

- 2015 Poster Presentation at University of Miami Research and Innovations in Medical Education Reception Melillo A, Ganesh D, Perez C, Collins T, **Curry CL**. Bootcamp Proposal for MS4 Students Pursuing Careers in Obstetrics and Gynecology
- 2015 Poster Presentation at University of Miami Research and Innovations in Medical Education Reception Khaja A, Winer L, Abern L, Blankenship S, Fiorentino D, Funk B, Gulati A, Maguire K, Tappy E, Mundly L, **Curry CL**. Addressing Gaps in Medical School Reproductive Health Education
- 2014 Oral Presentation at John McCahan Medical Campus Education Day, *Awarded Best Abstract* Yu L, Economou N, Holland E, **Curry CL**. Assessment of Structured Advocacy Training Integrated into the Third year OB/GYN Clerkship
- 2014 Poster Presentation at Northeast Osteopathic Medical Education Network Research and Scholarship Forum Davis BW, Sacks Z, Morse M, Fox C, Louis-Charles C, **Curry CL**. Initial Analysis of a Healthcare Leadership and Quality Improvement Pilot Program in Rural Haiti
- 2013 Poster Presentation at National Osteopathic Medical Conference Davis BW, **Curry CL**, Nadas M. If You Build it They Will Come: A Bidirectional Approach to Continuing Medical Education in Haiti.
- 2013 Poster Presentation at University of New England College of Osteopathic Medicine Research Forum Davis BW, **Curry CL**, Nadas M. If You Build it They Will Come: a Bidirectional Approach to Continuing Medical Education in Haiti.

MENTORED RESIDENT ABSTRACTS

- 2014 Poster Presentation at Council on Resident Education in Obstetrics and Gynecology Conference Holland E, Allen K, Abbott J, **Curry CL**. Teaching Patient Advocacy: A Resident Led Curriculum for Third Year Medical Students in OB/GYN.
- 2015 Poster Presentation at American College of Obstetrics and Gynecology Annual Conference Michelis L, Holland E, Sonalkar S, Curry CL. Acceptance of Post-Placental Intrauterine Device Placement Among Obstetrical Providers in Massachusetts Academic Hospitals.

MENTORED GLOBAL HEALTH INTERN ABSTRACTS

- 2015 Poster Presentation at the Consortium of Universities for Global Health Annual Conference Larson E, Nadas M, Louis-Charles C, Gideon M, Gaetchen P, Trouillot M, **Curry CL**. Partnership for Medical Education in Haiti: A Model Program for Medical and Nursing Student Education
- 2015 Poster Presentation at the Consortium of Universities for Global Health Annual Conference McCoy M, Fox C, **Curry CL**, Finnegan A, Morse M, Sacks Z, Wallace J, Westerhaus M. Integrating social medicine into international curricula: a case study across Uganda and Haiti
- 2013 Poster Presentation at the Unite for Sight Annual Conference Bedenbaugh R, **Curry CL**, Demery L, Nadas M. A Needs Assessment of Continuing Medical Education in Haiti.

INSTITUTIONAL ABSTRACTS

- 2013 Poster Presentation at Boston University Jonathan McCahan Medical Campus Education Day
Curry CL, Hudspeth J. Physicians for Haiti: Educational Innovation in Partnership with the Boston University Medical Campus Community.
- 2005 Poster Presentation at Loyola University Graduate Student Research Exhibition
Curry CL, Reed L, Miele L, Nickoloff B, Foreman K. Induction of Mitotic Catastrophe in Kaposi's Sarcoma Tumor Cells.
- 2005 Poster Presentation at Loyola University Medical Student Research Exhibition
Curry CL, Reed L, Miele L, Nickoloff B, Foreman K. Induction of Mitotic Catastrophe in Kaposi's Sarcoma Tumor Cells.
- 2004 Poster Presentation at Loyola University Graduate Student Research Exhibition
Curry CL, Reed L, Nickoloff B, Foreman K. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2004 Oral presentation at Loyola University Medical Student Research Exhibition
Curry CL, Reed L, Nickoloff B, Foreman K. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2003 Poster Presentation Loyola University at Graduate Student Research Exhibition
Curry CL, Reed L, Nickoloff B, Foreman K. The Role of Notch in Kaposi's Sarcoma.
- 2002 Poster Presentation at Loyola University Medical Student Research Exhibition
Curry CL, Foreman, K The HIV-1 Envelope Glycoprotein gp160 and Reactivation of KSHV.

REGIONAL ABSTRACTS

- 2012 Poster Presentation at the Massachusetts American Congress of Obstetricians and Gynecologists Annual Meeting
Rindos N, **Curry CL**, Sonalkar S, Iverson R. Immediate Post-Placental IUD Placement After Cesarean and Vaginal Deliveries at an Academic Training Center.
- 2012 Oral Presentation at the New England Association of Gynecology Oncologists Conference
Tabbarah R, Rindos N, **Curry CL**, Wright V. The Incidence of Port Site Metastasis in Robotic Gynecologic Oncology.
- 2012 Oral Presentation at the New England Association of Gynecology Oncologists Conference
Tabbarah R, **Curry CL**, Wright V. Ten Year Retrospective Review of Fallopian Tube Malignancies at a Tertiary Care Center.
- 2011 Poster Presentation at the American Congress of Obstetricians and Gynecologists Massachusetts Meeting
Rindos N, **Curry CL**, Sonalkar S, Iverson R. Immediate Post-Partum Intrauterine Device Placement Training Model and Labor and Delivery Work Flow Implementation.
- 2006 Poster Presentation at Global Health Education Consortium Regional Conference
Curry CL, Hussein T, Frye L, Shah S. Global Health Scholars Program: A Model Curriculum for Fostering Innovation and Leadership in Global Health.

NATIONAL ABSTRACTS

- 2012 Poster Presentation at the Association of Reproductive Health Professionals National Conference
Curry CL, Rindos R, Iverson R, Sonalkar S. Immediate Post-Placental IUD Placement After Cesarean and Vaginal Deliveries at an Academic Training Center.
- 2010 Poster Presentation at the American Urogynecologic Society Annual Meeting
Foust-Wright C, Shobeiri A, Anest T, Bessof K, **Curry CL**, Evan M, Hissett J, Luthey S, Quiroz L, Nihara, M. Survey of Knowledge about Obstetrics Fistulas in Medical Students in the United States.
- 2010 Oral Presentation at American Society for Colposcopy and Cervical Pathology
Hoffman Sage Y, **Curry CL**, Stier E. Colposcopic Outcomes of Minimally Abnormal Cervical Cytology in HIV-Infected Women.
- 2009 Poster Presentation at Women's Health 2009 Annual Congress
Curry CL, Rahimtoola M, Cullen K, Ivers L, Ternier R. Extreme Food Insecurity as a motivation for Sex Work in Rural Haiti.
- 2007 Poster Presentation at American Medical Student Association National Conference
Shah S, Alimohamed S, Burns K, Frye L, **Curry CL**. Global Health Scholars Program: AMSA Fosters Innovation and Leadership in Global Health.

NATIONAL ABSTRACTS

- 2006 Oral and Poster Presentation at Society for Investigative Dermatology
Curry CL, Reed L, Nickoloff B, Miele L, Foreman K. Notch Inhibition in Kaposi's Sarcoma (KS) Tumor Cells Leads to Mitotic Catastrophe.
- 2005 Plenary Oral Presentation and Poster Presentation: Society for Investigative Dermatology
Curry CL, Reed L, Nickoloff B, Foreman K. Constitutive STAT3 signaling in Kaposi's Sarcoma (KS): a New Therapeutic Target.
- 2004 Oral and Poster Presentation at Society for Investigative Dermatology
Curry CL, Reed L, Nickoloff B, Foreman K. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2004 Oral and Poster Presentation at Society for Investigative Dermatology
Young H, Foreman K, Shin J, Hirakawa S, **Curry CL**, Sage D, Libermann T, Dezube B, Fingerroth J, Detmar M. Lymphatic Re-Programming of Blood Vascular Endothelium by Kaposi's Sarcoma Associated Herpesvirus.

INTERNATIONAL ABSTRACTS

- 2015 Poster Presentation at the Consortium of Universities for Global Health Annual Conference
Hudspeth J, Kerling I, Robert M, Sacks Z, **Curry CL**, Morse M. Teach the Teacher: Faculty Development in Haiti
- 2014 Poster presentation at Consortium of Universities for Global Health Conference
Sacks Z, **Curry CL**, Hudspeth J, Mathurin R, Morse M, Nadas M. Teach the Teacher: Faculty Development for the Next Generation of Haitian Clinician-Educators.
- 2011 Poster Presentation at the Global Health Education Consortium International Conference
Nadas M, Andrus L, **Curry CL**, Morse M, Creating Access to Continuing Medical Education in Haiti.
- 2008 Poster Presentation at Medical Education for the 21st Century Teaching for Health Equity Conference
Burns K, **Curry CL**, Janneck L. Global Health Scholars Program: Bringing Global Health and Human Rights to United States Medical Students.
- 2008 Poster Presentation at the XVII International AIDS Conference
Ternier R, **Curry CL**, Sanon MM, Dieudonne F, Phyzeme I, Ivers LC. Provider Initiated HIV testing at Mobile Clinics in Rural Haiti.
- 2008 Poster Presentation at International Union Against TB and Lung Disease Conference
Ternier R, Oswald C, **Curry CL**, Sanon MM, Leandre F, Farmer P, Ivers L, Dieudonne F, Mukerjee J. Integration of HIV and TB Screening Programs in Rural Haiti.
- 2006 Poster Presentation at Global Health Education Consortium International Conference
Shah S, **Curry CL**, Wu T. Global Health Scholars Program: Model Curriculum for Training Medical Student Leaders in Global Health and Human Rights.
- 2005 Poster Presentation: EMBO Workshop on Notch Signaling In Development and Cancer
Curry CL, Reed L, Miele L, Nickoloff B, Foreman E. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2004 Oral Presentation at Seventh International Workshop on KSHV
Curry CL, Reed L, Nickoloff B, Foreman K. Targeting Notch in Kaposi's Sarcoma Inhibits Tumorigenesis.
- 2004 Oral Presentation at Seventh International Workshop on KSHV
Hong Y, Foreman K, Shin J, Hirakawa S, **Curry CL**, Sage D, Libermann T, Dezube B, Fingerroth J, Detmar M, Lymphatic Re-programming of Blood Vascular Endothelium by Kaposi's Sarcoma Associated Herpesvirus.

Exhibit B-4

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC et al.,

Plaintiffs,

v.

Case No. _____

STATE OF FLORIDA et al.,

Defendants.

DECLARATION OF KENNETH W. GOODMAN, PH.D.

1. I am the founder and director of the University of Miami Miller School Of Medicine's Institute for Bioethics and Health Policy and co-director of the university's Ethics Programs. I am a Professor of Medicine at the University of Miami, with appointments in the Department of Philosophy, Department of Public Health Sciences, and the School of Nursing and Health Studies.

2. I direct the Florida Bioethics Network, chair the UHealth/University of Miami Hospital Ethics Committee and the Adult Ethics Committee for Jackson Memorial Health System, and am vice-chair of the Sylvester Comprehensive Cancer Center/University of Miami Hospital and Clinics Ethics Committee.

3. I received my PhD in Philosophy in 1991 from the University of Miami.

4. My responsibilities include teaching medical ethics to medical students and trainees and providing continuing education in medical ethics to health professionals at the University of Miami and elsewhere. A full list of my credentials and experience is listed in my *curriculum vitae*, which is attached to this report.

5. I submit this declaration as an expert in the field of bioethics and the issue of informed consent. All institutional affiliations and positions listed here and in my *curriculum vitae* are purely and exclusively for the sake of identification and to demonstrate expertise. The views expressed herein are mine alone.

6. I have reviewed 2015 Florida House Bill No. 633 ("H.B. 633" or the "Act"), Florida 179th Reg. Sess., § 1, amending Fla. Stat. § 390.0111, which requires a 24-hour waiting period and an additional visit to a physician in order to have an abortion. I believe this Act embodies a fundamental misunderstanding of the role of informed consent (more appropriately called "valid consent") for medical procedures. Far from serving an interest in protecting the health of a woman seeking abortion care, this law subverts that interest.

7. “Informed consent” names the ethical and legal obligation of health care professionals to ensure that certain fundamental conditions are met before patients undergo medical procedures. Those conditions may be simply and straightforwardly itemized:

- The patient must receive adequate information about the procedure, including its risks, likely benefits and accepted alternatives;
- The patient must have the mental capacity to understand and appreciate the information as provided; and
- The patient’s agreement to receive the treatment must be voluntary—that is, free of coercion or undue influence.

8. All three components apply, meaning that the term “valid consent” is more accurate than “informed consent” because, for instance, a patient might be adequately informed but lack the mental capacity to consent. Although there is disagreement and controversy on some subjects within the field of bioethics, these standards for valid consent are not subject to dispute: they are universally accepted as core components of medical practice and research. The fundamental idea is that every mature person who is capable of making decisions should have the right to decide what should be done to her or his body.

9. This is at the foundation of uncontested United States and international recognition of rights to self-determination and personal autonomy. The bioethics literature is unequivocal about this.¹

10. There is no ethically appropriate medical justification for legislative stipulations regarding the exact content, setting, or timing for valid consent, much less such rigid requirements as the Act imposes. There are several powerful and related reasons for this.

11. First, consent is overwhelmingly context-sensitive: physicians, patients and the procedure contemplated can vary greatly and, together, form an often unique pattern, a kind of “clinical fingerprint.” Factors including physicians’ communication skills; patients’ educational levels, health history, age and background; and the vast variety of procedures and their risks combine to render impractical and inappropriate any attempt to stipulate or require that valid consent contain certain facts but not others, or be obtained at one time and not another. This applies to *every* medical procedure—there is nothing medically unique about abortion (or blood transfusions, brain surgery, tooth extractions, and so on) in this regard.

12. Second, there is common and widespread agreement that the doctor-patient relationship is of fundamental importance and therefore should be free from interference by any legislature. That is, the relationship is itself a source of such great social and personal value that any possible benefits gained from interfering in the relationship should be outweighed by the

¹ See e.g., Gert, B., Culver, C.M., and Clouser, K.D. 2006. *Bioethics: A Systematic Approach*. New York: Oxford University Press, esp. Ch. 9, pp. 213 ff.; and Beauchamp, T.L., Faden, R.R. Informed Consent, I. History of informed consent, and II. Meaning and elements, in Jennings, B., ed., *Bioethics*, 4th Edition. Farmington Hills, MI: Macmillan Reference USA, 2014, Vol. 3, pp. 1673-1687.

damage of interfering. Any law such as the Act requiring a waiting period before a specific kind of procedure must therefore be seen to undermine the physician's judgment about how to serve a patient's best interests. It also drives a wedge between the patient and physician: Why would a physician who just completed the consent process and obtained valid consent then delay the agreed-upon treatment? This erodes and undermines the relationship and, moreover, prevents the physician from delivering such care as she or he believes best protects patient interests and wellbeing.

13. Third, any legal stipulation, such as the Act, that itemizes procedures for the obtaining of valid consent is by its nature intrusive. Indeed, the idea that a physician might be punished for exercising her or his best clinical judgment would constitute a peculiar requirement in ordinary medical practice. No other Florida statute of which I am aware dictates the details and standards for obtaining consent for a medical procedure, or requires a waiting period before a medical procedure.

14. It follows from this that there is no ethical or medical justification for singling out any particular medical procedure for special legislatively fashioned consent requirements. There is nothing medically unique about abortion that is necessary or sufficient to warrant specific external requirements for obtaining valid consent. That is, the termination of a pregnancy (itself generally of lower risk than many common procedures) should no more be subject to specific information requirements, timing, or "waiting periods" than other, riskier, procedures or, for instance, in reproductive medicine, the obtaining of reproductive cells, the fertilization of ova, or the implantation of a fertilized ovum in a uterus. Put differently: If a legislature were keen to protect patients from vagaries, inadequacies, or inconsistencies in obtaining consent, then it should specify and identify adequate information components and the timing for all—and certainly for all riskier—medical procedures.

15. These arguments should be seen to apply—and should be advanced—as a matter of professional ethics no matter whether one believes in or denies a right to termination of pregnancy. Those who don't believe in abortion may advocate by any and all appropriate means against legal abortion, but this ought not include enacting laws to alter universal requirements and standards for valid consent. In other words, there is no medical justification for the Act as a tool of informed consent.

16. I have been advised that the Plaintiff, Bread and Roses Women's Health Center, carries out a comprehensive valid consent process. As described, that process embodies best practices for the obtaining of valid consent.

17. This legislation, in requiring a patient in a doctor's clinic to receive information regarding abortion and then to return at least 24 hours later for the actual procedure, constitutes an intrusion into universally accepted medical standards. A state-mandated waiting period for this kind of medical procedure overrides professional judgment, undermines the physician-patient relationship and subverts the correct, traditional, and universal standards for valid consent.

Under penalties of perjury, I declare that I have read the foregoing declaration and that the facts stated in it are true to the best of my knowledge and belief.

Executed on June 4, 2015 in Miami, Florida.

/s Kenneth W. Goodman
Kenneth W. Goodman, PhD

CV of
Kenneth Goodman

UNIVERSITY OF MIAMI
Curriculum Vitae

1. Date: May 1, 2015

I. PERSONAL

2. Name: Kenneth W. Goodman
3. Home Phone: [REDACTED]; mobile: [REDACTED]
4. Office Phone: (305) 243-5723
5. Home Address: [REDACTED]
6. Current Academic Rank: Professor (as of June 1, 2008; tenure awarded June 1, 2003)
7. Primary Department: Medicine
8. Secondary or Joint Appointments: Philosophy, Public Health Sciences, Health Informatics, Electrical and Computer Engineering, Nursing and Health Studies, Anesthesiology
9. Citizenship: USA
10. Visa Type: NA

II. HIGHER EDUCATION

11. Institutional:
- Department of Philosophy, University of Miami, Ph.D., 1991 (Dissertation: "Progress and Truth in Science").
 - Department of Language and Linguistics, University of Essex, Colchester, United Kingdom, M.A., 1982. Program in theoretical linguistics; degree conferred with distinction. (Thesis: "Linguistics and Indeterminacy.")
 - Department of Journalism and Communication, University of Florida, B.S., 1975. Degree conferred with high honors.
12. Non-Institutional: NA
13. Certification, licensure: NA

III. EXPERIENCE

14. Academic:

University of Miami Ethics Programs, co-founder and co-director, 1991-present

University of Miami Bioethics Program, founder and director, 1991-present; redesignated in April 2015 as University of Miami Miller School of Medicine Institute for Bioethics and Health Policy

World Health Organization Collaborating Centre in Ethics and Global Health Policy, director, 2008-present

U.S. Centers for Disease Control and Prevention, Ethics Subcommittee of the Advisory Committee to the Director, member, 2011-2013 (committee dissolved May 2013). Public Health Ethics Collaboration Steering Group, member, 2012-2013

Adjunct Professor of Medicine, Florida International University, 2009-2012

Director, Florida Bioethics Network, 2004-present

University of Miami/NIEHS Marine and Freshwater Biomedical Science Center, center investigator, 2001-2003

University of Miami Pan American Bioethics Initiative; founder and director; 1994-present

Member, Course Developers' Group, Comprehensive Institutional Training Initiative (CITI), 2004-2013. Member, CITI Executive Advisory Board, 2006-2012

University of Miami Minority Science Outreach Programs; director; 1994-1998

University of Miami School of Medicine, Department of Medicine; adjunct and joint appointments; 1991-Present

University of Miami College of Arts and Sciences, Department of Philosophy; adjunct and joint appointments; 1991-Present

University of Miami Hospital and Clinics / Sylvester Comprehensive Cancer Center; Director, Clinical and Research Ethics Education; 1995-Present

University of Miami School of Medicine, Division of Minority Affairs, Health Careers Opportunity Program summer faculty, 1999-2003

University of Miami School of Medicine, Division of Minority Affairs, Minority Students Health Careers Motivation Program summer faculty, 2000-2003

Markle Foundation, New York and Washington, D.C., Connecting for Health, Personal Health Technology Council member, 2005-2007

American Society for Bioethics and the Humanities, member, Web Editorial Board, 1998-2001

Barry University, School of Graduate Medical Sciences, Physician Assistant Program, CAAHEP Self Study Advisory Committee, 1998-2000

American College of Epidemiology. As consultant to Ethics and Standards of Practice Committee, developed a "Review and analysis of key documents on ethics and epidemiology," 1993-1994

Carnegie Mellon University, Center for the Advancement of Applied Ethics, Pittsburgh; research associate; 1989-1995

Carnegie Mellon University, Computer Science Department, Center for Machine Translation; research editor; December 1988-August 1991

University of Pittsburgh School of Medicine, Center for Medical Ethics, clinical ethics training program,; adjunct faculty and associate; May 1990-July 1991

Department of Communication, Duquesne University, Pittsburgh; adjunct faculty; August 1988-May 1991

School of Business and Administration, Duquesne University, Pittsburgh; adjunct faculty; June to July 1991

University of Miami School of Medicine, Health and Human Values Program; adjunct assistant professor; August 1987 to June 1988

University of Miami College of Arts and Sciences, Department of Philosophy; graduate teaching assistant; September 1983-May 1987

Bethune-Cookman College, Daytona Beach, Florida; journalism instructor and student-newspaper adviser, September 1979 to March 1981

15. Hospital Appointments

Founder and chair, University of Miami Hospital, 2012-present.

Member and Vice Chair, University of Miami Hospital and Clinics / Sylvester Comprehensive Cancer Center Ethics Committee, 1995-present.

Member, Jackson Memorial Hospital Adult Ethics Committee, 1993-present. Chair as of August 2007.

Member, Jackson Memorial Hospital Pediatric Ethics Committee, 1994-present.

Member, VAMC Miami Ethics Committee, 1994-2003.

16. Non-academic:

Consultant to and educator for various health care organizations and professional organizations, including Alpha-1 Foundation, Baptist Health System, Miami Children's Hospital, etc.

17. Military: NA

IV. PUBLICATIONS

18: Books and monographs published:

Books

1. Goodman KW. *Ethics, Medicine, and Information Technology: Intelligent Machines and The Transformation of Health Care*. Cambridge: Cambridge University Press, in press.
2. de Velasco RE, Fiore RN, Goodman KW, Moseley R, Spike J, Weldon KM, eds. *Guidelines for Ethics Committees: A Resource for Hospitals, Nursing Homes and Hospices*. Miami: The Florida Bioethics Network, 2011.
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4. Goodman KW. *Ethics and Evidence-Based Medicine: Fallibility and Responsibility in Clinical Science*, Cambridge: Cambridge University Press, 2003.
5. Anderson JG, Goodman KW. *Ethics and Informatics: A Case-Study Approach to a Health System in Transition*. New York: Springer Verlag, 2002. Portions adapted as part of "Toward Striking a Balance in Bioinformatics," American Medical Association's online Virtual Mentor, Genethics, March 2001 (<http://virtualmentor.ama-assn.org/2001/03/gnth1-0103.html>).
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7. Coughlin S., Soskolne C., Goodman KW. *Case Studies in Public Health Ethics*. Washington, D.C.: American Public Health Association, 1997. Translated into Mandarin by Xiao Wei. Beijing: People's Publishing House 2008 (ISBN 978-7-01-006666-0, R1-05/K584).
(公共健康伦理学案例研究 / 斯蒂文·S.库格林,科林·L.索斯科尔恩,肯尼斯·W.古德曼著; 肖巍译,人民出版社.)
8. Goodman KW, Nirenburg S, eds. *The KBMT Project: A Case Study in Knowledge-Based Machine Translation*. San Mateo, Calif: Morgan Kaufmann, 1991.
9. Nirenburg S, Carbonell J, Tomita M, Goodman KW. *Machine Translation: The Knowledge-Based Approach*, San Mateo, Calif.: Morgan Kaufmann, 1991.

Chapters

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2. Goodman, K.W., Cushman, R., Miller, R.A. 2014. Ethics and health informatics: Users, standards, and outcomes. In Shortliffe, E.H., et al., eds., *Biomedical Informatics: Computer Applications in Health Care and Biomedicine*. Fourth Edition. New York: Springer, 2014, pp. 329-353. (Wholly revised from the Third Edition, 2006, below.)

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23. Goodman KW. Meta-analysis: Conceptual, ethical and policy issues. In K.W. Goodman, ed., *Ethics, Computing and Medicine: Informatics and the Transformation of Health Care*, Cambridge and New York: Cambridge University Press, 1998: 139-167.
24. Goodman KW. Bioethics and Health Informatics: An Introduction. In K.W. Goodman, ed., *Ethics, Computing and Medicine: Informatics and the Transformation of Health Care*, Cambridge and New York: Cambridge University Press, 1998: 1-31. (Adapted and reprinted with accompanying commentary as Bioethics and health informatics, *Biomedical Ethics*, newsletter of the European Network for Biomedical Ethics 1999;4(2):40-43.)
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27. Goodman KW, Prineas, R. Toward an ethics curriculum in epidemiology, in S. Coughlin and T. Beauchamp, eds., *Ethics and Epidemiology*, Oxford University Press, 1996, 290-303.
28. Goodman KW. Anticipations of truth: historical evidence for a realist account of scientific progress. In D. Prawitz and D. Westerståhl, eds., *Logic and Philosophy of Science in Uppsala*, Dordrecht, Kluwer, 273-295, 1994.

19. Juried or refereed journal articles or exhibitions:

1. Ownby RL, Acevedo A, Goodman KW, Caballero J, Waldrop-Valverde D. Health literacy predicts participant understanding of orally-presented informed consent information. *Clinical Research and Trials* 2015;1(1)15-19. doi: 10.15761/CRT:1000105
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5. Amber KT, Dhiman G, Goodman KW. Conflict of interest in online point-of-care clinical support websites. *Journal of Medical Ethics* 2014;40(8):578-80. doi: 10.1136/medethics-2013-101625, PMID: 24493079.
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7. Petersen C, Demuro P, Goodman KW, Kaplan B. Sorrell v. IMS Health: issues and opportunities for informaticians. *Journal of the American Medical Informatics Association* 2013;20(1):35–37. doi:10.1136/amiajnl-2012-001123 35. PMID: 23104048
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11. Massoudi BL, Goodman KW, Gotham IJ, Holmes JH, Lang L, Miner K, Potenziani DD, Richards J, Turner AM, Fu PC. An informatics agenda for public health: summarized recommendations from the 2011 AMIA PHI Conference. *Journal of the American Medical Informatics Association* 2012;9(5):688-695. doi: 10.1136/amiajnl-2011-000507. Epub 2012 Mar 6. PMID: 22395299

12. McCafferty J, Cushman R, Goodman KW, Braunschweiler P, Fiore RN. New NSF and NIH responsible conduct of research (RCR) guidelines: A three-phase plan. *Teaching Ethics* 2012;12(2):23-33.
13. Goodman KW, Berner ES, Dente MA, Kaplan B, Koppel R, Rucker D., Sands DZ, Winkelstein P. Challenges in ethics, safety, best practices, and oversight regarding HIT vendors, their customers, and patients: a report of an AMIA special task force. *Journal of the American Medical Informatics Association* 2011;18(1):77-81. PMID: 21075789
14. Cushman R, Froomkin, AM, Cava A, Abril P, Goodman KW. Ethical, legal and social issues for personal health records and applications. *Journal of Biomedical Informatics* 2010;43:S51–S55, doi:10.1016/j.jbi.2010.05.003. PMID: 20937485
15. Goodman KW. Ethics, information technology and public health: New challenges for the clinician-patient relationship, *Journal of Law, Medicine and Ethics* 2010;38(1):58-63. PMID: 20446984
16. Goodman KW. Comment on M.R. Tonelli, “The challenge of evidence in clinical medicine.” *Journal of Evaluation in Clinical Practice* 2010;16(2):390-1. PMID: 2036787
17. Esposito K, Goodman K. Genethics 2.0: Phenotypes, genotypes, and the challenge of databases generated by personal genome testing. *The American Journal of Bioethics* 2009;9(6):19-21. PMID: 19998105
18. Rosenfeld PJ, Goodman KW. When is off-label drug use in the patient’s best interest? *American Journal of Ophthalmology* 2009; 147:761-763 (editorial). PMID: 19376327
19. Goodman KW. Publication and authorship. CITI. <https://www.citiprogram.org/>, 2009-2014.
20. Goodman KW, Cava A. Bioethics, business ethics, and science: Bioinformatics and the future of healthcare. *Cambridge Quarterly of Healthcare Ethics* 2008;17(4):361-372. PMID: 18724877
21. Goodman KW, Fiore RN. Toward a research ethics consultation service. *American Journal of Bioethics* 2008;8(3):31-32.PMID: 18570098.
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23. Koniaris LG, Goodman KW, Sugarman J, Ozomaro U, Sheldon J, Zimmers TA. Ethical implications of modifying lethal injection protocols. *PLoS Medicine*, 2008; 5 (6): e126 DOI: 10.1371/journal.pmed.0050126. PMID:18547139
24. Mitchell CD, Armstrong FD, Goodman KW, Cava A. Disclosure of HIV status to an infected child: Medical, psychological, ethical, and legal perspectives in an era of “super-vertical” transmission. *The Journal of Clinical Ethics* 2008;10(1):43-52. PMID: 18552052
25. Brackett NL, Lynne CM, Attia GR, Carmack AJK, Cava A, Goodman KW. Treatment of infertility in men with spinal cord injury: Medical progress and ethical considerations. *Topics in Spinal Cord Injury Rehabilitation* 2008;13(4):120-133.
26. Goodman KW. Privacy, confidentiality, law and ethics. *Northeast Florida Medicine Supplement* 2008;January:28-30.

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28. Glasser DJ, Goodman KW, Einspruch NG. Chips, tags and scanners: Ethical challenges for radio frequency identification. *Ethics and Information Technology* 2007;9:101-109.
29. Braunschweiger P, Goodman KW. The CITI Program: An international online resource for education in human subjects protection and the responsible conduct of research. *Academic Medicine* 2007;82:861-864. PMID: 17726392
30. Winick BJ, Goodman KW. A therapeutic jurisprudence perspective on participation in research by subjects with reduced capacity to consent: A comment on Kim and Appelbaum. *Behavioral Sciences and the Law* 2006;24:485-494. PMID: 16883619
31. Goodman KW. Ethics, evidence, and public policy. *Perspectives in Biology and Medicine* 2005;48(4):548-556. PMID: 16227666
32. Goodman KW. Ethics and health informatics: Focus on Latin America and the Caribbean. *Acta Bioethica* 2005;11(2):121-126. [In special issue, "Technologías de la Información," edited by KW Goodman.]
33. Berner ES, Sandhu AS, Goodman KW. Consumer health informatics: Ethics, evaluation and standards. *Acta Bioethica* 2005;11(2):133-144. [In special issue, "Technologías de la Información," edited by KW Goodman.]
34. Goodman KW. Clinical Case. Confusion Over Cholesterol Testing. Commentary 1. *Virtual Mentor*, American Medical Association, December 2004. Available at <http://virtualmentor.ama-assn.org/2004/12/ccas2-0412.html>
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55. Goodman K. Psychoanalytic interpretations, in P. Weingartner and G. Schurz, eds., *Recent Developments in Epistemology and Philosophy of Science: Reports of the 11th International Wittgenstein-Symposium*, Vienna: Hölder-Pichler-Tempsky, 1987, 280-287.

20. Other works, publications and abstracts:

Cañete R, Goodman KW. Cuba-US collaboration and the role of bioethics. Letter. *The Lancet* 2015;385 (9972):945.

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Bishop EM, Mandel NS, Brosco JP, Goodman KW, Mechaber AJ, Mechaber HF. Third-Year Medical Student Debrief Groups: Maintaining Empathy in the Clinical Years. Poster, AAMC Group on Student Affairs/Group on Diversity Affairs/Organization of Student Representatives National Meeting, San Diego, April 2014.

Goodman KW. Review of *Handbook of Analytic Philosophy of Medicine*, Sadegh-Zadeh, K., Dordrecht: Springer, 2012. *Journal of Biomedical Informatics* 2013;46:782-783, doi 10.1016/j.jbi.2013.06.005.

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Green JBA, Bernstein J, Green RM, Goodman KW, Paris J, Tauer C. European stem-cell ruling is misleading (letter). *Nature* 2011;479:41.

Nissan J, Beckerman S, Paoloemilio J, Jenkins J, Dunn A, Ashbaugh H, Mechaber A, Goodman K, Sanders L, Brosco J. Project SERVE: A community-based approach to social medicine education. Referred abstract, American Association of Medical Colleges and Organization of Student Representatives Annual Meeting, Washington, D.C., November 2010.

Meslin EM, Goodman KW. Bank on it: An ethics and policy agenda for biobanks and electronic health records. Center for American Progress, Science Progress, Feb. 25, 2010, http://scienceprogress.org/2010/02/bank-on-it/#_edn25.

Cohen DA, Goodman KW, Andrews D. Ethical and educational challenges in reporting clinical significance of a multi-disease gene as illustrated by the methylene tetrahydrofolate reductase (Mthfr) C677T polymorphism (abstract). National Coalition for Health Professional Education in Genetics, annual meeting, Bethesda, September 22, 2009.

Goodman KW, Einspruch NG. The way forward in the world of robotics (letter). *Science* 24 April 2009 324: 463-464. [DOI: 10.1126/science.324_463d]. PMID: 19390022 (Reprinted in Kennedy ML, Kennedy WJ, eds. *Writing in the Disciplines: A Reader and Rhetoric for Academic Writers*. Boston: Pearson, 2012: 361-362.)

Goodman KW. Privacy as an international value. *Minas faz Ciência* 2008 (November): 32-33. (Published by the Fundação de Amparo à Pesquisa do Estado de Minas Gerais [Foundation for the Support of Research in the State of Minas Gerais (Brazil)].)

Goodman KW. On the growth of ethics programs. In Schrag B, ed. *Developing Relationships: How Ethics Center Can Succeed with Raising Funds*. Adapted papers from an Ethics Center Colloquium, Annual Meeting of the Association for Practical and Professional Ethics, San Antonio, Feb. 21, 2008. APPE: Bloomington, Ind., 2008, pp. 11-13.

Goodman KW. Ethics, schmethics: The Schiavo case and the culture wars. *University of Miami Law Review* 61:2007:863-865.

Marckmann G, Goodman KW. Introduction: Ethics of Information Technology in Health Care. *International Review of Information Ethics (ERIE)* 2006;5:2-5/http://www.i-r-i-e.net/inhalt/005/0500_full.pdf.

Goodman KW. Review of *Wondergenes: Genetic Enhancement and the Future of Society* (MJ Mehlman, Indiana, 2004). *The Journal of Legal Medicine* 2004;25:257-265.

Goodman KW. Using the Web as a research tool. *MD Computing* 2000;17(5):13-14.

Goodman KW. Bioinformatics: Challenges revisited. *MD Computing* 1999;16(3):17-20. Reprinted with revisions as Bioinformatics: Challenges at the frontier, in H.T. Tavani, ed., *Ethics, Computing and Genomics*, Boston: Jones and Bartlett, 2006, 317-321.

Goodman KW. Commentary: National living wills and local politics. *ASBH Exchange* (newsletter of the American Society for Bioethics and Humanities) 1999; Summer: 6.

Goodman KW. Health care ethics. *Responses to an Aging Florida* 1999;Summer: 5-6

Goodman KW. Health informatics and the hospital ethics committee. *MD Computing* 1999;16(2):17-20.

Goodman KW et al. IRB review: Necessary, nice or needless? (Letter.) *Annals of Epidemiology* 1999;9:68-70.

Goodman KW. Introduction to informed consent. Part of American College of Medical Genetics Annual Clinical Genetics Meeting workshop (Paradigms for designing informed consent for genetic testing and research), *Genetics in Medicine* 1999;1(2):21 (abstract).

Balkany T, Hodges AV, Goodman KW. Additional comments. *Otolaryngology—Head and Neck Surgery* 1998;119(4):312-313.

Goodman KW. Ethics of computer prognoses. *Physicians and Computers* 1998;16(2):23-26.

Goodman, K. The ethics of CHINs: Community Health Information Networks offer opportunities -- and ethical challenges -- for health care providers. *Physicians and Computers* 1997;15(3):16-19, 23-24.

Goodman, K. Business Ethics for Bioethics Committees. *Network News: Newsletter of the Florida Bioethics Network* April 1998: 1-3.

Goodman, K. Medical ethics in education, policy review & consultation. *The Record* (Broward County, Florida, Medical Association) 1997;59(5):7-8.

Goodman, K. Progress in ethics: from "dilemma fetishism" to genetics and psychiatry. 22nd International Congress on Law and Mental Health, June 1997, Montreal, p. 29 (abstract).

Anderson, J, Goodman, K. Ethical issues in informatics and community health. American Medical Informatics Association, Spring Congress, May 1997, San Jose, Calif., Final Program and Abstract Book, p. 99.

Coughlin SS, Kass NE, Goodman KW, Pies C. Instruction in Public Health Ethics. American Public Health Association 124th Annual Meeting, Book of Abstracts, 1996, p. 431.

Goodman KW. A level playing field: Special programs can help address under-representation of minorities in medical informatics. *Physicians and Computers* 1995;13(4):12-23.

Goodman, K. Alternatives to Principle-Based Methods for Ethical Decision Making. *Decision Making in Public Health: Priorities, Power, and Ethics*, San Diego: American Public Health Association, 1995, p.163 (abstract).

Goodman, K., Ethics and System Evaluation. *Physicians and Computers* 1994;11.11:12-14

Goodman, K. The role and function of hospital ethics committees, *Miami Medicine* 1994;64.7:23-24.

Goodman, K. A Budget of Ethical Issues in Computational Medicine. In *Etica y Cultura Contemporánea*, Mendoza, Argentina, EDIUNC, 1994, 57-63

Goodman, K. Toward a unified code of ethics in epidemiology. *American Journal of Epidemiology* 1993;138:672 (abstract).

Goodman, K. Monitoring ethics, *Physicians and Computers* 10.10; March 1993: 10-12.

Goodman, K. Moral arguments for medical volunteerism, *Miami Medicine* 63.11; December 1992: 25.

Goodman, K. A question of ethics: the increased capability of computational diagnosis brings with it a host of questions. *Physicians and Computers* 1992;10(4):10-13.

Goodman, K. Science policy should be independent of political and ideological concerns, *The Scientist* 5.5; March 4, 1991: 11, 13.

Goodman, K. Knowledge and communication. *Amplifier* (American Psychological Association Newsletter on Media Psychology) 1990;6(2):3,8.

Goodman KW. Review of T.W. Cooper, ed., *Communication Ethics and Global Change*, (Longman, 1989); *Journal of Mass Media Ethics* 1990;5.1:66-69.

Goodman KW. Journalism and philosophy, *Proceedings and Addresses of the American Philosophical Association* 1989;63.5: 35-40.

Morrisson S, Kee M, Goodman KW. Analysis. *Machine Translation* 1989;4.1:113-128.

20.a Popular Media, Commentary, etc. (Selections)

Goodman KW. Why executions can't (and shouldn't) be sterilized. *The Phoenix Republic*, August 17, 2014. Available at <http://www.azcentral.com/story/opinion/op-ed/2014/08/13/medical-executions-joseph-rudolph-wood/14015333/>

Goodman KW. Ethics, science funding and the fiscal cliff. *Science Progress*, Jan. 7, 2013. <http://scienceprogress.org/2013/01/ethics-science-funding-and-the-fiscal-cliff/>

Goldschmidt PJ, Goodman KW. The full cost of medical fraud. *The Miami Herald*, Feb. 6, 2010.

Goodman KW. A 'Miami Moment': A Minority's Hatred Of Fidel Castro Has Many Struggling To Do The Ethical Thing For Elian. *Chicago Tribune*, April 5, 2000, http://articles.chicagotribune.com/2000-04-05/news/0004050081_1_case-of-elian-gonzalez-ethics-moments

Goodman KW. A DiMaggio rule on medical privacy. *The New York Times*, December 30, 1998, A17. PMID:11648103

Numerous other journalistic articles on science, medicine, bioethics and related issues.

20.b Instructional Media

Geissman KW, Goodman KW et al. Scientific Ethics: An Interactive, Multimedia, Computer-Based Training. Atlanta: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry, 1998.

Goodman KW, PI, Ethics Curriculum Project. ECP provides modules on a broad ensemble of issues and topics under the headings Language Arts, Science and Math, Social Science, Arts and Humanities and Special Topics. These modules include content introductions, lesson plans, student activities and knowledge assessment tools. 2005-present.
http://www.miami.edu/index.php/ethics/projects/ethics_curriculum_project

Goodman KW. Publication and authorship. CITI. <https://www.citiprogram.org/>, 2009-present.

Goodman KW. Genetic research in human populations. CITI course in the protection of human research subjects. <https://www.citiprogram.org/>, 2003-present.

Cava A, Cushman R, Goodman KW. HIPAA and human subjects research. CITI course in the protection of human research subjects. <https://www.citiprogram.org/>, 2003-2008.

Goodman KW. Nurse practitioner education in developmental disabilities, Webinar Series, Florida Developmental Disabilities Council, March 2015.

NB: CITI modules also listed under Section 19, above.

21. Other works accepted for publication:

V. PROFESSIONAL

22. Funded Research Performed:

Current

National Institutes of Health, Clinical and Translational Science Award. Miami-CTSI.
 1UL1TR000460 (Szapocznik) 06/27/12 – 05/31/17. Role: Ethics unit coordinator, 20-30%.

Alpha-1 Foundation, Social media as an interactive educational medium for quality of life issues for those with Alpha-1 (Moseley): 07/01/13 – 06/31/15. Role: Investigator, 10%.

Previous

National Institutes of Health, Fogarty International Center. Pan American Bioethics Initiative.
 1R25TW008186 (Braunschweiger and Goodman) 09/23/08 – 05/31/12, with no-cost extension to 05/31/14. The major goal of this project is to help build capacity in research ethics education in the Latin American and Caribbean regions. Role: Co-PI, 15%.

ARRA Supplement to Fogarty award, 3R25TW008186, to develop additional curricular tools on research ethics for international learners. 9/1/2009-8/31/2011, \$39,908. Role: Co-PI. (Under no-cost extension)

National Center on Minority Health and Health Disparities. A Targeted Decision Aid to Improve Minority Participation in Clinical Trials (1RC2MD004784), Byrne MB, PI, 09/28/2009 – 06/30/2011. NIH – NCMHD/NCI, \$1,652,959. (M. Byrne) The major goal of this project is to develop and assess decision support tools for prospective research participants. Role: Investigator. 5%

Robert Wood Johnson Foundation (Goodman); 12/01/06-02/28/09; 20%
 Ethical, Legal and Social Issues, Project HealthDesign \$160,000 (incl. \$10k transition funds). Role: PI, to direct efforts to identify and address ethical, legal and social issues related to the use of personal health records (project number 59879).

Beier J. Vector-Borne Disease Control in Urban Environments. 1 P20 RR020770-03 (NIH Director's Exploratory Centers for Interdisciplinary Research), 09/28/04-07/31/07 (5%). Role: Co-investigator to coordinate ethics activities as part of development of new interdisciplinary approaches for the control of vector-borne diseases in urban environments, through collaborative studies involving investigators from 11 Departments and Centers at University of Miami, Kenya, Egypt, Israel, Costa Rica, and Trinidad. (\$1,668,869.)

Goodman KW. The CITI Course in the Responsible Conduct of Research – Part B. Office of Research Integrity. \$25,000 curriculum development contract, 2006. Role: PI.

Walsh, P. Atmospheric and Marine-Based Interdisciplinary Environmental Health Training Project, NIEHS, R25 ES10713, 0-20-00—8-31-07 (7-10%). Role: Develop environmental health and ethics curriculum.

Scott, G. Fellowship in Clinical Research, NIH, OD-00-002, 9-30-02—9-29-05 (5%). Role: contribute to ethics curriculum.

Shor-Posner, G. Optimizing HIV/TB Management in the HAART Era, NIH Fogarty D43 TW000017-16, 7/29/04—5-31-07 (2-5%). Role: Contribute to ethics activities, including annual conference.

Mack, A., others and Goodman, K, Health Careers Motivation Program , HRSA, D 18 MB 02868-01, 9-1-99—8-31-02, \$623,248 (2-5%). Role: Provide ethics instruction to program participants.

Goodman, KW. principal investigator, Difficult Challenges in Human Subjects Research, U.S. Department of Health and Human Services, National Institutes of Health, NIAID, T15 AI07591, 10-1-99—9-30-02, \$265,986 (15%). Role: As PI, oversee training grant to develop conferences.

Beckwith, S., others and Goodman, K, Community-State Partnerships to Improve Care of the Dying, Robert Wood Johnson Foundation, 1-1-00—12-31-02, \$449,961 (20%). Role: Develop ethics and other resources for end-of-life education project.

O'Connell, M., others and Goodman, K, . Undergraduate Medical Education for the 21st Century, HRSA/AACOM, 240-97-0038, 9-1-98 — 8-31-01, \$375,000 (8%). Role: Contribute to creation of a Web-based training module in managed care ethics.

Goodman, KW. Minority Precollege Health Science Outreach Project; U.S. Department of Health and Human Services, National Institutes of Health, National Center for Research Resources; \$219,891; September 1994- September 1997. Role: Coordinate placement of minority students in UM labs.

Goodman, K. principal investigator, Precollege Health Science Outreach Project; U.S. Department of Health and Human Services, National Institutes of Health, National Center for Research Resources; \$58,615; application dates April 1, 1998-March 31, 1999. PI status transferred to colleague as of June 1998 at awardee's request. Role: Coordinate placement of minority students in UM labs.

Goodman, K. principal investigator, Summer Outreach Program, Dade County Public Schools, 1994-1997, \$219,998. Role: Coordinate Miami-Dade County Public Schools minority summer science education program at UM.

Various philanthropic, corporate and other grants in support of UM ethics programs; 1991-2007, approximately \$3,500,000 (including Arsht gift of \$3 million).

Grant-related Consulting

Fogarty International Center, 1 R25 TW010026-01: Research Ethics Education Program in Jordan, University of California at San Diego. PI: W. Al Delaimy. Consultant 2015-present

NIH SE Best Practice, Challenge Grant, 1 R01 DA029258-01: Ethical issues in broad data sharing for genetic research on addiction: best practices. University of Colorado, Denver. PI: M. Coors. Consultant 2010-11.

23. Editorial responsibilities

Study Sections

European Union Research Executive Agency, Ethics Review Panel, H2020, July 2014, Brussels.

European Union Research Executive Agency, Ethics Review Panel, FP7, July 2013, November 2012, July 2012, March 2011.

National Institute Of Allergy And Infectious Diseases Special Emphasis Panel ZAI1-JBS-A-S1, S2, RFA-12-018: Clinical Trials Units for NIAID Networks, June 2013.

AHRQ, 2011

Wellcome Trust, UK, 2011 (WT095887RR) grant review

HHS Special Emphasis Panel, FOA-OC-HIT-10-001: Health Information Technology, Special Emphasis Panel, Office of the National Coordinator for Health Information Technology, Curriculum Development Centers, 2010.

Maryland Stem Cell Research Fund Peer Review, 2009.

CDC, Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), study section, FOA RFA TP08-001: Preparedness and Emergency Response Research Centers: A Public Health Systems Approach, 2008.

NIH research ethics Study Section, 2002-2006.

National Science Foundation, Ethics Section, 2004, 2005

Reviewer, Alpha-1 Foundation, 2007-present

International Advisor, European Union-funded project, "Personalized health monitoring (PHM) – Interdisciplinary research to analyze the relationship between ethics, law and psychosocial as well as medical sciences. Project meeting, Linköping, Sweden, December 1-2, 2011.

Referee

- AAMC Southern Group on Educational Affairs, 2014 annual meeting
- *Acta Bioethica*
- *Acta Tropica*
- *Ambulatory Pediatrics*
- *American Journal of Bioethics*
- *Annals of the American Thoracic Society*

- *Annals of Epidemiology*
- *Biomed Central Medical Ethics*
- *Business & Professional Ethics Journal*
- Cambridge University Press
- *CANCER*
- *Chest*
- *Computers and the Humanities*
- *Controlled Clinical Trials*
- *Human Mutation*
- *Humor*
- John Wiley & Sons
- *Journal of Abnormal Child Psychology*
- *Journal of the American Medical Informatics Association*
- *Journal of Biomedical Discovery and Collaboration*
- *Journal of Biomedical Informatics*
- *Journal of General Internal Medicine*
- *Journal of Medical Ethics*
- *Journal of Medical Internet Research*
- *Machine Translation*
- *Medical Decision Making*
- *The Medical Journal of Australia*
- MIT Press
- Oxford University Press
- *The Pharmacogenomics Journal*
- *PLOS Computational Biology (2014)*
- *Proceedings of the American Thoracic Society*
- *Public Health Ethics*
- *Science and Engineering Ethics*
- Symposium on Computer Applications in Medical Care (SCAMC)/American Medical Informatics Association Fall Meeting
- *Trends in Biotechnology*
- Wellcome Trust

Other

Editor, Ethics and Health Information Technology section, *Cambridge Quarterly of Healthcare Ethics*, 2014-present

Editorial Board, *Journal of Biomedical Informatics*, 2014-present

Associate Member, ALERT (Aspects of Law and Ethics Related to Technology) Research Group, London, UK, 2014-present.

Associate Editor, *Acta Bioethica*, 2010-present

Consultant/reviewer, "WHO Online Research Ethics Training Course," Geneva: World Health Organization, 2013.

Consultant/reviewer, "WHO Strategy on People-Centered and Integrated Health Services," Geneva: World Health Organization, 2014.

Technical expert / peer reviewer, Gibbons MC et al. Impact of Consumer Health Informatics Applications. Evidence Reports/Technology Assessments, No. 188, Agency for Healthcare Quality

and Research, 09(10)-E019, Johns Hopkins University, 2009:
<http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=erta188>

Member, Faculty Advisory Board, Department of Institutional Review Ethics and Administration, Nicholas Cardinal Cheong Graduate School for Life, Catholic University of Korea, 2010-present.

Member, Comité Científico Internacional, *Revista Colombiana de Bioética*, 2009-2011.

Reviewer, American Medical Association Council on Ethical and Judicial Affairs report on "Ethical Guidelines for the Use of Electronic Communication between Patients and Physicians," January 2002.

Reviewer, National Academy of Sciences, Institute of Medicine, Committee on Battlefield Radiation Exposure Criteria, 1999. (Document: S Thaul, H O'Maonaigh, eds. *Potential Radiation Exposure in Military Operations*, Washington, D.C.: National Academy Press, 1999.)

Advisor/contributor, 1998-1999, Institute of Medicine, "Strategies to Protect the Health of Deployed U.S. Forces." (Document: LM. Joellenbeck, PK Russell, SB Guze, eds., Medical Follow-Up Agency, Institute of Medicine, *Strategies to Protect the Health of Deployed U.S. Forces: Medical Surveillance, Record Keeping, and Risk Reduction*, Washington, D.C.: National Academy Press, 1999.)

Co-editor, "Scope: Issues and insights" column, *MD Computing*, 1998-2001.

Contributing Editor, *Physicians & Computers*; 1992-2001.

Conference organizer and director, and program editor, annual "Clinical Ethics: Debates, Decisions, Solutions" conference, Bioethics Program, University of Miami, 1994-2010.

Conference organizer and director, Florida Bioethics Network Seventh Annual Conference, "Bioethics in Florida: Challenges in Daily Practice," Tampa, Oct. 8-10, 1997.

Member, Program Directorate and Proceedings Editorial Board, First World Congress on Computational Medicine, Public Health and Biotechnology, April 24-28, 1994, Austin, Texas.

Guest Issue Editor, *Miami Medicine*, special number on bioethics, Vol. 64, No. 7, August 1993.

Symposium organizer and chair, "Computers and Ethics in Medicine," American Association for the Advancement of Science annual meeting, Chicago, Feb. 7, 1992.

Managing editor, *Machine Translation*, quarterly journal of computers and translation published by Kluwer Academic Press; Aug. 1989-Nov. 1991.

Goodman K. Guest Editor, *Machine Translation* 4.1 and 4.2; 1989. Special issues on knowledge-based machine translation.

24. Professional and honorary organizations:

AMIA (American Medical Informatics Association)

- Founder and Chair, Ethical, Legal and Social Issues Working Group, 1996-1998; chair, 2003-2004
- Chair, Ethics Committee, 2008-2014
- Chair, Vendor Contracts Task Force, 2009-2011
- Member, Working Group Steering Committee, 2006-2007
- Member International Affairs Committee, 2014-

Member, American College of Epidemiology Ethics Committee, 1995-1999, 2005-present; chair, 2006-2008.

Co-executive director, Florida Bioethics Network, 1999-2005; director, 2005-present; president, 1997-1998; board member, 1993-1997.

Member, Director's Advisory Committee, University of Miami Interdisciplinary Stem Cell Institute, 2009-present.

Member, Advisory Committee, Institute for Ethics in Health Care, Miami-Dade College, 2001-present.

Member, Bioethics Committee, Florida Department of Corrections Health Services, 1994-2002.

Member American Association for the Advancement of Science

Member American Medical Informatics Association

Member American Society for Bioethics and the Humanities

Member Association for Practical and Professional Ethics

Member Florida Bioethics Network

25. Honors and awards:

Inducted Alpha Omega Alpha Medical Honor Society, March 20, 2012.

Honorable Mention, Dorland Health People Awards, October 2011
(<http://accessintelligence.imirus.com/Mpowered/book/vcip11/i6/p1>).

Leadership Award, AMIA (American Medical Informatics Association), Nov. 13, 2010.

Outstanding Faculty Award nominee, University of Miami Association of Greek Letter Organizations, April 2010.

"Health Care Hero" award nominee, "Individual of Merit," Greater Miami Chamber of Commerce, May 2009.

Visiting Scholar, Erasmus Mundus Programme in Applied Ethics, Centre for Applied Ethics, Linköping University, Nov. 26-Dec. 4, 2009, Linköping, Sweden.

Elected as Fellow, American College of Medical Informatics, American Medical Informatics Association, October 2008.

"Heavy Hitter in Education," *South Florida Business Review*, June 2006

"Guardian Angel Award," South Florida Guardianship Association, March 2003.

Inducted Honorary Member, Golden Key National Honor Society, November 1996.

First place in Florida Philosophical Association 1987 graduate-student paper competition, for "Theoretical Terms"; see above.

M.A. awarded with distinction by the University of Essex, 1982.

Rotary Foundation scholarship for work in journalism, applied to post-graduate study at Essex, 1981-1982

B.S. awarded with high honors by the University of Florida, 1975.

Selected for admission by Kappa Tau Alpha national communications honor society, 1975.

Selected for admission by Phi Kappa Phi national scholastic honor society, 1974.

Several journalistic writing and editing awards.

Various travel awards to attend conferences and/or present papers.

26. Post-doctoral fellowships: NA

27. Other professional activities:

2015

Goodman KW. Death and dying in the 21st Century: Have we made any progress. JFK Medical Center Grand Rounds, Atlantis, Florida, January 15.

Goodman KW. Interoperability is an ethical issue – and failure to achieve it is a betrayal of patients. (Cf. September 15, 2014.) Data Management Association, Wisconsin Chapter, Madison, March 12.

Goodman KW. Ethics, health informatics and translational science. Mayo Clinic College of Medicine, 1CCaTS Grand Rounds, Rochester, MN, March 13.

2014

Herkert J, Goodman KW, panelists, Author Meets the Critics: *Emerging Pervasive Information and Communication Technologies (PICT): Ethical Challenges, Opportunities and Safeguards*, K. Pimple, ed. Association of Practical and Professional Ethics, Jacksonville, FL, March 1.

Goodman KW. Computational decision support at the bedside: Ethics, policy and practice in an era of intelligent machines. University of Miami Department of Medicine Grand Rounds, April 23.

Goodman KW. Ethics and data mining. Food and Drug Administration Data Mining Council, Silver Spring, MD, April 30.

Goodman KW. Medical ethics and electronic health records. University of Miami Department of Psychiatry and Behavioral Sciences Grand Rounds, May 12.

Goodman KW. Big Data, Intelligent Machines, International Public Policy: The Role of Ethics in 21st- Century Health Information Technology. Middlesex University, Science & Technology School Seminar, London, June 4.

Goodman KW. ethics and health information technology: Learning health care systems in a digital world. Memorial Health Care, Savannah, GA, August 15.

Goodman KW. Digital science: Ethics, governance and best practice. University of Florida IRB Retreat, Gainesville, August 27.

Goodman KW. Interoperability is an ethical issue – and failure to achieve it is a betrayal of our patients. Health Level Seven International, 28th Annual Plenary & Working Group Meeting, Chicago, September 15.

Bouësseau M-C, Goodman KW. Toward equitable access to palliative care. 20th International Congress on Palliative Care, Montreal, September 10.

Arras J, Kukla R, Erwin E, Goodman KW. Contemporary issues in medical research. 12th Annual Graduate Student Conference: Biomedical Epistemology and Bioethics, University of Miami Department of Philosophy, October 17.

Byrne M, Owens D, Gareen I, Goodman KW, Schwartz JS. Lung cancer screening: A debate of practice, policy and science. Society for Medical Decision Making, 36th Annual Meeting, Miami, October 18.

Mandel NS, Bishop EM, Brosco JP, Goodman KW, Mechaber AJ, Mechaber HF. Preserving Empathy Throughout the Clinical Years: Third-Year Debrief Groups. Academy on Communication in Healthcare, Research and Teaching Forum, Orlando, October 2014.

Goodman KW. Learning health systems, ubiquitous surveillance and public health: Duties to share, obligations to protect and Responsibilities to serve. eHealth – Legal, Ethical and Social Challenges workshop, Middlesex University, London, October 28.

Goodman KW. Ethics and health information technology: Learning health care systems in a digital world. University of Texas Health Sciences Center, School of Biomedical Informatics, Research Seminar Series, November 12.

Goodman KW. Replication of research results. 20th National Ethics Councils Forum, European Group on Ethics in Science and New Technologies and National Italian Bioethics Committee, November 19, Rome.

Goodman KW, member, WHO Ad-hoc Technical Advisory Group on Palliative Care and Long Term Care, 10-11 December, Barcelona.

2013

Goodman KW. Health Access, health quality, health reform: The ethical imperative. Health Care Reform: Legal and Ethical Questions about Where We Go from Here, Florida State University Center for Innovative Collaboration in Medicine and Law, Tallahassee, February 4.

Goodman KW. Testing for and communicating about brain death: Managing families' fear, denial and suspicion. University of Miami Department of Neurology Grand Rounds, February 15.

Goodman KW. Clinical futility: Definitions and debates. University of Miami Department of Family Medicine and Community Health, February 20.

Brosco JP, Goodman KW, de Velasco RE. Ethical dilemmas in primary care. PriMed: Primary Medicine Today, University of Miami School of Medicine and Harvard Medical School, Fort Lauderdale, February 28.

Goodman KW. Enough already with horror-show RCR education: Time to emphasize positive duties and values. Third World Congress on Research Integrity, Montreal, May 6.

Goodman KW. Computational decision support at the bedside: ethics, policy and practice in an era of intelligent machines. Johns Hopkins University Division of Health Sciences Informatics, grand rounds, Baltimore, May 17.

Goodman KW. Bioética, ética corporativo y ciencia. Introducción a la Integridad Científica, Colegio Médico del Perú, Lima, Peru, September 25.

Goodman KW. Horrores en la educación en ética de la investigación: tiempo de presentar valores positivos. IV Simposio en Humanismo y Bioética, Universidad de los Andes and Fundación Santa Fe de Bogotá, Bogotá, Colombia, October 21.

Goodman KW. Ethics review for grants in Europe and the United States: Some good ideas in search of a home. Hastings Center, informal lunch talk, Garrison, N.Y., October 30.

Goodman KW. Studying studies, inductions of induction and hearing hearsay: The continuing challenge of computational meta-analysis. American Philosophical Association, Eastern Division, 110th Annual Meeting, APA Committee Session, Epistemology of Medicine, Baltimore, December 28.

2012

Arons P, Goodman KW, Moseley RE. Ethics and the IRB: Issues and options. Second Annual Meeting, Florida Consortium for HIV/AIDS Research, Orlando, January 9.

Goodman KW. The computational futility index: using - and misusing - prognostic scoring systems in end-of-life care. Yale University Interdisciplinary Center for Bioethics, Jerome Medalie End Of Life Issues Study Group, New Haven, January 11.

Goodman KW. Computational decision support in obstetrics and gynecology: Ethics, policy and practice in an era of intelligent machines. University of Miami Department of Obstetrics and Gynecology, Grand Rounds, January 26.

Goodman KW. Computational decision support at the bedside: Ethics, policy and practice in an era of intelligent machines. New York University Center for Health Informatics & Bioinformatics, New York, March 9.

Goodman KW. Computational diagnosis and prognosis in medicine and surgery: Ethics, policy and practice in an era of intelligent machines. Third Annual Eric Munoz Memorial Lecture, Department of Surgery Grand Rounds, New Jersey Medical School, Newark, March 16.

Goodman KW. Computers, ethics and medicine: Challenges of prognostic scoring systems. JFK Medical Center, Medical Grand Rounds, Atlantis, Florida, March 22.

Goodman KW. Bioética, tecnología de la información y salud. Fifth International Congress of Bioethics, June 4, Toluca, Mexico.

Goodman KW. Ethics in epidemiology: Foundations and challenges. American College of Epidemiology Annual Meeting, Chicago, September 9.

Goodman KW. Ethics and universal health care. Florida Association of Free Clinics, Annual Conference, Orlando, September 20.

Goodman KW. Ethics, Computers and public health: Intelligent machines in a dangerous and probabilistic world. Clinical Epidemiology Seminar Series, Center for Clinical Epidemiology and Biostatistics, Department of Biostatistics and Epidemiology, University of Pennsylvania, Philadelphia, September 27.

Goodman KW, Greer JP, Mulvey B. International Health Ethics Panel, American Medical Students Association, Davie, Florida, October 13.

Goodman KW. Digital research: Databases, biobanking and privacy in the 21st Century. University of Florida Clinical and Translational Science Institute, Gainesville, Nov. 1.

Goodman KW. Electronic health records, personal health records, and noncommunicable disease interventions: The role of information technology in the debate over expanding public health practice. American Public Health Association, San Francisco, October 29.

McGraw D, Goodman KW. Balancing personal and population privacy needs. Current Issues in Population Health Informatics for Healthcare and Public Health, AMIA Annual Symposium, Chicago, November 3.

Goodman KW. Privacy and confidentiality in electronic archives. VI Jornada Internacional sobre Actualizaciones en Ética de la Investigación e Integridad Científica, Universidad Austral, Buenos Aires, November 16.

2011

Goodman KW, de Velasco R. Ethical challenges during catastrophic events. Hospital Disaster Planning, Preparations and Response: An All-Hazards Approach, Jackson Health System and University of Miami Miller School of Medicine, Miami, February 17.

Goodman KW, Gray KS, Koontz L, McGraw D, Pritts J. Panel Guidance for Secondary Use of Data, "HIMSS11 – Linking People, Potential and Progress," Orlando, February 20.

Goodman KW, Pouncy CRP. Combining the best of worlds: Business, medicine and legal ethics. Florida International University Professionalism, Ethics and the Legal Profession Distinguished Speaker Series, FIU College of Law, Miami, February 24.

Goodman KW, Palamara A. Healthcare reform, "21st Century Medicine: Surviving the Next Decade," Northwest Medical Center, Hollywood, Fla., May 21.

Goodman KW. Control-A, control-C, control-V: (Im)proper documentation in electronic health records. Indiana University School of Medicine, Department of Medicine, Grand Rounds, July 8.

Massoudi B, Fu P, Holmes JH, Goodman KW, Richards J. Public Health Informatics Planning Domains, Public Health Informatics 2011 Conference, Centers for Disease Control and Prevention, Atlanta, August 22.

Goodman KW. Ethics and health information technology: focus on epidemiology and public health, Internal Ethics Committee, Centers for Disease Control and Prevention, Atlanta, August 23.

Goodman KW. Is irrationality alone ever a marker of incapacity? II International Symposium in Disorders of Consciousness, Havana, December 7.

2010

Goodman KW. Guardianship, Medicine and Ethics: Growing Challenges in End-of-Life Care. Dade County Bar Association Probate and Guardianship Committee, Miami, Feb. 11.

Goodman KW. Presentation on the Pan American Bioethics Initiative, Beyond the Boundaries: Toward the Establishment of a University Ethics Center, University of the West Indies, Cave Hill Campus, Bridgetown, Barbados, April 22.

Goodman KW. Sistemas de información, privacidad y confidencialidad. Humanismo y Bioética, Fundación Santa Fe, Bogotá, Colombia, April 26.

Hormats RD, Jeffery R, Goodman KW, Cooke J, Schwartz HA. The Responsible Resources Trade, a panel as part of the "Our global challenges: A series of dialogues on the pressing issues of our time." Center for Strategic & International Studies, Washington, May 18.

Goodman KW. Bioética e informática de la salud. VI Seminario Internacional e Interuniversitario de Biomedicina y Derechos Humanos, Fundación Tejerina, Madrid, June 24. [Cf. Chapters, above.]

Goodman KW. Ethics and global health information technology. ETH Lunchtime Seminar, World Health Organization Division of Ethics, Equity, Trade and Human Rights, Geneva, June 28.

Goodman KW. Global perspectives of ethics and evidence-based practice: Impact on healthcare systems in developing countries. Summer Institute on Evidence-Based Practice, UT Health Science Center, San Antonio, July 9.

Goodman KW, Zamora E. The guardianship grandstand. Florida State Guardianship Association, Palm Beach Gardens, Fla., July 17.

Goodman KW and others, Steering Committee, 5th Annual Invitational Health Policy Meeting. The Future of Health IT: Innovations and Informatics, American Medical Informatics Association, Reston, VA, Sept. 1-2.

Goodman KW. Medicare and Medicaid Fraud. Plenary presentation, 5th Annual Invitational Health Policy Meeting. The Future of Health IT: Innovations and Informatics, American Medical Informatics Association, Reston, VA, Sept. 2.

Goodman KW. Ethical Universals -- are there any and, if so, what good are they for global health research? Global Perspective Lecture Series, University of California at San Diego, Division of Global Health, Department of Family and Preventive Medicine, San Diego, Sept. 14.

Goodman KW. From "gee-whiz" science to "gee-whiz" ethics: Explaining 21st-century medical challenges to lay audiences. American Association of Medical Colleges, Group on Institutional Advancement, AAMC annual meeting, Washington, D.C., Nov. 7.

Goodman KW. Ethical challenges in electronic health records and information technology. Ethical Perspectives in Healthcare – Today's Challenges, Morton Plant Mease Hospital, BayCare Health System, St. Petersburg, Florida, November 10.

Goodman KW, Kinzbrunner BM. End-of-Life Issues, South Florida Center for Jewish Ethics, Miami Beach, Nov. 18.

2009

Goodman KW. Ethics and health information technology: New challenges in clinical care and research in a pharmacogenomic world. Indiana University Center for Bioethics, Indianapolis, January 29.

Goodman KW. Post-study responsibilities, Building Ethics Models for Global Research, International Association for Dental Research, 38th Annual Meeting, Miami Beach, April 2.

Goodman KW. "Octomom" – What's wrong and what's right with reproductive ethics and the law. Florida Bar Health Law Section, Florida Bar Annual Convention, Orlando, June 26.

Goodman KW. Ethics, capacity assessment and psychiatric practice. 31st International Congress on Law and Mental Health, New York, July 1.

Esposito K, Goodman KW. Law as therapy, therapy as public policy: Ethical comforts – and challenges – in the rise of therapeutic jurisprudence. 31st International Congress on Law and Mental Health, New York, July 3.

Goodman KW. Sects, smoking, drinking and other irrational behaviors: Challenges posed by wards' injurious behaviors. Florida State Guardianship Association, annual meeting, St. Petersburg, August 7.

Goodman KW. HIPAA challenges: From Hippocrates to Obama. Florida State Guardianship Association, annual meeting, St. Petersburg, August 8.

Goodman KW. Professionalism and medical ethics. Florida Gastroenterologic Society, Annual Meeting, Boca Raton, Florida, Sept. 12.

Goodman KW. Privacy and confidentiality in research. Integridad Científica: La Importancia de la Educación en Ética de la Investigación, Pan American Bioethics Initiative, San Jose, Costa Rica, September 18.

Goodman KW. Ethical challenges in neurology: Cases and controversies. University of Miami Department of Neurology Grand Rounds, Oct. 23.

Goodman KW. Ethics at the end of life. Vitas Health Care Hospice Symposium, Davie, Florida, Nov. 9,

Koppel R, Kreda D, Kuperman G, Goodman KW, Zych, Shortliffe EH. Vendor contracts and the Koppel-Kreda JAMA article on hold-harmless and non-disclosure clauses. Annual Symposium, American Medical Informatics Association, San Francisco, Nov. 17.

Nichols-Johnson V, Koppel R, Goodman KW, Zych E, Wiederhold G. The electronic medical record and the health of your privacy. Annual Symposium, American Medical Informatics Association, San Francisco, Nov. 18.

Goodman KW. Death, Politics, Disease and Mutation: Some Ethical, Legal and Social Issues for the 21st Century (Part 1). University of Miami Department of Medicine, Division of General Internal Medicine Grand Rounds, Dec. 22.

2008

Goodman KW. Evidence, ethics and expertise: Honest persuasion in opening statements and closing arguments. Federal Court Practice Committee, Florida Bar Midyear Meeting, Miami, Jan. 17.

Goodman KW. On the need for robust research ethics curricula. Eighth Conference, Faculty of Pure and Applied Science, University of the West Indies, Kingston, Jamaica, Feb. 26.

Goodman KW. Practical research ethics: How to manage cases that are hard, really hard and nearly impossible. Eighth Conference, Faculty of Pure and Applied Science, University of the West Indies, Kingston, Jamaica, Feb. 27.

Goodman KW. Ethics for the practicing physician. London Foundation Seminar, keynote speaker/grand rounds, Mount Sinai Medical Center, Miami Beach, March 28.

Goodman KW, Horan TA, Kaelber D, Yasnoff WA. Personal health records in disability communities. American Medical Informatics Association Spring Congress, Phoenix, May 30, 2008.

Goodman KW. Panelist. InfoLinks Virtual Panel on Patient Privacy Rights, Public Health, & Ethics, Division of Alliance Management & Consultation, National Center for Public Health Informatics, Centers for Disease Control & Prevention, June 17.

Goodman KW. Panelist. Epistemological Convergence between Bioethics and Evidence-Based Medicine, as part of the First Costa Rican Bioethics Conference at the National University of Costa Rica in San Jose, in conjunction with the Seventh Annual Iberoamerican Cochrane Network Annual Meeting, the Fifth Annual Iberoamerican Clinical Practice Guidelines Network Meeting and the Second Central American Branch of the Iberoamerican Cochrane Network, San Jose, Costa Rica, June 26.

Goodman KW. HIPAA, privacy and confidentiality: Ethical and legal issues. Florida Children and Youth Cabinet, Fort Myers, July 14.

Brennan P, Goodman KW, Massoudi B, Nugent L. Project HealthDesign: Rethinking the power and potential of personal health records. Summer Institute in Nursing Informatics, University of Maryland School of Nursing, Baltimore, July 19.

Bell K, Diamond CC, Goodman KW, Ralston JD. Policy implications. New Frontiers in Personal Health Records: A "Report Out" from Project HealthDesign and Forum on Next-Generation PHRs. Washington, D.C., September 17, 2008.

Goodman KW. Ethics and epidemiology: Focus on international research. University of Miami Department of Epidemiology and Public Health Grand Rounds, October 15.

Goodman KW. Commentary on EBM and Clinical Practice (M. Tonelli), Critical debates in Evidence-Based Medicine (EBM): Where We've Been and Where We're Going, University of Toronto, November 16.

Goodman KW, Kearns K, Rawlins L, Taylor C. Future of software: Health IT Roundtable. Challenges and opportunities in the new political environment. Business Software Alliance Annual Retreat, Coral Gables, Florida, November 18, 2008.

Goodman KW. Pautas internacionales en Ética de investigación. Maestría en Bioética: Foro Permanente en Bioética: en Colaboración Científica Internacional. Universidad Nacional de Cuyo and Hospital Pediátrico Dr. Humberto J. Notti, Mendoza, Argentina, December 1, 2008.

Goodman KW. Manejo de la información, confidencialidad y privacidad. Maestría en Bioética: Foro Permanente en Bioética: en Colaboración Científica Internacional. Universidad Nacional de Cuyo and Hospital Pediátrico Dr. Humberto J. Notti, Mendoza, Argentina, December 3, 2008.

2007

Goodman KW. Protecting privacy in the Electronic Age: Evidence, ethics and expertise. Federal Court Practice Committee, the Florida Bar Midyear Meeting, Miami, Jan. 18.

Brummel-Smith K, Goodman KW. Ethical decision-making: Quality of life vs. longevity. Florida Geriatric Care Managers Association, Annual Conference, Tampa, Jan. 20.

Goodman KW, Zuroweste E, Paoletti S. A critical look at the health and human rights of economic migrants. Plenary panel, Global Health Education Consortium, 16th Annual Conference, Santo Domingo, Dominican Republic, Feb. 17.

Barrett DH, Hood R, Fiore RN, Goodman KW. Development of an ethics process for pandemic preparedness and response. Association for Practical and Professional Ethics, 16th Annual Meeting, Cincinnati, Feb. 24.

Goodman KW. Bioethics: the changing medical landscape. New College Library Association, Sarasota, March 6.

Sharma TS, Goodman KW, Wilkinson J. Mandatory universal newborn screening for HIV. University of Miami Department of Pediatrics Grand Rounds, March 13.

Flint K, Galland J, Goodman KW. Creating a dynamic program on the responsible conduct of research. National Postdoctoral Association Annual Meeting, Berkeley, CA, April 1.

Fiore RN, Moseley R, Goodman KW (panel). Bioethics in Florida: Challenges for the next decade. Florida Bioethics network annual spring meeting, Miami Beach, April 27.

Goodman KW Ethics in health policy. Bioethics Society of the English-Speaking Caribbean (BSEC), Montego Bay, Jamaica, May 5.

Fiore RN, Laitner M, Goodman KW, Melby G, Gavras J (panel). Floridians' decisions: Genetics, Pandemics and bioethics, Leadership Florida Gulfstream Region, Jupiter, May 14.

Goodman KW. Ethics and vulnerability: Shared responsibilities for infant mental health. Seventh Annual Infant Mental Health Conference, Fort Lauderdale, Fla., May 18.

Goodman KW (moderator). Medical decisions vs. religious beliefs. Florida State Guardianship Association, 20th Annual Conference, Westin, Fla., Aug. 4.

Goodman KW (moderator). Ethics. International Society for Craniofacial Surgery, Salvador, Brazil, August 23.

Goodman KW. When may health professionals refuse to provide care? Baptist Health South Florida, Mariners Hospital, Tavernier, Fla., September 7; and Baptist Hospital, Oct. 24.

Goodman KW. Banked tissue research: Time for a reappraisal. University of Miami Miller School of Medicine Human Subjects Protection Seminar, Sept. 25.

Goodman KW. End-of-life care in a post-Schiavo world. University of Miami Miller School of Medicine, Department of Medicine Grand Rounds, Sept. 26.

Goodman KW. IT, HIPAA, 45CFR46 & ICMJE: E-T-H-I-C-S. The Children's Health Fund, National Annual Meeting, White Plains, NY, Oct. 11.

Goodman KW, The MRSA School Outbreaks: Reflections on an Emerging(?) Epidemic. American Society for Bioethics and the Humanities, Washington, D.C., Oct. 20.

2006

Nogueras D, Goodman KW, Davis H. Powerful Thinkers: A protocol for addressing ethical and moral decision making in high school students. 4th International Civic Education Conference, Orlando, Jan. 20.

Goodman KW. Clinical practice without clinical trials: Ethical issues in off-label drug use. Bascom Palmer Eye Institute, Angiogenesis 2006 Conference, Miami, Feb. 4.

Goodman KW. Discussant. Clinical Ethics Case Presentation, "Futility of Care." University of the West Indies (Cave Hill) and Queen Elizabeth Hospital, Bridgetown, Barbados, Feb. 11.

Goodman KW. Ethics, schmethics: The Schiavo case and the culture wars. The Schiavo Case: Interdisciplinary Perspectives, University of Miami Law Review symposium, Coral Gables, Feb. 18.

Goodman KW. Ethics and social work. University of Miami Miller School of Medicine Department of Pediatrics, Social Work Division, Social Work Grand Rounds, March 28.

Goodman KW. Ethics at the end of life. Blue Cross Blue Shield Center for Ethics, Public Policy and the Professions, University of North Florida, Jacksonville, May 11.

Goodman KW. Ethics, genomics and computing. American Medical Informatics Association, Spring Congress, Phoenix, May 17.

Goodman KW. Ethics and guardianship, Cases you hope you never see. Florida State Guardianship Association annual conference, Orlando, Aug. 4.

Goodman KW. Panel chair, Ethics and Aging: Challenges in Medicine, Nursing and the Law, 2006 Florida Conference on Aging, Tampa, Aug. 14.

Goodman KW. Ethics in a changing elder law environment. Florida Bar Elder Law Section annual retreat, Duck Key, Fla., Sept. 9

Goodman KW. Advance directives in Florida post-Schiavo and POLST: Lessons learned in avoiding future debacles, "End-of-Life Care in Florida – 2006: Current Practice and Future Developments," University Hospital and Medical Center and VITAS Innovative Hospice Care, Tamarac, Sept. 15.

Goodman KW. Ethics and bioinformatics. UM School of Medicine Tuesday Genetics Conference, Department of Pediatrics, Sept. 26.

Goodman KW, Mullings A. Intensive course on biomedical research ethics. University of the West Indies, St. Augustine, Trinidad & Tobago, Oct. 9-10.

Goodman KW. Ethics and plastic surgery. University of Miami Department of Surgery, Division of Plastic Surgery Grand Rounds, Oct. 25.

Goodman KW. Panelist. Is there a future and promise in stem cell research? South Florida Bioscience Consortium & South Florida Hospital and Healthcare Association, Davie, Fla., Oct. 26.

Goodman KW. Pharmacogenomics and human subjects research: New challenges for IRBs. Baptist Health South Florida, Sixth Annual Educational Retreat, Naples, Oct. 28.

Goodman KW. Panelist. Uncertain health informatics decisions: How should we address them. American Medical Informatics Association Annual Symposium, Washington, Nov. 14.

Goodman KW. Bioterrorism and pandemic preparedness. Public Health Ethics, Policy and Law course, The Wharton School, University of Pennsylvania, Philadelphia, Nov. 14.

Goodman KW. When the law is silent: Managing public health emergencies. Federal Judicial Law Clerks seminar, U.S. Federal Courthouse, Miami, Nov. 16.

Goodman KW, Panel moderator. Medical and legal challenges of long-term-care policies. Miami Area Geriatric Education Center, 15th Annual Advances in Geriatrics conference, Fort Lauderdale, Dec. 2.

2005

Goodman KW. Glowfish, racism and other oddities: Ethical challenges in environmental genomics. Florida A&M University, Environmental Sciences Institute, Tallahassee, Feb. 4.

Goodman KW. Ethical issues on obstetrics and gynecology: Focus on cord blood banking. University of Miami Miller School of Medicine Department of Obstetrics and Gynecology Grand Rounds, March 10.

Goodman KW. Embryonic stem cells: Hope for the future or ethical minefield? American Academy of Neurology 2005 Annual Meeting, Miami Beach, April 16.

Goodman KW. Arguments in favor of embryonic stem cell research. National Multiple Sclerosis Society Task Force on Stem Cell Research, Washington, D.C., May 10.

Goodman KW. Ethics in pediatrics. Florida Pediatric Society annual meeting, Orlando, June 11.

Goodman KE. Ethics, technology and healthcare. Biotecnología, Genómica y Bioética, Sus Implicancias en Salud Publica, Pan American Health Organization and Hospital Clínico Universidad de Chile, Santiago, July 15 (in Spanish).

Goodman KW. Disability and guardianship in the post-Schiavo era. Invited keynote presentation, Florida State Guardianship Association, 18th Annual Conference, Doral, Fla., Aug. 6.

Goodman KW. Information, evidence and technological uncertainty: Implications for environmental ethics. Federación Latinoamericana y del Caribe de Instituciones de Bioética (FELAIBE), 5^o Congreso de Bioética, Panama City, Panama, Aug. 10.

Goodman KW. Public understanding of bioethics: Media successes, failures – and duties. Federación Latinoamericana y del Caribe de Instituciones de Bioética (FELAIBE), 5^o Congreso de Bioética, Panama City, Panama, Aug. 10.

Schneider J, Spike J, Goodman KW. Ethics and aging: Priorities for the 21st century. Florida Council on Aging annual meeting, Orlando, Aug. 24.

Goodman KW. Ethics and Medicaid planning. Florida Bar Elder Law Section annual retreat, Naples, Florida, Sept. 17.

Goodman KW. Medical futility. Baptist Health System Conversations in Ethics, South Miami Hospital, Sept. 30.

Goodman KW. The Terri Schiavo case. University of Miami Miller School of Medicine Department of Medicine Grand Rounds, Oct. 19.

Goodman KW. Secret science: Pressures to hide – and sell – drug research data. University of Miami Miller School of Medicine MD/PhD Program Grand Rounds, Nov. 10

2004

Goodman KW. Applying ethics in a real-life medical setting. Understanding the Law and Healthcare Decision Making: Could the Schiavo Case Happen to You? Sarasota County Bar Association, Sarasota, Fla., Jan. 10.

Barron TJ, Powers R, Goodman KW. Ethics, caregiving and the law. Florida Alzheimer's Summit 2004, Tallahassee, Feb. 5.

Goodman KW. Ethics in cancer care. Joint Cancer Conference of the Florida Universities, Orlando, Feb. 6. (And moderator, Workshop on Ethical and Complex Issues in Cancer Care.)

Goodman KW. Evidence, error, ethics: How science and morality intersect in clinical practice. American College of Medical Quality/American College of Preventive Medicine joint annual conference, Orlando, Feb. 20 (Nigel Roberts Award Lecture in Healthcare Ethics).

Goodman KW. The sad case of Terri Schiavo: Easy ethics, weird politics, faulty law. Keynote speech, Academy of Florida Elder Law Attorneys (AFELA), Fort Lauderdale, March 12; Tampa, March 13.

Goodman KW. Panelist, Research at international sites: Whose standards apply? Recognizing and Protecting Vulnerable Subjects: Theory, Practice and Compliance, U.S. Office for Human Research Protections (OHRP), Orlando, April 2.

Goodman KW. Panelist, Protecting the cognitively impaired research participant. Recognizing and Protecting Vulnerable Subjects: Theory, Practice and Compliance, U.S. Office for Human Research Protections (OHRP), Orlando, April 2.

Goodman KW. Bioterrorism, guest speaker, Public Health Policy, Ethics and Law, University of Pennsylvania School of Medicine, April 6.

Goodman KW. Ethical, legal and social implications of genetics. Genetics: The Health Care Genie Coming out of the Bottle, Nova Southeastern University College of Osteopathic Medicine, Master of Public Health Program, May 1.

Goodman KW. ID ethics: Treatment, genetics and public health. UM Infectious Diseases/HIV Grand Rounds, May 3.

Goodman KW. HIPAA as applied ethics. Bioethics in Contemporary Clinical Practice, Palm Beach County Legal Aid Society Bioethics Law Project, West Palm Beach, May 14.

Goodman KW. Ethics and patient records: making the most of outcomes research, error reduction and evidence-based practice; & Ethics and patient records: From HIPAA to decision support. Toward an Electronic Patient Record (TEPR) Annual Convention, Fort Lauderdale, May 20.

Goodman KW, Black K, Jackson MA. What the Schiavo case means to health care decision makers. Florida Council on Aging / Florida Conference on Aging, Miami, Aug. 31.

Goodman KW, small group leader, Prevention and Public Health Working Group business meeting, American Medical Informatics Association, San Francisco, September 9.

Goodman KW, panelist, Gender and role identity in IT design and use. International Medical Informatics Association, Medinfo, San Francisco, September 10.

Goodman KW. Trust me: New challenges in conflict, advocacy and social commitment. American College of Epidemiology Annual Scientific Sessions, Boston, September 13.

Goodman KW. Human suffering: Ethical, social and cultural considerations. Hospice of Naples, Naples, Florida, Oct. 9.

Goodman KW. Ethics and diversity. Miami Area Geriatric Education Center Ethno-Geriatrics Conference, Miami, Oct. 14.

Goodman KW. Ethical controversies in dermatology practice. Miami Society for Dermatology and Cutaneous Surgery, Miami, Oct. 21. (Lecture follows clinical rounds and case presentations.).

Goodman KW. Panelist, Law and ethics of bloodless medicine, International Symposium in Blood Management, UMSM, Miami Beach, Nov. 12

2003

Leon MB, Goodman KW. Conflicts of interest in the lab. 15th International Symposium on Endovascular Therapy, Miami Beach, Jan. 20.

Goodman KW. Ethics and evidence-based psychiatry. Masters of Psychiatry, Florida Psychiatric Society, Miami Beach, Feb. 23.

Goodman KW, with Trotter G and Middleton JR. Panel: Author meets the critics: *Ethics and Evidence-Based Medicine*. Association for Practical and Professional Ethics, 12th Annual Meeting, Charlotte, N.C., March 1.

Goodman KW. Training in ethics: A curricular requirement? American Gastroenterological Association Training Directors' Workshop, Advancing GI Fellowship Training, Chicago, March 23.

Goodman KW. ID Ethics: Genetics, Treatment and Public Health. UM Department of Medicine Division of Infection Diseases Grand Rounds, March 25.

Goodman KW. Ética en investigación internacional. VIII Curso Internacional de Enfermedades Infecciosas, IX Seminario Integral del Sida, Corporación de Lucha Contra el Sida, Cali, Colombia, April 11.

Panelist. Orchestration of business and science in the public interest: Protection of patient rights when developing and testing new drugs. Association for Research in Vision and Ophthalmology Annual Meeting, Fort Lauderdale, May 5.

Goodman KW. Death, stroke and disability: Ethical issues in managing complexity and uncertainty. Annual Stroke Conference, South Miami Hospital and American Stroke Association, South Miami, May 16.

Facilitating expert, American Medical Informatics Association 2003 Spring Congress, "Bridging the Digital Divide: Informatics and Vulnerable Populations," Philadelphia, May 28-30.

Facilitator, U.S. Department of Health and Human Services, Developing a National Agenda for National Health Information Infrastructure, Privacy and Confidentiality Track, Washington, D.C, June 30-July 2.

Goodman KW. HIPAA. Florida Bar Elder Law Section 2003 Retreat, Duck Key, Florida, July 26.

Goodman KW. Technology and ethics, keynote presentation, Eighth Annual Community Bioethics Consortium, Panama City, Fla., Sept. 5.

Gertel A, Goodman KW, Singer G, Gyi F. Panel, Communicating science and medicine to the public: an ethics exploration of power and perception. American Medical Writers Association, 63rd Annual Meeting, Miami, Sept. 19.

Goodman KW. Ethics in Ob-Gyn. University of Miami Department of Obstetrics and Gynecology Grand Rounds, Sept. 18.

Goodman KW. Ethics issues in creating, using, studying and sharing patient registries. Impact of Genotyping Testing: Ethical, Legal, and Social Issues, Alpha-1 Foundation Gordon L. Snider Critical Issues Workshop Series No. 8, Coral Gables, Fla., Oct. 10.

Panel Moderator, Medical and ethical issues involved in aging, Florida Bar Continuing Legal Education Committee, Miami Lakes, Nov. 7.

Goodman KW. Informed consent and the role of IRBs. Arizona State University College of Law, guest lecture, "Bioethics and Genetics in an Intercultural Context" course, Prof. Joan L. McGregor, Nov. 19, 2003, Tempe, Ariz.

2002

Goodman KW. Ethics, law and policy: Sometimes there's no dilemma at all. Presentation, Florida Hospice and Palliative Care, 17th Annual Symposium, Orlando, Jan. 10.

Goodman KW. From Hippocrates to digital genetics. UM Masters of Pediatrics annual conference, Miami Beach, Jan. 19.

Goodman KW. Public health and bioterrorism: How can we prepare? Association of Subspecialty Professors Leadership Conference, Miami, Feb. 1.

Goodman KW. Ethical, legal and social issues in medical informatics. Visiting lecture, MINF 515, Oregon Health Sciences University, Portland, March 7.

Goodman KW. Medical informatics: The connective tissue in privacy, integrity and IRB Education. Oregon Health Sciences University research conference, Portland, March 8.

Goodman KW. Health care ethics. Session moderator, Academy of Florida Elder Law Attorneys, Fort Lauderdale, March 15.

Goodman KW. Health care ethics. Session moderator, Academy of Florida Elder Law Attorneys, Tampa, March 16.

Goodman KW. Ethics, genomics and computing: Searching for standards in research, error management and public health. Centers for Disease Control and Prevention, Office of Genetics & Disease Prevention, April 11, Atlanta.

Goodman KW. Ethical aspects of stem cell research. Nova Southeastern University College of Osteopathic Medicine, 7th Annual Kaleidoscope Conference, Fort Lauderdale, April 14.

Goodman KW. Ethics, cost and public health: The new meaning of evidence-based practice. Institute for Ethics in Health Care, Miami-Dade Community College, Miami, April 24.

Goodman KW. Introduction to ethics education. National Institute of Environmental Health Sciences, annual grantee meeting, Environmental Health Sciences as an Integrative Context for Learning, Rutgers University, Piscataway, N.J., May 10.

Goodman KW. Organizer and moderator, "Multicultural Panel," Florida State Guardianship Association, 15th Annual Conference, Fort Lauderdale, Aug. 3.

Panelist, with Sami Al-Arian, University of South Florida; Judith L. Kreeger, Circuit Judge, Miami-Dade County; Nawar Shora, Legal Adviser, Arab-American Anti-Discrimination Committee, Washington, D.C.; and moderator Susan Dente Ross, Washington State University. The Association for Education in Journalism and Mass Communication annual conference, Law, Media Ethics, Mass Communication and Society and Communication Technology and Policy Divisions, mini-plenary session: Terrorism's Attack on Freedom of Speech and Information, Miami Beach, Aug. 9.

Goodman KW. Health privacy: Ethics committees and HIPAA. Shands at UF Ethics Committee Workshop, Gainesville, Sept. 18, 2002.

Goodman KW. Ethically optimized decision making. As part of The call we dread, the case we dread: Medical crisis/end-of-life decision making (panel), 2002 Florida College of Advanced Judicial Studies, St. Petersburg Beach, Sept. 26.

Goodman KW. Official Opening/Public Lecture, Grand Bahama Medical & Dental Association Scientific Conference, Freeport, Bahamas, Oct. 4.

Reiser B, Goodman K. Ethics and guardianship, Miami-Dade Coalition on Aging, "The Aging Puzzle: Pulling the Pieces Together," Miami, Nov. 8.

Goodman KW, Dahm L, Tarczy-Hornoch P, Winkelstein P. Ethics and bioinformatics. American Medical Informatics Association Annual Symposium, San Antonio, Nov. 13.

Goodman KW. Ethics and community health: Power and vulnerability in pediatric practice. Department of Pediatrics Grand Rounds, UM School of Medicine, Nov. 19.

Goodman KW. Ethics with teeth: Clinical and research implications of new federal privacy rules. Department of Dermatology Grand Rounds, UM School of Medicine, Nov. 20.

Goodman KW. Ethics, genes, science: Local values or global norms. Colloquium, Arizona State University College of Education and Lincoln Center for Applied Ethics, Tempe, Nov. 21.

2001

Goodman KW. Foundations of medical ethics. M-1 medical class, Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale, Jan. 9

Denker A-L, Goodman KW, Wurm G, Novo M. Controversial health policy issues and child health: Vaccines, adolescent confidentiality, parental notification, etc. Masters of Pediatrics, University of Miami Departments of Pediatrics and Dermatology, Miami Beach, Jan. 19.

Denker A-L, Djokic B, Goodman KW. HIPAA. Masters of Pediatrics, University of Miami Departments of Pediatrics and Dermatology, Miami Beach, Jan. 21.

Panelist, Neuroethics/Neuroscience Grand Rounds, University of Miami School of Medicine, Feb. 9.

Goodman KW. Pain, death and privacy: Ethics as a practical problem solver. Collier County Medical Society, Naples, Fla., Feb. 15.

Goodman, KW. Sex, death and managed care: The role of the hospital ethics committee. Naples Community Hospital, Naples, Feb. 15.

Mullings A, Goodman K, Aarons D. An introduction to ethics in epidemiology: A short public health elective course, Department of Community Health and Psychiatry, University of the West Indies, Mona, Jamaica, Feb. 21-23.

Goodman KW. Mad cows, gene maps and Higgs bosons: How social forces shape scientific competition and progress. Sigma Xi science honor society, South Florida branch, Coral Gables, Fla. March 6

Goodman, KW. Invited participant, U.S. Department of Veterans Affairs, State of the Art Conference, "Making Informed Consent Meaningful," Washington, D.C., March 7-8.

Goodman KW. Ethical and social issues in telemedicine. East Carolina University, Brody School of Medicine, Information Technology & Health Care: Ethical, Legal and Social Issues, Greenville, N.C., March 9.

Goodman, KW. Ethics and Evidence-Based Medicine, keynote presentation, PriMed: Primary Medicine Today, University of Miami School of Medicine and Harvard Medical School, Fort Lauderdale, March 23.

Goodman KW. Responsible Conduct of Research: Focus on Epidemiology and Public Health, State University of New York at Buffalo, May 11.

Goodman, KW. facilitator, rapporteur. Privacy, Confidentiality and Security, American Medical Informatics Association Spring Symposium, Atlanta, May 15-17.

Goodman, KW. Health care ethics. Academy of Florida Elder Law Attorneys, Fort Lauderdale, May 19.

Goodman, KW. Invited seminar on research ethics, Division of Epidemiology, Statistics & Prevention Research, National Institute of Child Health & Human Development, Rockville, MD., May 24. (Cases: vitamin supplement RCT in China; medical examiner and drowning data collection)

Goodman KW, Brito A. Extreme ethics: Core issues and difficult challenges in epidemiology and public health. (Workshop abstract: *American Journal of Epidemiology* 2001;153(11):S2.) Invited workshop presentation June 13, 2001, Toronto, Congress of Epidemiology, a joint meeting of the American College of Epidemiology, American Public Health Association (Epidemiology Section), Canadian Society for Epidemiology and Biostatistics, Society for Epidemiologic Research.

Goodman KW, Hendricks JE, Rothenberg A, Reiser B. Developing an ethics consultation service for courts and guardians. Annual Conference, National Guardianship Association, Delray Beach, Oct. 22.

Goodman KW. Research ethics. Barry University School of Natural and Health Sciences, Miami, Oct. 29.

Goodman KW. Evidence, error and uncertainty: Ethical and social challenges for health informatics. Tutorial, American Medical Informatics Association Annual Symposium, Washington, D.C., Nov. 4.

Winkelstein P, Goodman KW. HIPAA: Is government regulation of ethics possible? American Medical Informatics Association Annual Symposium, Washington, D.C., Nov. 7.

Goodman KW, discussant: Why is health critical to the region's long-term development? Dante B. Fascell North-South Center (University of Miami) and The American Assembly (Columbia University), New Challenges to Development for the Democracies of the Americas: Energy, Health and Regional Security, Miami, Nov. 8.

Goodman KW, Matthews CR. Ethics in the correctional system. Florida Chapter, American Correctional Health Services Administration, Orlando, Nov. 10.

Goodman KW. Ethics: Animal models and surgical procedures. Animal Studies Training Workshop, VA Medical Center, Miami, Nov. 29.

Goodman KW. Research ethics, patient privacy and federal regulations: Burdens and benefits. UM Department of Orthopedics and Rehabilitation Grand Rounds, Nov. 29

2000

Goodman KW. Social and ethical issues. Session on "Prevention trials in autoantibody-positive high risk relatives," Workshop on Future Directions in Prevention of Type 1 Diabetes, National Institute of Diabetes & Kidney Diseases, Miami, Jan. 9.

Moseley R, Goodman KW. Ethical considerations at the end of life, Florida Bar Elder Law Section mid-winter meeting, Amelia Island, Fla., Jan. 28.

Goodman K, Goldaber M. Making choices: Ethical solutions in Alzheimer's care. Alzheimer's Association, Greater Miami Chapter, Miami, Feb. 16.

Goodman, KW. Ethics and elder care, Association of Jewish Aging Services, 40th Annual Conference, Orlando, Feb. 22.

Goodman, KW. Brain death and the public understanding of science. Third International Symposium on Coma and Death, Havana, Feb. 24.

Goodman KW. Digital doctoring: Ethical issues in medical computing. John J. Reilly Center for Science, Technology and Values, Program in History & Philosophy of Science, University of Notre Dame, South Bend, IN, March 27.

Goodman KW. Ethical issues in cancer genetics. Berlex 3rd Annual Genetics Oncology Workshop, Houston, Tex., April 10.

Goodman KW, Jackson MA. Ethical considerations regarding advance directives. 17th Annual Estate and Probate Seminar, Palm Beach County Bar Association, West Palm Beach, May 10.

Goodman KW. Death and confidentiality. Law, Ethics and Death, Florida Bar Health Law Section CLE workshop, Orlando, May 12.

Goodman KW, Frydman G, Temin P. Commentator panelists for keynote panel, Consumer Informatics Supporting Patients as Co-producers of Quality, American Medical Informatics Association Spring Congress, Boston, May 24.

Moseley R, Goodman KW. Use of the Florida Bioethics Network. Florida State Guardianship Association Annual Meeting, Orlando, Aug. 5.

Goodman KW. Ethical issues at the end of life. End-of-Life Care Symposium, Annual Meeting of the Florida Medical Association, Orlando, Sept. 2.

Armstrong D, Goodman K, et al, panelists. Controversies in the Medical, Legal & Ethical Issues of Avoiding Blood Transfusion, University of Miami/Jackson Memorial Medical Center, Miami, Sept. 8.

Goodman KW. Ethics, genomics, computers: How information technology is changing the rules for science and society. 12th International Genome Sequencing and Analysis Conference, The Institute for Genome Research (TIGR), Miami Beach, Sept. 15.

Goodman KW. Security, confidentiality and privacy: Healthcare ethics in the information age, Keynote Presentation, MemorialCare Technology Conference 2000, Long Beach, Calif., Sept. 16

Panelist, Ethics Forum: Genetics. Florida Nurses Association Annual Convention, Miami, Sept. 20.

Goodman KW. Genetics, computing and ethics: Some problems for the next few hundred years. Ethics: Unusually Difficult Challenges in Epidemiology and Human Subjects Research, University of Miami Ethics Programs, Miami, Oct. 12.

Beckwith S., Goodman KW., MacDonald L. Florida Partnership for End-of-Life Care, Law and Ethics at the End of Life, Florida Bioethics Network Fall Conference, Jacksonville, Oct. 19.

Goodman KW. Legal and procedural safeguards in end-of-life decision making. Law and Ethics at the End of Life, Florida Bioethics Network Fall Conference, Jacksonville, Oct. 20.

Goodman KW. Norms and neurology: Ethical issues in intellectual and developmental disability. Mailman Center for Child Development, Friday Seminar Series, University of Miami School of Medicine, Oct. 27.

Gertel A, Goodman K, Moreno J. Biomedical ethics: Gray matters, redux. American Medical Writers Association, 60th Annual Conference, Miami, Nov. 9.

Goodman KW. Ethics and informatics. Genesis Health System Ethics Conference 2000, Bettendorf, Iowa, Nov. 17.

1999

Panelist, "Ethical Issues in Neurogenetics," Miami Project to Cure Paralysis, University of Miami School of Medicine, Feb. 25.

Goodman KW. Introduction to informed consent. American College of Medical Genetics annual clinical genetics meeting, March 20, Miami (Workshop A3, Paradigms for designing informed consent for genetic testing and research. Abstract: *Genetics in Medicine* 1999;1(1):21).

Goodman KW. Ethical issues in cancer genetics. Berlex 3rd Annual Genetics Oncology Workshop, San Diego, Calif., March 24,

Panelist, When Should Exposing Someone to HIV be a Crime? Eighth Annual Florida HIV Conference, Florida AIDS Education and Training Centers Network, Orlando, March 31.

Guest lecturer, Health Information Privacy, Nova Southeastern University Shepard Broad Law Center, Law and Medicine Seminar, Fort Lauderdale, Fla., April 5.

Goodman KW. Why ethics is not a lot of touchy-feely foo-foo: Lessons for patient representatives. Florida Society of Patient Representatives, Orlando, June 11.

Goodman K, panel chair, The Future of Healthcare Ethics, Florida Bioethics Network annual meeting, Fort Lauderdale, June 24.

Goodman K, panelist, Issues in End-of-Life Legislation in Florida, Florida Bioethics Network annual meeting, Fort Lauderdale, June 24.

Goodman K, panel chair, Clinical Advances in Biomedicine, South Florida Hospital Research and Education Foundation, The Future Healthcare System: Technology & Treatment for 2000 & Beyond, North Miami, June 30.

Goodman KW. Ethical and legal issues for the elderly. Jackson Memorial Hospital, The Autumn of Our Lives: Geriatric Health Care, Miami, July 9.

Goodman KW. Bioethics: Health care's two-edged sword. Florida Society for Healthcare Public Relations & Marketing, 33rd Annual Meeting, Orlando, July 14.

Goodman KW. Ethics and epidemiology, Nova Southeastern University, Concepts, Issues and Values in Health Care Education, Fort Lauderdale, July 28.

Goodman KW. Medical Ethics. Third Annual Florida Liability Claims Conference, Orlando, July 29.

Goodman KW. Ethical Considerations in Organ Transplantation. Third Annual Florida Liability Claims Conference, Orlando, July 30.

Goodman KW, moderator, Bioethics and the Law: ERISA and the Challenge of Managed Care, National Association of Women Judges, Miami Beach, Oct. 16,

Goodman KW, panelist, Ethical Decision Making in Managed Care — Unionization and Collective Bargaining, Florida Association of Health Maintenance Organizations, Tampa, Fla., Nov. 18.

Chang BL, Goodman KW, Renner J, Consumers, health informatics and the media, workshop, Annual Symposium of the American Medical Informatics Association, Washington, D.C., Nov. 7.

Jadad AR, Goodman KW, Jones HG et al., Consumer participation in informatics research and development: Ethical, social, methodological and political challenges, panel, Annual Symposium of the American Medical Informatics Association, Washington, D.C., Nov. 9.

Goodman KW. Ethical and social challenges for health computing: Focus on bioinformatics, tutorial, Annual Symposium of the American Medical Informatics Association, Washington, D.C., Nov. 7

Goodman KW. Why ethics matters in medical computing. SUN Users Conference, Miami, Dec. 6.

1998

Goodman KW. Is Diagnosis Desirable in Families with Polycystic Kidney Disease? 25th Annual Pediatric Nephrology Seminar, Miami Beach, Feb. 1.

Goodman KW. Memory and Hope: Ethical Issues in Dementia Care. Third Annual Educational Conference, Alzheimer's Association, Greater Miami Chapter, Davie, Fla., Feb. 25.

Goodman KW. Computers and Medicine: Ethical Considerations and Challenges. American Academy of Dermatology, 56th Annual Meeting, Orlando, Feb. 28.

Goodman KW. Ethical Challenges in Animal Welfare. Laboratory Animal Management Association, mid-year forum, Fort Lauderdale, Fla., April 24.

Goodman KW. Ethical Behavior in Government and Business. Leadership Miami Focus Session, Miami, April. 25.

Goodman KW. Genetics Research (panelist). Interface of Science, Ethics and Law in Human Subjects Research, FDA, OPRR, UM FAMU joint conference, Miami Beach, April 27.

Goodman KW. The Waiver of Informed Consent (panelist). Interface of Science, Ethics and Law in Human Subjects Research, FDA, OPRR, UM FAMU joint conference, Miami Beach, April 28.

Goodman KW. Reimbursement and Compensation of Subjects. Interface of Science, Ethics and Law in Human Subjects Research, FDA, OPRR, UM FAMU joint conference, Miami Beach, April 28.

Goodman KW. Ethics and Risk Management. South Florida Society for Healthcare Risk Management, Miami, May 12.

Goodman KW. The Problem of Advance Instructions (panelist). Problems and Strategies in Implementing Florida Statute 765, University of Florida Program in Medical Ethics, Law and the Humanities, Gainesville, May 14.

Goodman KW. Family Challenges to the Advance Directive: Medical Futility. (panelist). Problems and Strategies in Implementing Florida Statute 765, University of Florida Program in Medical Ethics, Law and the Humanities, Gainesville, May 15.

Goodman KW. Research Ethics. GI Research Conference, University of Miami Division of Gastroenterology, Miami, May 22.

Goodman KW. Ethics and Bioinformatics: Making Sense of Computational Oncology Research. Population Science Meeting, Fox Chase Cancer Center, Philadelphia, May 26.

Goodman KW. Ethical Issues at the Point of Use (panel chair). American Medical Informatics Association, Spring Congress, Philadelphia, May 27.

Goodman KW. Managing Sex Offenders: Public Policy and Ethics. South Florida Evaluation and Treatment Center, Miami, June 10.

Cava A, Goodman KW. Ethics in Business and Government. Greater Miami Chamber of Commerce Goals Conference, Aventura, Fla., June 13.

Goodman KW. Clinical futility. Miami Area Geriatric Education Center, Intensive Geriatric Training, Fort Lauderdale, July 9.

Goodman KW. Facilitator, Health Council of South Florida Annual Planning Retreat, Key West, Fla., Sept. 11.

Goodman KW. What on Earth Does Ethics Have to Do with Malpractice Work? Florida Medical Malpractice Claims Council, Palm Beach, Fla., Sept. 12.

Goodman KW. Life, Death and the Law: Challenges with Advance Directives. Cleveland Clinic Florida, Medical Grand Rounds, Fort Lauderdale, Sept. 16.

Goodman K, panelist, Bioethics and Technology in Corrections. 44th Annual Southern Conference on Corrections, Palm Beach, Fla., Sept. 22.

Goodman KW. Ethics and Arthritis, Florida Chapter, The Arthritis Foundation, Fort Lauderdale, Oct. 17, 1998.

Goodman KW. "Jailhouse Ethics: Good Care for Bad People," Florida Bioethics Network Eighth Annual Conference, Oct. 22, Orlando.

Goodman KW. Ethical Challenges Facing Not-for-Profit Organizations, Miami-Dade Coalition on Aging, Alliance for Aging, Miami, Oct. 30, 1998.

Goodman, KW. "Ethical and Social Challenges for Medical Informatics," Tutorial Session, American Medical Informatics Association Annual Symposium, Orlando, Nov. 7.

Goodman, KW., Workshop Organizer, "Ethics and Informatics: Educational Challenges for the Next Millennium," American Medical Informatics Association Annual Symposium, Orlando, Nov. 8.

Goodman KW. "Ethical Issues in the Use of Animals," VA Medical Center Animal Studies Training Workshop, Miami, Nov. 19.

Goodman K, et al., panelists, "Doctor, Where Are You? Jewish Ethics and the Health Delivery Revolution," The Jewish Theological Seminary, West Palm Beach, Nov. 22.

Goodman KW. Ethics and politics. Greater Miami Chamber of Commerce, Leadership Miami program, Miami, Dec. 5.

Goodman KW. Ethics, evidence and quality. Dade Association for Healthcare Quality, Miami, Dec. 16.

1997

Goodman K, Informed Consent for Clinical, Cosmetic and Research Procedures, Dermatology Seminar, UM Department of Dermatology and Cutaneous Surgery, Feb. 5.

Panel member, Health Care: Right or Privilege, UMSM 14th Annual Student Council Convention, Feb. 6.

Panel member, Right to Die, Organization for Human Rights, UM School of Law, Feb. 12.

Goodman, KW. Meta-analysis: opportunities and challenges, Combined Endocrinology and Diabetes Grand Rounds, UM Department of Medicine, Feb. 27.

O'Connell, M, Goodman KW. Evidence-based medicine, MD/PhD Grand Rounds, Feb. 24, and April 15, 1997.

Goodman, KW. Archived Samples and Bioinformatics: Lessons from the Banked Tissue and Sera Debate. American College of Medical Genetics, Annual Meeting, Fort Lauderdale, March 2.

Goodman, KW. Ethical Issues in International Occupational Health, American College of Occupational and Environmental Medicine, Annual Meeting, Orlando, May 16.

Goodman KW. Computers, patient outcomes and physician profiling. Broward General Medical Center Grand Rounds, Fort Lauderdale, July 10.

Panelist, Prostate Cancer: To Screen or Not to Screen, Third Annual Florida Epidemiology Meeting, Miami Beach, July 25.

Goodman KW. Clients, Computers and Confidentiality, Florida Council on Aging

Florida Aging Network Training Conference, St. Petersburg Beach, Fla., Aug. 25.

Goodman, KW. Ethical Challenges Facing Health Care Professionals. South Florida Case Management Network, Miami, Sept. 10.

Panelist, Neuroscience Grand Rounds on Ethical Problems, UM Department of Neurology, Sept. 12, 1997

Goodman, KW. "Ethical Challenges in Minority and Elderly Recruitment." Increasing Participation of Minorities and Older Americans in Clinical Research, UM/Sylvester Comprehensive Cancer Center, Coral Gables, Fla., Sept. 17.

Goodman, KW. "Findings from the American College of Epidemiology Ethics Survey on the Need for Ethics Guidelines for Epidemiologists," Annual Scientific Meeting, American College of Epidemiology, Cambridge, Mass., Sept. 23, 1997.

Goodman, KW. "Alternative Approaches to Clinical Ethics," Florida Bioethics Network, Seventh Annual Conference, Tampa, Oct. 8, 1997.

Goodman, KW. "Ethical and Social Challenges for Medical Informatics," Tutorial Session, American Medical Informatics Association Fall Symposium, Nashville, Oct. 25.

Goodman, KW., Panel Organizer, "Ethical Issues in Internetable Health Care," American Medical Informatics Association Fall Symposium, Nashville, Oct. 28

Goodman, KW. "The Medical Futility Project," Health Council of South Florida, 1997-98 Board of Directors Retreat, Hawk's Cay, Fla., Oct. 31.

Goodman, KW. "Ethical Issues Concerning the Use of Animals." Animal Studies Training Workshop, VA Medical Center, Miami, Nov. 25.

1996

Goodman, K. Panelist, Are Bioethical Questions Creating More Controversy in Medical Care? Florida Medical Association 1996 Media and Medicine Conference, Orlando, Jan. 25.

Goodman, K., and Moseley, R. Medicine, Morals and the Media: Bioethics Issues in Hospital Public Relations and Marketing. Florida Hospital Association, Orlando, Jan. 26.

Holzman, B., Armstrong, A., Goodman, K. Faculty, Pediatric Bioethics Workshop, Masters of Pediatrics conference, University of Miami Department of Pediatrics, Jan. 29.

Goodman, K. Ethical Issues in Forensic Psychology, South Florida Evaluation and Treatment Center, Florida Department of Health and Rehabilitative Services, Miami, Feb. 2.

Goodman, K. Death in the ICU: It's Not What It Used to Be. Miami Teaching Institute, Greater Miami Chapter, American Association of Critical Care Nurses, Miami, Feb. 9.

Goodman, K. Brain Death, Medical Futility and Other Confusing Concepts: Lessons in Moral Fallibility. Second International Symposium on Brain Death, Havana, Feb. 29.

Goodman, K, and Feltman, D. Ethics, Economics and Managed Care. Advances in Geriatrics VIII, Miami Area Geriatric Education Center (MAGEC), Miami, March 30.

Franzblau, M, Brosco, J., and Goodman, K. Ethical Issues in Health Care: Lessons from the History of Medicine. University of Miami School of Medicine, April 15-26.

Goodman, K. Ethical Issues in Neonatal Nursing. Southeast Florida Association of Neonatal Nurses, Hialeah, May 28.

Goodman, K. The Ethics of Scientific Collaboration. Outcomes Research Group, University of Miami School of Medicine, May 29.

Goodman, K. Ethical Issues in Clinical Research: The Role of Trainees, Department of Urology Grand Rounds, University of Miami School of Medicine, May 31.

Goodman, K. Predicting Death: Can We Do it, and Can Computers Help Us? "End of Life Decisions 1996," Baptist Health Systems of South Florida, Sept. 21.

Goodman, K. Computers in Pediatric Diagnosis and Prognosis: Ethical and Social Issues, UMSM Department of Pediatrics Staff Conference, Oct. 15.

Goodman, K. Ethics Committees: Structure, Function, and JCAHO Requirements. Florida Bioethics Network Sixth Annual Conference, Fort Lauderdale, Oct. 23.

Goodman, K. et al. Panel discussion, What Bothers Me about My Ethics Committee? How We Handle Those Problems, Florida Bioethics Network Sixth Annual Conference, Fort Lauderdale, Oct. 24.

Goodman, K. Can Scoring Systems Determine Futility? Florida Bioethics Network Sixth Annual Conference, Fort Lauderdale, Oct. 25.

Goodman, K. Ethical and Social Challenges for Medical Informatics, tutorial, American Medical Informatics Association fall symposium, Washington, D.C., Oct. 26.

Goodman, K. Risks, Rules and Ratios: Ethically Communicating about Health and Disease, U.S. Centers for Disease Control and Prevention, Atlanta, Sept. 27.

Goodman, K. Advice on Consent: Where Science and Ethics Meet, U.S. Centers for Disease Control and Prevention, Atlanta, Sept. 27.

Goodman, K. Ethics and Meta-Analysis, UM Outcomes Research Study Group, Dec. 5.

1995

Goodman, K. Why Ethics in Medicine is not Touchy, Feely, Warm or Fuzzy, Association for the Behavioral Sciences and Medical Education (ABSAME), Naples, Fla., Oct. 7, 1995.

Goodman, K. Why Ethics Matters to Psychology and Psychiatry (Especially When We Have All These Legal Guidelines Floating Around), South Florida Evaluation and Treatment Center (HRS), Miami, July 7, 1995.

Goodman, K. Issues in Publication and Authorship, Grass Foundation fellows program, Marine Biological Laboratory, Woods Hole, Mass., June 28, 1995.

Goodman, K. Ethics and Epidemiology, New England Epidemiology Institute and Tufts University, Boston, June 26-30, 1995.

Goodman, K. Restructuring the Health Care System and Tips on How to Improve the Visibility and Viability of Education in the Midst of Change, Florida Medical Association, 121st Annual Meeting, Miami Beach, June 1, 1995.

Goodman, K. Bioethics & Pastoral Care, Jackson Memorial Hospital Department of Pastoral Care program, "The Clergy and the Cancer Patient," May 26, 1995.

Goodman, K. Panelist, AIDS and Suicide: Psychiatrists' Role in End-of-Life Decisions, American Psychiatric Association annual meeting, Miami Beach, May 22, 1995.

Goodman, K. Medical Ethics in the Care of the Elderly, Hartford Generalist Physician Initiative Conference, Miami Beach, April 28, 1995.

Goodman, K. On Progress in Law in Ethics, "Health Care Regulation and Reform" course, Prof. M. Farrell, University of Miami School of Law, April 20, 1995.

Goodman, K., Kinzbrunner, N. A Philosopher and a Physician Discuss Assisted Suicide, "Decisions Near the End of Life," Education Development Center and the Hastings Center, Miami, March 24, 1995.

Goodman, K. Ethics of Animal Research, Animal Research Training Session, Veterans Affairs Medical Center, Miami, March 21, 1995.

Goodman, K. et al. Moderators, Legislative Panel: "Reshaping Health Care in the '90s and Beyond: A Legislative Symposium on Health Care Reform," sponsored by the Health Council of South Florida, Miami Panelists: Rep. John F. Cosgrove, chair, House Insurance Committee; State Sen. Alberto Gutman, chair, Senate Health Care Committee; Rep. J. Alex Villalobos, chair, Dade County Legislative Delegation; Miami, March 2, 1995.

Goodman, K., Needell, M. Ethics and Risk Management, Parkway Regional Medical Center, North Miami Beach, March 2, 1995.

Goodman, K.. Moot Court judge, University of Miami School of Law, Feb. 25, 1995.

Holzman B, Goodman K, Armstrong D. Pediatric bioethics. UM Department of Pediatrics, "Masters of Pediatrics," Miami, Jan. 22.

Goodman K. When enough is enough: Rationing, futility and assisted suicide. Leadership Miami, "Our Community's Health: Everyone's Business," Miami, Jan. 21.

Goodman K. Ethical considerations for policies dealing with drug seekers, American College of Emergency Physicians, State Chapter of California, "Emergency Medicine at the Ahwahnee," Yosemite, Calif., Jan 14, 1995.

1994

Goodman, K. Ethical Issues in Correctional Health Care, Florida Department of Corrections Office of Health Services, 1994 Workshop, Daytona Beach, Fla., Nov. 16, 1994.

Goodman, K. Ethics, Computers and Epidemiology, Harvard University School of Public Health, Department of Epidemiology, Cambridge, Mass., Oct. 12.

Goodman K. Problems and solutions in publication and authorship. Schepens Eye Research Institute, Harvard Medical School, Cambridge, Mass., Oct. 11.

Goodman K. Ethics and computing in orthopaedics, UM Department of Orthopaedics and Rehabilitation Grand Rounds, Miami, Sept. 29.

Goodman K. Foundations of medical ethics: History, theory and principles of end-of-life issues, Florida Bioethics Network Annual Conference, Orlando, Sept. 21.

Goodman, K. Ethical Issues in Caring for the Elderly: Advance Directives and Decisions in the Absence of Directives, Miami Area Geriatric Education Center, geriatric training program, Miami, May 25; repeated Aug. 31.

Labadie, G., Goodman, K. Ethical Issues in AIDS: Confidentiality and Teaching Perspectives, University of Miami School of Nursing, HIV in the Nursing Curriculum conference, May 20, 1994.

Goodman, K. Computers, Medical Decision-making and Confidentiality, presentation to University of Florida College of Medicine (Shands Hospital Ethics Committee Rounds), Gainesville, Fla., April 8, 1994.

Goodman, K. (Panel chair) Issues Brought to the IRB on HIV/AIDS Research and Confidentiality Issues, Society of Research Administrators, South Florida Chapter, "Outlook '94--A Symposium on AIDS Prevention," VAMC-Miami, March 16, 1994.

Goodman, K. Ethical Issues in Health Care Reform: The Lessons from Florida, presented to Florida Medical Association, "Spring Break for CME," Palm Beach Gardens, Florida, March 3, 1994.

Goodman K. Computer assisted decision making in the ED, American College of Emergency Physicians, State Chapter of California, "Emergency Medicine at the Ahwahnee," Yosemite, Calif., Jan 13, 1994.

1993

Goodman, K. Uncertainty and Ethics in Medical Computing, Second Annual Computers in Health Care Conference, Delaware State Hospital, New Castle, Delaware, Nov. 3, 1993.

Goodman, K. Toward a Unified Code of Ethics in Epidemiology, 26th annual meeting of the Society for Epidemiologic Research, Keystone, Colo., June 17, 1993.

Goodman, K. Major Uses of Computerized Diagnostic Systems and the Ethical Questions they Raise, annual meeting of the Florida Medical Association, Miami Beach, May 8, 1993.

Goodman, K. Ethical Issues in Endocrinology, University of Miami Department of Medicine combined Endocrinology and Metabolism Grand Rounds, April 15, 1993.

1992

Pennell, J.P., Goodman, K. Should Sovereign Immunity be Extended to Private Physicians? Presentation to Society for Health and Human Values annual meeting, Memphis, November 1992.

Goodman K. Cultural relativism, truth-telling and informed consent. Transcultural Nursing in Retrospect and Prospect, 18th Annual Transcultural Nursing Society Conference, Miami, Oct. 23, 1992.

Goodman, K. Ethical Correlates of Physician-Patient Conflict, University of Miami Department of Obstetrics-Gynecology Grand Rounds, Sept. 23, 1992.

Goodman, K. Why Abortion Might Be Wrong But Should Be Legal, University of Miami Department of Philosophy / Friends of Philosophy series, Feb. 26, 1992.

Goodman, K. Ethical Issues in Computational Meta-Analysis, presented to American Association for the Advancement of Science annual meeting, Chicago, Feb. 7, 1992.

Goodman, K. Bioethicists, Journalists and Public Policy, presented to National Conference on Ethics & the Professions, Gainesville, Fla., Jan. 31, 1992.

Goodman, K. Case-Based Ethical Analysis in Dermatology, University of Miami Department of Dermatology Grand Rounds, Jan. 15, 1992.

1990

Goodman, K. Ethics and research in publishing, University of Pittsburgh College of Medicine Student Publishing Workshop, Graduate School of Public Health, Nov. 27, 1990.

Goodman, K. Ethical Issues in Medicine and Communication, presented to the University of Pittsburgh College of Medicine Center for Medical Ethics, Nov. 8, 1990.

Goodman, K. Doing Good and Doing Well: Questions of Ethics and Economics, presented to Hospital Council of Western Pennsylvania, Erie, Oct. 4, 1990.

Goodman, K., Nirenburg S. To Save the Semantic Phenomena: Machine Translation and Interlingua Texts, presented at the Fifth Annual Computers and Philosophy Conference, Stanford University, Palo Alto, Calif., August 1990.

Goodman, K. Communicating Change: Experts and Progress in Medicine, Spring Conference of the Society for Health and Human Values, Hershey, Pennsylvania, April 20, 1990.

Goodman, K. Ethical, Social, Legal and Economic Responsibilities in Medical Rehabilitation, Panel discussion with Arnold S. Relman, Editor, *New England Journal of Medicine*, sponsored by Harnmarville Rehabilitation Center, Pittsburgh, March 20, 1990.

1989

Goodman, K., invited participant, Professional Ethics in Higher Education: Methods, Theories, Practices, The Poynter Center for the Study of Ethics and American Institutions; Bloomington, Ind. Sponsored by the Harvard Program in Ethics and the Professions, Indiana University-Bloomington Chancellor, The Lilly Endowment and the Poynter Center, July 5-8, 1989.

Goodman, K. Kant's Categories as Semantic Primitives, presented to 34th Annual Conference of the International Linguistic Association, New York, April 18, 1989.

1987

Goodman, K. Theoretical Terms, presented to annual meeting of Florida Philosophical Association, St. Petersburg, Nov. 9, 1987.

VI. TEACHING

28. Teaching awards received

29. Teaching specialization:

2014

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2013

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2012

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2011

"Knowledge and Evidence in Medicine," University of Miami Department of Philosophy (spring)

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2010

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2009

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with D. Buckner), University of Miami Department of Medicine / medicine clerkship (all semesters).

2008

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with D. Buckner), University of Miami Department of Medicine / medicine clerkship (all semesters).

2007

"Computing Ethics," University of Miami Departments of Computer Science and Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with D. Buckner), University of Miami Department of Medicine / medicine clerkship (all semesters).

2006

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

Other: "Patient Safety Course," University of Miami School of Medicine, faculty member, "Error Disclosure and Patient Centeredness" lecture.

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2005

"Bioethics," University of Miami Department of Philosophy (fall).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2004

"Environmental Ethics," University of Miami Department of Philosophy (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2003

"Bioethics," University of Miami Department of Philosophy (spring).

"International Health Policy and Ethics" (with S. Porcelain), University of Miami School of International Studies (spring).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2002

"Professional Ethics," University of Miami Department of Philosophy (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Medical Ethics," University of Miami School of Medicine, co-design and coordinate new ethics curriculum.

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2001

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1999

"Ethics, Epidemiology and Public Health," University of Miami School of Medicine, Department of Epidemiology and Public Health (spring).

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1998

"Ethics, Epidemiology and Public Health," University of Miami School of Medicine, Department of Epidemiology and Public Health (spring).

"International Health Policy and Ethics" (with S. Porcelain), University of Miami School of International Studies (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1997

"Bioethics," University of Miami Department of Philosophy (spring)

"International Health Policy and Ethics" (with S. Porcelain), University of Miami Graduate School of International Studies (spring).

"Medical Informatics" (with others), University of Miami departments of Radiology and Electrical Engineering (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Ethics and Epidemiology," New England Epidemiology Institute and Tufts University, Medford, MA (summer).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

"Ethical Values in Health Care: Lessons from the Nazi Era," UM School of Medicine Senior Elective, with Drs. Michael Franzblau and Jeffrey Brosco.

1996

"Ethics and Epidemiology," University of Miami School of Medicine, Department of Epidemiology and Public Health (fall).

Dissertation Seminar, University of Miami Graduate School of International Studies (spring).

"Ethics and Epidemiology," New England Epidemiology Institute and Tufts University, Medford, MA (summer).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1995

"Health Care Reform: Policy, Structure, Ethics" University of Miami School of Nursing (fall and spring).

"Ethics and Epidemiology," University of Miami School of Medicine, Department of Epidemiology and Public Health (fall).

"Ethics and Epidemiology," New England Epidemiology Institute and Tufts University, Medford, MA (summer).

"International Health Policy and Ethics" (with S. Porcelain), University of Miami Graduate School of International Studies (spring).

"Professional Ethics," University of Miami Department of Philosophy (spring).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

1994

"Health Care Reform: Policy, Structure, Ethics" University of Miami School of Nursing (spring).

"Computers, Ethics and Society," University of Miami Freshman Seminar series (fall).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami School of Medicine, Department of Medicine / medicine clerkship (all semesters).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

1993

"Health Care Organization, Policy and Ethics," University of Miami Freshman Seminar series (fall).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami School of Medicine, Department of Medicine (all semesters).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

1992-present

"Clinical Ethics," (with others) University of Miami School of Medicine, Department of Medicine; third-year medical students on Medicine clerkship.

1991

"Professional Writing," Duquesne University Department of Communication (spring).

"Business Ethics," Duquesne University School of Business and Administration (summer).

1990

"Professional Writing," Duquesne University Department of Communication (fall).

1989

"Professional Writing," Duquesne University Department of Communication (fall).

1988

"Professional Writing," Duquesne University Department of Communication (fall).

1985

"Introduction to Logic," University of Miami College of Arts and Sciences, Department of Philosophy (fall, spring)

1984

"Introduction to Logic," University of Miami College of Arts and Sciences, Department of Philosophy (fall)

30. Thesis and dissertation advising/post-doctoral student supervision:

Wanda Castro, doctoral candidate, Epidemiology, 2006-2011; committee member
 Maritza Flores, doctoral candidate, Sociology, 2001-2003; committee member
 Jeremy Morris, doctoral candidate, Philosophy, 2006-2007; committee member
 Yvette Pearson, doctoral candidate, Philosophy, 2001-2002; committee member
 Nenad Popovic, doctoral candidate, Philosophy, 2005-2006; committee member
 Marguerite Purnell, doctoral candidate, Nursing, 2001-2003; committee member
 Ruben Rabinsky, NIEHS postdoc, 2001-2003; committee member
 Matthew Schuh, doctoral candidate, Philosophy, 2008; committee member

VII. SERVICE

31. University committee and administrative responsibilities:

Member, Academy of Medical Educators, 2012-present.

Member, UM College of Arts and Sciences graduate faculty, 2012-present.

Member, University of Miami Center for Computational Science, 2011-present.

Member, University of Miami Conflict of Interest Committee, 2010-present.

Member, University of Miami Task Force Committee, Civic Engagement Project, Office of the Senior Vice Provost, 2010-present.

Member, University of Miami Embryonic Stem Cell Research Oversight Committee, 2009-2011.

Member, Faculty Steering Committee, University of Miami Jay Weiss Center for Social Medicine and Health Equity, 2007-present.

Member, University of Miami Medical Group Clinical Operations committee, 2006-2009.

Member, University of Miami Faculty Senate Hearing Panel, 2004-present

Member, Jackson Memorial Hospital/UM HIPAA Steering Committee, 2001-2005.

Member, Responsible Conduct of Research Educational Initiative Committee, 2001-2005.

Member, University of Miami core faculty for Human Subjects Protection Seminars, 2001-present

Member, University of Miami Advisory Group for Education in Human Subjects Protections, 2001-2005.

Faculty Advisor, Ethics Society, UM undergraduate service organization, 1994-present.

Member, Bioethics Committee, University of Miami / Jackson Memorial Hospital, 1992-Present.
Chair as of July 2007.

Member, Pediatric Bioethics Committee, University of Miami / Jackson Memorial Hospital, 1992-Present.

Member, Jackson Memorial Hospital Transplant Center, Transplant Emergency Panel, November 2008-Present.

Member, Human Studies Subcommittee (IRB), Veterans Affairs Medical Center, Miami, 1992-2001.

Member, Ethics Committee, University of Miami Hospitals and Clinics/Sylvester Comprehensive Cancer Center, 1996-Present; vice chair, 2000-present.

Member, Fetal Board Registry, University of Miami Department of Obstetrics and Gynecology, 1993-1999.

Member, Medical Sciences Subcommittee for the Protection of Human Subjects (IRB), University of Miami/Jackson Memorial Hospital, 1994-2000; alternate, 2000-2003.

Director, Clinical and Research Ethics Education, University of Miami Hospital and Clinics / Sylvester Comprehensive Cancer Center, 1994-present.

Member, Steering Committee, University of Miami Medical Informatics Programs, 1995-1998.

Member, Steering Committee, Outcomes Research Group, 1996-1998.

Preceptor, Clinical Skills Program, University of Miami Department of Medicine, 1992-2000.

Member, Clinical Pastoral Education Professional Advisory Group, Jackson Memorial Hospital, 1993-Present.

Member, Animal Studies Subcommittee, Veterans Affairs Medical Center, Miami, 1994-Present.

Member, Animal Studies Subcommittee, University of Miami, 1994-Present.

Member, Computers in Medical Education committee for LCME accreditation, 1994.

Member, Information Systems Ethics Committee, Jackson Memorial Hospital, 1994-1996.

31a. Other Misc. UM/JMH/VA Contributions

2015

Goodman KW. Guest speaker. MD/MPH Class of 2018 Anatomy Rose Ceremony, UM Miller School of Medicine, May 18.

Goodman KW. Ethics and leadership. Leadership Development in Neurodevelopmental Disabilities (LEND) Project, UM Miller School of Medicine, Department of Pediatrics, May 15.

2014

Goodman KW. Ethical issues in academia. Faculty Roles and Responsibilities, University of Miami School of Nursing and Health Studies, January 8.

2013

Goodman KW. Access to health care: how ethics should influence public policy. Friends of Philosophy, UM Department of Philosophy, February 13.

Goodman KW. Strategic data sharing by ordinary people: Translational science's reliance on trust and reciprocity. Miami CTSI Translational Science Institute Seminar Series, November 20.

Goodman KW. Ethics, translational science and the IRB: The future is (still) not what it used to be. IRB Grand Rounds, University of Miami, December 10.

2012

Panelist, Miami Council for International Visitors and U.S. Department of State, delegation from Zambia on media freedom, licensing of journalists, etc. UM School of Communication, March 8.

Moderator, HealthCanes, presidential debate, Oct. 1.

2011

Goodman KW. Ethics and translational research: New challenges in genetics, public policy and health information technology. Miami Clinical and Translational Science Seminar Series, UM Miller School of Medicine, November 9.

Goodman KW. Conflicts of interest. UM Miller School of Medicine, Teaching Professionalism Series, March 7.

Goodman KW Ethics in cancer care. Surgical oncology fellows, SCCC, June 8.

2010

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 28

Goodman KW. Wireless pediatrics: Ethics and the role of personal health records. Clinical Research Forums in Pediatrics, UM Division of Pediatric Clinical Research, March 3.

2009

Panelist, of 5. Brands, cultures and globalization. University of Miami School of Business Global Business Forum, January 16.

Goodman KW. Pediatric contributions to biobanks. Clinical Research Forums in Pediatrics, Division of Pediatric Clinical Research, UM Miller School of Medicine, January 28.

Goodman KW. Ethics and Information Technology. Department of Electrical and Computer Engineering Seminar Series, University of Miami College of Engineering, February 4.

Panelist, of 5. Academic Integrity Forum. University of Miami Undergraduate Honor Council, April 15.

Special seminar for Kenyan and other journalists specializing in HIV and medical reporting, on ethics and science writing, UM School of Communication, April 29.

Goodman KW. Stanford Food for Thought Dinner Series, Stanford Residential College, Nov. 9.

Goodman KW. Awkward research: sects, sex and drugs. UM Human Subjects Protection Seminar, Nov. 10.

2008

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 24.

Goodman KW, Wilkinson JD, Pericak-Vance M. Ethics and genomics panel. 34th Eastern-Atlantic Student Research Forum, UM Miller School of Medicine, Feb. 29.

Goodman KW. Digital genetics and the future of pediatrics: The role of ethics. UM Department of Pediatrics Clinical Research Forum, March 5.

Panelist, of 5. Global Climate Change: Your Health. (National Public Health Week activity.) UM Department of Epidemiology and Public Health, April 7.

Panelist, of 4. Climate change projections: Communicating uncertainty without losing the message. Rosenstiel School of Marine and Atmospheric Sciences, May 8.

Goodman KW. Stem cell research: Issues in ethics, science and public policy. Osher Lifelong Learning Institute, September 24.

2007

Panel discussion on codes of ethics in public relations. With International Public Relations Association President Philip Sheppard; Jay Black, Poynter Jamison Media Ethics Chair, University of South Florida-St. Petersburg; and Roger Bolton, President of the Arthur W. Page Society. Feb. 20, UM School of Communication.

Goodman KW. Moral responsibility of Holocaust/Legacy Project survivors, JUS421 (M. Sokoloff), April 12.

Panel, Academic Integrity, with Anita Cava, co-director, UM Ethics Programs, and Katie Meier, UM women's basketball coach. Undergraduate Honor Council, Academic Integrity Week, April 17.

Goodman KW. Conflict and consent: Managing disclosure in human subjects research. UM HSRO Human Subjects Research Symposium, May 11.

Goodman KW. Clinical and research ethics. Core Curriculum for Oncology Fellows. Sylvester Comprehensive Cancer Center, Aug. 7.

Cava A, Goodman KW. Community academic expectations. Graduate Student Orientation, Coral Gables, Aug. 16.

Goodman KW. STRIVE student group leadership facilitator, Coral Gables, Oct. 7.

Goodman KW. Ethics and leadership. Freshmen Leadership Academy, Butler Center for Volunteer Service & Leadership Development, Coral Gables, Oct. 15.

2006

Presentation to International Commission on Holocaust Era Insurance Claims (ICHEIC) Service Corps, Miller Center for Contemporary Jewish Studies, April 10.

Presentation to Department of English, Prof. Johanna Johnson, composition.

2005

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 27.

Goodman KW. Ethics in plastic and reconstructive surgery, UM Department of Surgery, Division of Plastic and Reconstructive Surgery, May 18.

Goodman KW. Error disclosure and patient centeredness. UM Department of Anesthesiology, June 7.

Goodman KW. Research or surveillance? The case of bioterror preparedness. UM Human Subjects Research Forum, August 30.

Goodman KW. The role of ethics in Sponsored Programs. UM Sponsored Programs Education Center, Dec. 15.

2004

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 22

Goodman KW. The Terri Schiavo tragedy and the use of ethics committees. Ryder Trauma Center TICU nurses, Feb. 10.

Goodman KW. What IRBs need to know about evidence-based practice. UM Human Subjects Research Forum, March 30.

Goodman KW, panelist, Ethics, Reporting and Politics, UM School of Communication and South Florida chapter, Society of Professional Journalists, UMSoc, April 27.

Goodman KW . Questions of ethics. Atlanta Hurricane and Alumni Club, Atlanta, May 5.

Goodman KW. Ethical issues in HIV/AIDS. Visiting speaker, AIDS as a Public Health Issue (EPH583), Department of Epidemiology and Public Health. July 12

Goodman KW. Some ethical issues in hematology/oncology. SCCC didactic conference, July 14.

Goodman KW Research ethics and integrity. UM Department of Dermatology & Cutaneous Surgery, Aug. 27.

Goodman KW. Think about it, talk about it: A discussion on ethics. UM Honor Council, Nov. 17.

Goodman KW. Bioethics and nursing practice. UM Professional Development and Training Office, Dec. 16.

2003

Goodman KW. Ethics and education research II. UM School of Education, Center for Research, January 29.

Panelist. Oceans and Human Health: Risks and remedies from the sea, Town Meeting, National Institute for Environmental Health Sciences and UM Rosenstiel School of Marine and Atmospheric Sciences, Key Biscayne, Feb. 27.

Goodman KW. Foundations of ethics. UM Department of Orthopaedics and Rehabilitation, residents' rounds, March 20.

Panelist. Artificial Intelligence: Ambition and Ethics. UM Solutions and Ethics Society student groups. March 27.

Goodman KW. Do-not-resuscitate orders – and issues. Sylvester Comprehensive Cancer Center nursing staff, April 29.

Goodman KW. Legal issues in end-of-life care, Sylvester Comprehensive Cancer Center EPEC series, June 24.

Goodman KW. Ethics and evidence-based practice. VAMC Miami Medical Center, Research Committee for Nursing, An Evidence-Based Practice, Dec. 4

2002

Panelist, Solutions 2nd Annual Interdisciplinary Symposium, "Science: The Double-Edged Sword," with Luis Glaser, Joyce Schuld, and David Wilson, with Asma Uddin moderating, March 2.

Goodman K, Making sense of consent: Readability, comprehension and the consent process. Office of Research IRB human subject protection/IRB series, March 26.

Goodman K, Evidence-based practice and human subjects research: Oh, great: More stuff for IRBs to have to worry about. Office of Research IRB human subject protection/IRB series, April 9.

Goodman K. Death and dying. Department of Surgery, Division of Trauma/Surgical Critical Care, April 26.

Goodman K. Discussant, "Local growth coalitions, environmental groups and air pollution," by George Gonzalez, American Politics Research Workshop, UM Political Science Department, May 15.

Goodman K. Ethics-schmethics – or practical strategies for IRB review? UM IRB "A," June 17; "B," Aug. 5.

Goodman K. Intro to ethics. Research in Ecology 2002, a UM-Miami-Dade County Public Schools program, under a Howard Hughes Medical Institute grant, Aug. 1.

Goodman K. Death, dying and ethics in pediatrics, UM/JMH Pediatric Noon Conference, Aug. 5.

Goodman K. Questions of ethics, The Audrey R. Finkelstein Experience, Alumni Week, Oct. 11.

Goodman K. What HIPAA will mean for IRBs and researchers. VAMC Miami, Research: Stimulus for Change, Nov. 8.

Sandoval C, Goodman K. Physician-assisted suicide, EPEC Series, UMHC/SCCC, Dec. 17.

2001

Panelist, "En/gendering Sex, Session III: Testing women: Sex and gender in the lab," Solutions student group, April 11.

Goodman KW. Stem cells: Ethical, legal and policy issues. UM Institute for Retured Professionals, Oct. 4.

Goodman KW. End-of-life ethical issues. Jackson Memorial Hospital Clinical Pastoral Education Program, Nov. 13.

Goodman KW. Ethical issues in use of animal models in surgical procedures. VAMC Animal Studies Training Workshop, Nov. 29.

Panelist, "Ethical dimensions of the post-September 11 milieu," UMSM Council on Honorable and Professional Conduct, Dec. 11.

Goodman KW. Policy, justice and international studies: Why ethics matters and why you should care, commencement address, UM School of International Studies, Dec. 13.

2000

Goodman K. Ethics: Why it matters, what it's good for and why you should care. Family Weekend 2000, Department of Student Life, Coral Gables, Oct. 6.

Panelist, "Animal Rights," Humans Helping Animals student group, Coral Gables, Nov. 15.

32. Community activities:

2013

Goodman KW. What would you do? Everyday ethical dilemmas. JFK Medical Center, Challenges for the Hospital Ethics Committee, Atlantis, Florida, October 18.

Goodman KW. DNR vs. AND. Vitas Hospice Corp. Fort Lauderdale, October 18.

2012

Goodman KW. Advance directives and the Florida journey. Integrating Advance Directives, Mercy Hospital, Miami, October 27.

Goodman KW. Dying is not what it used to be: Ethics, technology and the role of the courts. Dade County Bar Association Probate and Guardianship Committee, December 6, Miami.

2010

Goodman KW. Moderator, ethics discussion following screening of *For My Father* at Miami Jewish Film Festival, Coral Gables, Fla., Jan. 17.

Goodman KW. Professionalism and the law for psychologists. Miami Area Geriatric Education Center, Miami, April 16.

Goodman KW. Ethics, science and society: New challenges for the 21st century. Miami Science Museum, Senior Summer Science Series, July 21.

Giles GJ, Goodman KW, Heberer P. Bioethical Responsibilities in the 21st Century, Deadly Medicine in the Nazi Era, U.S. Holocaust Memorial Museum, Boca Raton Regional Hospital, November 4.

2009

Goodman KW. Ponencia: Posibilidades de desarrollo de la bioética en el Estado de la Florida. New Professions Technical Institute, Miami, February 13. (Venezuelan community activity)

Goodman KW. Democracy, Taxes and Government Integrity: Why this Ethics Stuff Really Matters, City of Coral Gables, Boards and Committees Seminar, October 2.

2008

Goodman KW, Participant, Career Day, Feb. 13, and Contemporary Issues in Science, MAST Academy, Miami-Dade County Public Schools, Feb. 20.

Centorino J, Goodman KW, Myers R. Ethics, civility and effective penalties (panel discussion). League of Women Voters, Miami, March 26.

Goodman KW. Eugenics. Baptist Health South Florida, Baptist Hospital, Miami, August 27.

Goodman KW. Practical ethics, vulnerable populations and public policy: Opportunities and obligations. Guardian Association of Pinellas County, St. Petersburg, September 19.

Goodman KW. Access, justice and moral responsibility: Ethical challenges in health care reform. Public Field Hearings on the Health Care Crisis, Rep. John Conyers, chair, Miami, September 20.

2007

Goodman KW. Speaker, Riviera Ladies Day Luncheon, Riviera Country Club, Coral Gables, March 15.

Goodman KW. Scholar in Residence, Temple Beth Ahm Israel, Cooper City, March 16-17.

Goodman KW. Ethics, boundaries and mental health social work. Miami-Dade Area Health Education Center, Miami, March 21.

Goodman KW. Facilitator, "Guardianship Ethics" and "Sex in Nursing Homes: Managing Questionable Capacity and the Desire for Physical Intimacy," Academy of Florida Elder Law Attorneys "Elder Concert," Ft. Lauderdale, March 23.

Goodman KW. Ethics and employee assistance programs. Employee Assistance Association Professionals, Annual Conference, South Florida Chapter, Fort Lauderdale, March 30.

Goodman KW. Who owns life? Genetic research: Ethical perspectives. Broward Region of Hadassah and U.S. Department of Energy, Fort Lauderdale, June 7.

2006

Goodman KW. Keynote presentation, Science National Honor Society Induction Ceremony, Miami-Dade Chapter, Barbara Goleman Senior High, Feb. 3.

Goodman KW. Ethical considerations in human subjects research. South Florida Human Subject Research Benchmarking Network, Hollywood, March 8.

Goodman KW. Ethics and evidence-based practice. "Conversations in Ethics," Baptist Health South Florida, South Miami Hospital, June 28.

Goodman KW, moderator, Miami-Dade County Commission District 8 candidates' debate, sponsored by the Urban Environment League, August 7.

Goodman KW, de Velasco R. Ethics and pandemic preparedness. Temple Judea Yom Kippur Seminar, Coral Gables, Oct. 2.

2005

Goodman KW. Enough already with the death and dying: New challenges in elder care. Keynote presentation, 15th Annual Board of Directors Installation & Awards Luncheon, Alliance for Aging, Inc., Miami, January 13.

Goodman KW. Bioethics: Foundations and fundamentals. Baptist Health System, Homestead Hospital, March 18.

Goodman KW. Panelist, What would I have done? The obligation to save a life. Miami Jewish Film Festival, March 20.

Goodman KW. Presenter, Exemplary Participation in the Science Symposium, MAST Academy, Miami-Dade County Public Schools, March 30.

Goodman KW. Ethical considerations in education. Barry University School of Nursing, "Nursing Education Leadership" class, April 5.

Goodman KW et al. "Patients in the crossfire: MDs v JDs and the malpractice reform fiasco. St. Luke Society of South Florida Annual Spring Bioethics Symposium at Holy Cross Hospital, Fort Lauderdale, May 5.

Goodman KW. Bioethics in a persistent legislative state. "Hot Issues in Healthcare," Palm Beach Medical Society, VA Medical Center and Legal Aid Society of Palm Beach County, West Palm Beach, May 6.

Goodman KW. Ethical and legal issues. Caregiver Workshop, UMSylvester Comprehensive Cancer Center and National Brain Tumor Foundation, Fort Lauderdale, June 4.

Callahan K, Goodman KW. Ethics and homelessness. Institute of Homeless Studies, Camillus House, Research, roles and resources: The Rx for ending chronic homelessness, Miami, September 26.

Goodman KW. When enough is enough: Making end-of-life decisions. Fawcett Memorial Hospital Medical Staff, Port Charlotte, Florida, October 6.

Goodman KW. Bioethics. Center for Humanism, Unitarian Universalist Congregation, South Miami, Nov. 30.

Goodman KW. Stem cell research and therapy: Political confusion, religious diversity and ethical principles. Brandeis University National Women's Committee, South Dade Chapter, Dec. 8.

2004

Goodman KW. Ethics: A secular perspective. Temple Kol Tikvah, Parkland, Fla., March 23.

Goodman KW, panelist. Getting Beyond Getting Along: Facing the Diversity of Miami-Dade's Ethical Traditions. UM Community Forum, Spring 2004 Series: Democracy in Miami: A Work in Progress, Coral Gables, Fla., April 14.

Goodman KW. Civic responsibility: The balance of ethics and quality of life. Greater Naples Chamber of Commerce leadership seminar. Naples, Fla., April 21.

Goodman KW. Business ethics and corporate governance in a post-Enron environment. Progress Club of Miami, July 14.

Goodman KW. Science and policy in Florida. MiamiIntelligence community forum, July 14, 2004.

Goodman KW. Moderator, Miami-Dade mayoral candidates ethics forum, League of Women Voters and Miami-Dade Commission on Ethics, Coral Gables, Aug. 12.

Goodman KW. Living well, dying well: Conversations and conflicts. Christ the King Lutheran Church, Pinecrest, Fla., Oct. 13.

Goodman KW. Ethics and guardianship. Broward County Guardianship Association, Pompano Beach, Oct. 20.

Goodman KW. Ethics and medical decision making. Broward County guardianship training program, Fort Lauderdale, Oct. 23.

2003

Member, Advisory Committee, Clergy End-of-Life Education Project, Hospice Foundation of America.

Reisner A, Goodman KW. Are we pushing the limits? Defining ethical boundaries of biotechnology research. Second Annual Wilstein Institute Forum at Beth David Congregation, Miami, Feb. 10 (Wilstein Institute of Jewish Policy Studies).

Goodman KW. Ethics, health and guardianship. Florida State Guardianship Association, Gulf Coast Chapter Winter Conference, Sarasota, Feb. 20.

Goodman KW. Ethical implications of HIPAA. Naples Community Healthcare System, Naples, Florida, Feb. 21.

Goodman KW. Data sharing and secrecy in science. Baptist Health South Florida, Third Annual IRB Educational Retreat, Duck Key, Fla., Sept. 20.

Goodman KW. Ethics and guardianship. South Florida Guardianship Association, Miami, Oct. 1.

Goodman KW. How to speak with your physician about end-of-life wishes. Indian River Memorial Hospital/Indian River County Main Library, Vero Beach, Fla., Oct. 17.

Goodman KW. Ethics in cancer care. Cascades Chapter, Papanicolaou Corps for Cancer Research, Boynton Beach, Oct. 22.

2002

Goodman K. Moderator, Symposium on stem cell research. With Prof. Mary Jo Iozzio, Barry University, Rabbi Joshua Kreindler, Jewish Federation of Broward County, Maulana Shafayat Mohamed, Darul Uloom Islamic Institute, Ani Karma Chotso, Kagyu Shedrup Choling Center. Temple Beth El, Hollywood, March 3.

Goodman K. Interviewee, South Florida Radio Broadcasters Association "ascertainment Interviews," June 19, 2002.

Goodman K. Session chair, Legal and Social Issues, Caring for the Elderly; sponsors: Jewish Federation of Broward County, Archdiocese of Miami, Holy Cross Hospital, Fort Lauderdale, Oct. 9.

Goodman K. Between the futile and the miraculous: Ethical, spiritual and social responses to new technology. South Florida Clergy Seminar, JMH Clinical Pastoral Education program, Oct. 23.

Iozzio MJ, Goodman KW. Stem cell research: The possibilities and perils. Tower Forum debate, Fort Lauderdale, Dec. 5.

2001

Goodman K. Religion and bioethics. South Florida Chaplains Association, Holy Cross Hospital, Fort Lauderdale, March 12.

Goodman K. Bioethics committees and end-of-life care. South Florida Guardianship Association, Miami, April 4.

Goodman K. Palliative and end-of-life care: Issues in respiratory therapy. Ninth Annual Harry Kapp Symposium, South Miami Hospital, Oct. 23.

Goodman K. NICU ethics: Challenges and solutions. South Miami Hospital NICU Update, Nov. 2.

2000

Goodman K. Medical ethics. Medical and Health Care Division, Greater Miami Jewish Federation, Miami, Jan. 12.

Goodman K. What is politics? And panel moderator, Business and politics in Miami-Dade. Greater Miami Chamber of Commerce, Leadership Miami program, Hialeah, March 4.

Goodman K. "Patient Rights," Post Polio Association of South Florida, Miami, April 16.

Goodman K. Business, Government and Professional Ethics, Concerned Matrimonial Lawyers of Dade County, Inc., Miami, Sept. 27.

Caralas P, Goodman K. Panelists, topics in health ethics, The Changing Face of America's Health Care, Miami Fellows Initiative, Dade Community Foundation, Oct. 27.

1999

Goodman, K., panelist, Facing the Challenge of Aging Parents: Legal, Moral and Social Issues. Temple Judea, Coral Gables, Fla., Jan. 12.

Goodman, K., keynote speaker, Alliance for Aging awards luncheon, "Real-World Good News: Bioethics in the Next Century," Miami, Jan. 21.

Goodman, K., "Business Ethics in Health Care," Greater Miami Chamber of Commerce Health Industry Group, Miami, March 2.

Goodman, K., "Medical Ethics," Adult Education Program, Temple Solel, April 16, Hollywood, Fla.,

Goodman, K. Banquet Address, Alpha Epsilon Delta, National Pre-Medical Honor Society, University of Miami chapter, Initiation Banquet, April 23.

Goodman, K. (et al.), Facilitator, "Choices When Values Collide," Palm Beach Area Agency on Aging, May 14, 1999, West Palm Beach, Fla.

Goodman K. "Advance directives and living wills," Post Polio Association of South Florida, Sept. 18, Miami.

1998

Goodman, K. Difficult Cases for Ethics Committees, Doctors Hospital, Coral Gables, Fla., Jan. 17.

1997

Goodman K. Jewish Medical Ethics, Central Agency for Jewish Education, Fort Lauderdale, Feb. 26.

Goodman, K. Treatment Refusal by Incompetent Patients, South Florida Evaluation and Treatment Center, Miami, March 14.

Goodman, K. Ethics and Epidemiology, Florida International University Department of Public Health, Bioethics in Public Health course, April 9.

Panel moderator, When Enough is Enough: A Discussion on End of Life Issues, Health Council of South Florida, Miami, April 29.

Panelist, Medical Challenges to Religious Values, Meyer Baskin and Florence Baskin-Gordon Memorial Temple Judea/Technion Annual Lecture, Temple Judea, Coral Gables, Fla., May 7.

Goodman, K. Intensive Ethics Seminar, Florida Council of Operating Room Nurses, Aventura, Fla., July 19.

Panelist, "Religious and Ethical Perspectives on the Embargo, Cuban Health and Nutrition and the U.S. Embargo, Cuban Committee for Democracy and Olof Palme International Center, Miami, Sept. 13.

1996

Goodman, K. Rationing Health Care by Age. Huntington Lakes Condominium Association, Delray Beach, Florida, Feb. 9.

Goodman, K. "Role and Function of Ethics Committees," Epworth Village Retirement Community, April 10.

1995

Goodman K, Eisenstat MB. Gene therapy. Temple Judea, Coral Gables, Fla., Dec. 6, 1995.

Goodman, K. Panelist, Science, Technology and Humanity: Shaping a New Creation, Phi Theta Kappa national honor society, Broward Community College, Pembroke Pines, June 10, 1995.

Goodman, K. Patient Rights, Risk Management Seminar for Physicians, South Shore Hospital, Miami Beach, May 1, 1995

Goodman, K. Ethics at the End of Life, South Florida Association of Phi Beta Kappa, Miami, March 19, 1995.

Goodman, K. Progress in Ethics, Leadership Broward Health Day, Hollywood, Fla., March 10, 1995.

Goodman, K., Needell, M. Bioethics and Risk Management, Parkway General Medical Center Medical Staff, North Miami Beach, March 2, 1995.

Goodman, K. Ethics and Health Care Reform, Martin Memorial Medical Center, Stuart, Fla. "Ethics and Health Care Reform: A Workshop on Biomedical Ethics", May 4, 1994.

Goodman, K. Privacy, presented to Pittsburgh Professional Chapter of Women in Communications, March 19, 1991.

Goodman K, et al. Business & ethics. Greater Miami Chamber of Commerce, Miami, Jan. 20.

1994

Goodman K. Role of the ethics committee. North Broward Hospital District, "Update for Ethics Committees and Healthcare Workers," Fort Lauderdale, Nov. 5.

Goodman K. Coping with ethical dilemmas in health care reform, "Business Strategies for the Advanced Health Care Professional," Fort Lauderdale, Oct. 14.

Goodman K, panelist, Animal rights in education and research, "Human Values and the Environment," Dade Environmental Action Council, Miami, Oct. 22.

1993

Goodman K. Different cultures/different ethics? South Miami Hospital Cardiology Conference CME program, July 9.

31a. Other Community/Professional Service

1995-present	Health Council of South Florida Ethics Committee
2009-present	Member, Advisory Board, Victor Center for the Prevention of Jewish Genetic Diseases
2010	Member, Conflict of Interest Task Force, American Medical Informatics Association
2003-2010	Member, Board of Directors, Guardianship Program of Miami-Dade County
2004-2010	Chair, Academic Advisory Board, Youth Ethics Initiative
2005-2007	Member Florida PTA Child Protection Committee
2007	Member, Miami-Dade County Commission on Ethics and Public Trust Ethics, Integrity and Accountability Task Force

Exhibit B-5

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

<p>GAINESVILLE WOMAN CARE LLC et al.,</p> <p style="text-align: center;">Plaintiffs,</p> <p>v.</p> <p>STATE OF FLORIDA et al.,</p> <p style="text-align: center;">Defendants.</p>	<p>Case No. _____</p> <p style="text-align: center;">DECLARATION OF SHEILA KATZ</p>
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I, Sheila Katz, am over 18 years of age and declare and state the following:

A. Qualifications for Expert Testimony

1. I am an Assistant Professor of Sociology at the University of Houston, in Houston, Texas. My areas of expertise include gender, poverty, and social policy.

2. I joined the faculty at the University of Houston in August 2014. Previously, I worked for six years as a professor at Sonoma State University in Rohnert Park, California, and I received tenure there in May 2014. I earned my MA and PhD in Sociology from Vanderbilt University. I earned my B.A. in Sociology and Women's Studies from the University of Georgia. For the last fifteen years, I have conducted research on poverty, women's economic status, and social policies at the state and federal level in the United States.

3. I have published on these topics in sociology and poverty journals, and I am finishing a book manuscript on my research in this area. I have presented my research at numerous professional conferences and given expert testimony on these issues to the United States Congress in 2005, 2006, and 2011. In 2011, I was named an "Emerging Scholar" in poverty and welfare research by the Department of Health and Human Services and received

two national grants to support my work in this area from the National Poverty Center and the National Science Foundation. I serve on several national research and poverty advisory committees, where I work with other scholars on these issues. Recently, I have become involved with the Persistent Poverty in the South Project, a project of the Southern Sociological Society that examines persistent poverty in the South, including in Florida.

4. I have given prior expert testimony regarding the effects of abortion restrictions on women living in poverty. *See Planned Parenthood Se., Inc. v. Strange*, 33 F. Supp. 3d 1381, 1395 (M.D. Ala. 2014) (finding my testimony “credible and helpful in understanding the effects of the law on women seeking abortions”); *see also June Medical Servs. v. Kliebert*, No. 14-cv-00535-JWD-RLB (M.D. La. Apr. 1, 2015) (denying motion to exclude my expert testimony). I submit this declaration as an expert in issues facing women living in poverty in the United States.

5. My *curriculum vitae*, which sets forth my experience and credentials in greater detail and contains a full list of my publications, is attached to my declaration. All of my opinions in this declaration are stated to a reasonable degree of professional certainty.

B. Effects of the Act on Low-Income Women in Florida

6. I understand from Plaintiffs’ counsel that Florida House Bill 633, codified at Florida Statutes § 390.0111 (“the Act”)—the law at issue in this case—would require all Florida women to make an additional visit to a doctor at least twenty-four hours before their appointments, in order to secure an abortion. I further understand that the only exceptions from this waiting period are for victims of abuse who have previously reported that abuse to the police or other authorities or for women whose pregnancies create life-threatening emergencies.

7. Through my research, I am familiar with the barriers to seeking medical services faced by low-income women. It is my belief that the Act will cause particular harm to low-income women in Florida. The Act will increase the time, money, and labor required to obtain an abortion in Florida—resources that low-income women lack. This harm is particularly concerning both because most women who seek abortions are low-income, as defined as living at or below 200% of the federal poverty level, and because of the high levels of deep and persistent poverty in Florida. In order to overcome these obstacles, women will resort to dangerous means to get the money necessary to cover the costs of obtaining abortions, where they are able to obtain them at all.

C. Women and Poverty in Florida

8. Florida has a higher poverty rate than the nation as a whole. According to 2013 estimates from the Census Bureau, 17% of people in Florida are at or below 100% of the federal poverty level, compared to 14.5% of those in the nation as a whole. In general, women tend to be poorer than men, and the same is true in Florida, where women have a higher poverty rate (18%) than men (16%).¹ Based on data from the American Community Survey for the last twelve months, over a million women (1,037,524) between the ages of 16 and 64 live below the federal poverty line in Florida. Of people below the poverty level in Florida, 54% are women and 46% are men.²

¹ *Poverty, 2013 Highlights*, U.S. Census Bureau, www.census.gov/hhes/www/poverty/about/overview (last visited June 4, 2015); *Poverty Status in the Past 12 Months, 2013 American Community Survey 1-Year Estimates*, U.S. Census Bureau, <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refsh=t> (last visited June 4, 2015) (enter “Poverty Status in the Past Twelve Months 2013 ACS 1-Year Estimates” and “Florida”).

² *Easy Stats, Poverty Status in the Past 12 Months*, U.S. Census Bureau, <http://www.census.gov/easystats> (last visited June 4, 2015) (select “Florida,” “Financial,” “Poverty Status in the Past 12 Months by Sex by Age” (calculated)).

9. In order to understand women's poverty in Florida, and the effect it has on women's lives and those of their families, it is also important to look at child poverty in the state. Many women who live in poverty have children; additionally, most women seeking abortions already have children.³ In Florida, 38.7% of families headed by single mothers with dependent children live at or below the federal poverty threshold, according to the American Community Survey.⁴ Florida has 588,000 families with children under the age of eight that live below the poverty line; for 49% of children in those low-income households, no adult in the household has full-time, year-round employment.⁵ Florida ranks 37th in the nation in child poverty, and nearly one in four Florida children, or 24.5%, live in poverty.⁶ Nearly half of those, or 10.4% overall, live in deep poverty, below 50% of the federal poverty line.⁷

10. The federal poverty line, used to count people who live in poverty in the United States, is defined by the Department of Health and Human Services as a single person who makes less than \$11,770 per year, with an additional \$4,160 per year for each additional member of the household.⁸ The federal poverty level, although used in many statistics, is

³ Rachel K. Jones et al., Guttmacher Inst., *Characteristics of U.S. Abortion Patients, 2008* 8 (2010), <http://www.guttmacher.org/pubs/US-Abortion-Patients.pdf> (about 61% of abortions are obtained by women who have one or more children).

⁴ *Selected Economic Characteristics, 2013 American Community 1-Year Estimates*, U.S. Census Bureau, <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> (last visited June 4, 2014) (enter "Selected Economic Characteristics 2013 ACS 1-Year Estimates" and "Florida").

⁵ Annie E. Casey Found., *Creating Opportunity for Families: A Two-Generation Approach* 5 (2014), <http://www.aecf.org/m/resourcedoc/aecf-CreatingOpportunityforFamilies-2014.pdf>.

⁶ Children's Defense Fund, *Child Poverty in America 2013: State Analysis* 9 (2014), www.childrensdefense.org/library/poverty-report/child-poverty-in-america-1.pdf.

⁷ *Selected Characteristics Of People At Specified Levels Of Poverty In The Past 12 Months, 2009-2013 American Community Survey 5-Year Estimates*, U.S. Census Bureau, <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t> (last visited June 4, 2015) (enter "Selected Characteristics of People at Specified Levels of Poverty 2013 ACS 5-Year Estimates" and "Florida").

⁸ *2015 Poverty Guidelines*, U.S. Dep't of Health & Human Servs., <http://aspe.hhs.gov/poverty/15poverty.cfm> (last visited June 4, 2015).

generally considered an inadequate measure of poverty in the United States. The guideline is based on a formula from the 1960s that assumes that families spend approximately one-third of their budget on food, which is no longer the case amid rising costs for housing and transportation. The guideline also does not take into account other costs that most families pay, such as childcare, medical expenses, utilities, and taxes. Some federal, state, and local social programs recognize that this guideline is too low, and set eligibility requirements at 125, 150, or 200 % of the guideline. For a family of three, a single mother and two children, those amounts would be \$24,737 (at 125%), \$29,685 (at 150%), and \$39,580 (at 200%) respectively. Research shows that even families who are making more than twice the federal poverty level still have trouble making ends meet and paying for basic expenses.⁹ In Florida, 34.8% of residents, or over seven million people, live under 200% of the federal poverty threshold.¹⁰

11. The amount needed to maintain a minimally self-sufficient standard of living in Florida is closer to at least twice the amount of the federal poverty threshold. For example, the 2014 fair market rent in Gainesville, as designated by the Department of Housing and Urban Development, is \$695 for a one-bedroom apartment and \$883 for a two-bedroom apartment.¹¹ If a woman in Gainesville is working full time at the Florida minimum wage, her annual earnings are approximately \$15,400 (\$1,288/month), which is just above the federal poverty threshold if no one else lives in her household, and below the poverty line if

⁹ Gregory Acs & Pamela Loprest, *Who are Low-Income Working Families?*, The Urban Institute (Sept. 2005), http://www.urban.org/UploadedPDF/311242_working_families.pdf.

¹⁰ *Poverty Status in the Past 12 Months, 2013 American Community Survey 1-Year Estimates*, *supra* note 1 (calculated).

¹¹ *Fair Market Rent (FY 2015) and Income Limit (FY 2015) Summary System*, U.S. Dep't of Hous. & Urban Dev., http://www.huduser.org/portal/datasets/fmr/fmr_il_history/select_Geography.odn (last visited June 4, 2015) (Select "Gainesville, FL MSA" from "FY Metropolitan FMR Area" Menu).

she has any children. Her housing cost is 54% of her monthly income for a one-bedroom apartment, and 69% of her monthly income for a two-bedroom apartment. It is thus no surprise that the Children’s Defense Fund reported that “in 2014 more than 2 full-time minimum wage jobs are necessary to be able to afford a fair market rent two-bedroom apartment in Florida and still have enough left over for food, utilities, and other necessities.”¹² It is thus important in considering the effects of the Act on “low-income women” that we include women living at up to 200% of the poverty line.

12. In understanding the effects of the Act, it is also important to consider those people who live in deep or persistent poverty. Seven percent of Floridians live below 50% of the poverty line, characterized as “deep poverty” by those that study the issue.¹³ These households tend to be clustered together in pockets of deep poverty, whether in the urban inner city or in a rural county.

13. Indeed, Florida has four rural counties that are defined as having “persistent poverty.” Persistent poverty is defined as a county where the poverty level has been above 20% at each of the last four censuses (1980, 1990, 2000, and 2010).¹⁴ Those four counties are Alachua (where Plaintiff Bread and Roses is located), Hamilton, Hardee, and Madison.¹⁵ Women living in deep or persistent poverty are at the greatest risk of injury from the Act

¹² *The State of America’s Children 2014, Children in the States, Florida*, Children’s Defense Fund (May 6, 2014), <http://www.childrensdefense.org/library/data/state-data-repository/cits/2014/2014-florida-children-in-the-states.pdf>.

¹³ Serena Lei, *The Unwaged War on Deep Poverty*, Urban Inst. (Feb. 23, 2015), <http://www.urban.org/features/unwaged-war-deep-poverty>.

¹⁴ *Rural Poverty and Well-being*, U.S. Dep’t of Agric., Econ. Research Serv., <http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx> (last updated May 18, 2015)

¹⁵ *Persistent Poverty Counties Data Set*, U.S. Dep’t of Agric., Econ. Research Serv., http://www.ers.usda.gov/dataFiles/County_Typology_Codes/PersistentPovertyCounties.xls (last updated May 18, 2015).

because they have the least access to transportation or child-care and the largest psychological hurdles to travelling to a provider.

D. Poverty and Abortion

14. Approximately 13% of women of reproductive age below the poverty line will have an unintended pregnancy in a year, versus 9% of women between 100% and 200% of poverty and 2.4% of women above 200% of poverty.¹⁶ Thus, a woman below 100% of the poverty line is over five times more likely to experience an unintended pregnancy than a woman who is above 200% of the poverty line.

15. Nationally, in 2008, 42% of women having abortions in the United States had incomes below the federal poverty level, and another 27% had incomes below 200% of the federal poverty level.¹⁷ However, I would expect these percentages to be greater in Florida. Given the high rate of poverty in Florida, it is likely that the overwhelming majority of abortion patients in Florida are below 200% of the federal poverty level.

E. Effects of the Act

16. While the Act's unnecessary requirements are burdensome for any woman, low-income women can ill afford the additional costs associated with an extra trip, given how tight their budgets already are.

17. For instance, for those low-income women who are employed, a missed shift of work may be a serious barrier in obtaining an abortion. The Act, which requires an additional trip to a health-care provider, will require a woman to take an additional day off work and travel to her nearest provider. Low-wage workers often have no access to paid time

¹⁶ Lawrence B. Finer & Mia R. Zolna, *Unintended Pregnancy in the United States: Incidence and Disparities*, 84 *Contraception* 478, 483 (2011), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338192/>.

¹⁷ Jones et al., *supra* note 3, at 6.

off or sick days. According to the Institute for Women's Policy Research, 41% of working parents at or below 200% of the poverty line have no access to paid sick leave, vacation days, personal days, or any other form of compensated leave.¹⁸ Even seeking uncompensated time off can be a struggle for low-wage workers, who often have less autonomy in setting their work schedules than other workers. Because so much low-wage work is considered unskilled, workers can be replaced easily and may face termination if they insist on taking time off on a particular day. Many jobs that low-income workers have are shift-based and therefore may not allow for missing only an hour or two of work. Also, many employers require workers to disclose the reason why they are taking time off, especially for more than one day in a row or very close together. The additional time off required by the waiting period may make it difficult for a low-income woman to keep her abortion confidential from her supervisor or other employees.

18. If a low-income woman is able to get time off from work, she is likely to forgo wages. The mean hourly wage in Gainesville for servers, a common low-wage occupation for women, is \$8.89.¹⁹ Taking off an additional eight-hour shift will cost her \$71.12, more than 1/10 her monthly rent if she lives in a one-bedroom apartment.

19. Many women may also have to travel to reach their nearest providers; doubling these travel costs will also be significant, both in terms of monetary cost and added obstacles. Low-income women are far more likely to use public transportation as their primary source of

¹⁸ *An Introduction to Paid Time Off Banks*, Inst. for Women's Policy Research (June 20, 2012), <http://www.iwpr.org/blog/2012/06/20/an-introduction-to-paid-time-off-banks>

¹⁹ *May 2014 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates, Gainesville, FL*, U.S. Dep't of Labor, Bureau of Labor Statistics, http://www.bls.gov/oes/current/oes_23540.htm (last modified Mar. 25, 2015).

transportation than any other sector of the population.²⁰ Many low-income women in Florida do not own or have access to cars. At a national level, as of 1995, a quarter of low-income families, and a third of low-income families headed by single parents were without a private car, versus only 4% of other families. And in those low-income households that have cars, these cars are more likely to be shared among adults.²¹

20. Around sixty percent of women who obtain abortions have previously had at least one child.²² For many low-income women, then, requiring an additional trip to seek an abortion will require paying for an additional day of childcare. Some women may instead leave their children in the care of a trusted family member or friend. This still often involves additional costs to meet the child's needs outside of the home, as that caretaker is likely low-income herself and will need some payment to cover food and other costs for the children. Having to ask a family member or friend for more than one day of child care in order to obtain the abortion could require a woman to disclose why she needs that care, making it more difficult for a low-income woman to keep her abortion confidential. And for many low-income women, there may not be a friend or relative they are able to trust to take care of their child.

21. Because of these burdens, I think it is likely that many low-income women will not be able to schedule two appointments at an abortion provider precisely twenty-four hours apart. Instead, they will likely have to wait a week or more to find another day for which they can arrange for time off work and/or childcare and transportation to the provider. I believe

²⁰ Am. Pub. Transp. Ass'n, A Profile of Public Transportation Passenger Demographics and Travel Characteristics Reported in On-Board Surveys, (2007), http://www.apta.com/resources/statistics/Documents/transit_passenger_characteristics_text_5_29_2007.pdf.

²¹ Elaine Murakami & Jennifer Young, *Daily Travel by Persons with Low Income* (Nat'l Pers. Transp. Survey Symposium, Oct. 26, 1997), <http://nhts.ornl.gov/1995/Doc/lowinc.pdf>.

²² Jones et al., *supra* note 3.

the Act will likely cause some low-income women to delay obtaining their abortions, potentially by significant amounts of time. Because delay increases the cost of an abortion, its effects can be cascading: a woman who has to wait an extra week because she can't string together two days off work may in doing so find her abortion now costs an extra \$100, meaning she must wait another week to save up the money, and so on.

22. In order for a low-income woman to afford the additional costs associated with the new law, she would have to make financial sacrifices and hard decisions. I know from my own research with low-income women and review of the extensive literature on the subject that when emergencies or additional necessary expenses occur in their lives, low-income women attempt to meet those expenses in three primary ways. First, they make sacrifices in other areas, usually by not paying rent or utilities, or by drastically reducing their food budgets and going hungry. This jeopardizes their health and well-being, or their housing situation, as well as that of their children and families. A second strategy is using payday loans or other predatory lending practices, incurring high interest rates and fees that compound costs exponentially. The third strategy can be more dangerous. Some low-income women may be lucky enough to know a trusted friend with the discretionary income to loan her the tens or hundreds of dollars needed for the months or years it may take her to pay it back, but many are not. Instead, they may borrow that money from a boyfriend or partner, even if they are no longer together or even if he was abusive. Given the high rate of domestic violence among low-income women, this strategy can be extremely dangerous.²³

23. These tangible costs make clear why an extra trip to an abortion provider and a waiting period of at least 24 hours impose significant harms on low-income women. The Act

²³ Martha Davis, *The Economics of Abuse: How Violence Perpetuates Women's Poverty in Battered Women, Children, and Welfare Reform* 17 (Ruth Brandwein ed., 1999).

also imposes a serious intangible cost. Research has shown that the predominant experience low-income women have with their employers and social service workers is distrust emanating from those authorities, and that the resulting social-psychological injury of feeling distrusted makes it much harder for women to find routes out of poverty through work or welfare.²⁴ In these interactions, even genuinely benevolent advice can be taken as a critique. A similar dynamic can come into play with abortion restrictions, particularly where a hostile climate begins to emerge that tells women that the state does not trust their choices. The Act does just that: by telling a woman she must observe a waiting period the state deems necessary before getting the abortion she has already decided she needs, the Act imposes this kind of social-psychological injury on women, particularly low-income women who experience that dynamic in other parts of their lives.

F. Conclusion

24. Ultimately, the Act will cause harm to thousands of low-income women in Florida who will experience serious increased costs relative to their incomes in seeking abortion care and who will be told that their choices are not trusted by the state. I also believe that the Act, by harming low-income women and forcing them to make sacrifices in order to be able to afford safe, legal abortion care, will harm Florida children and families.

Dated: June 5, 2015
Houston, Texas

/s/

SHEILA M. KATZ, PhD

²⁴ Judith Levine *Ain't No Trust: How Bosses, Boyfriends, and Bureaucrats Fail Low-Income Mothers and Why It Matters* (2013)

CV of Sheila Katz

Sheila M. Katz, Ph.D.

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CURRENT ACADEMIC POSITION

2014-present Assistant Professor, Department of Sociology, University of Houston, Houston, TX

- Teach 2 sociology courses a semester (6 units), with 50% time on research and publication expectations, and also service to department, profession, university, and community.

PREVIOUS TENURE-TRACK POSITION

2008-2014 Assistant Professor, Sociology Department, Sonoma State University, Rohnert Park, CA

- Taught 3 sociology courses (12 units) a semester with liberal arts focus, advising load of 100 students, active research agenda, service to university, profession, and community.
- Tenure and promotion to Associate Professor awarded May 2014.

EDUCATION

- 2008 Ph.D. Sociology, Vanderbilt University, Nashville, TN
Dissertation Title: *Pursuing a 'Reformed' Dream: CalWORKs Mothers in Higher Education after "Ending Welfare As We Know It"* Dissertation Committee: Karen Campbell (Chair), Laura Carpenter, Daniel Cornfield, and Brooke Ackerly.
- 2001 M.A. Sociology, Vanderbilt University
Passed Master's Comprehensive Exams in January 2000
Concentration on effects of gender, class, and race on education
- 1998 B.A. Sociology with Women's Studies certificate, University of Georgia
Senior Thesis: "Acquaintance Rape on a Southern Campus"
Study Abroad: Two semesters at Richmond College, London, England

RESEARCH AND TEACHING INTERESTS

Gender/Class/Race, Poverty, Social Policy, Social Problems, Qualitative Methodologies, Sociology of Education, Inequalities, Violence Against Women, Sociology of Drugs.

CURRENT RESEARCH PROJECTS

CALWORKS AND HIGHER EDUCATION STUDY (CHES)

Longitudinal qualitative research with mothers on welfare in the San Francisco Bay Area enrolled in higher education programs. Data was collected in three waves: 2006, 2008, 2011 with a 78% retention rate: 35 of the original 45 participants completed interviews in 2011. Project explores the experiences of single mothers pursuing higher education on TANF before, during, and after the "Great Recession," the role of grassroots advocacy organizations, and policy issues for TANF reauthorization. Received external funding from the National Science Foundation in 2007 (\$7500) and the National Poverty Center (\$11,700) in 2011 and internal funding from the University of Houston, Sonoma State University and Vanderbilt University.

KEYS TO SUCCESS: STUDENT PARENTS ON CAMPUS (SPOC)

Research project and manuscript in progress, *Supporting Student Parents on Campus From Baby Boomers to Millennials: History and Best Practices for Helping Student Parents Succeed in Postsecondary Education*, co-authored with Dr. Autumn Green (Endicott College), about the history, development, and best practices of programs that serve college student who have children. The book will be co-researched and co-written by the lead authors, but chapters may also include segments or contributions from various student parent programs highlighted in the book. The project is a multi-site ethnographic study of programs throughout the United States that serve student who have children, with a sociological and best practices

lens on the issues. The programs studied include those that are institutional (located at colleges and universities), nonprofit community based organizations, cross-sector collaborations, and governmental programs.

AMERICAN DREAMS OF INEQUALITY

Lead co-editor on the American Dreams of Inequality reader for advanced undergraduate students in sociology, American Studies, and related disciplines. The edited volume explores the historical and theoretical perspectives on the American Dream, and the current research about the American Dream for low-income, working class, middle income, and wealthy families; as well as the role that housing, celebrity culture, sexual orientation, and immigration play on the American Dream. The project is a co-edited work with Dr. Robert Hauhart and Dr. Jeff Torlina.

STUDENT PARENT SURVEY

The first national project to survey the needs and experiences of students who are also parents. SSU was the first university in the country to launch the survey, a project of the Institute for Women's Policy Research (IWPR)'s Student Parent Success Initiative. The survey explores the challenges of being a student and a parent, the effectiveness of campus resources, and ways that SSU or other universities can better serve student parents. 122 completed surveys collected, 106 of them current SSU students, a 45% response rate. www.sonoma.edu/newscenter/2014/02/ssu-is-first-in-us-to-launch-national-student-as-parents-survey.html

SCHOLARLY PUBLICATIONS

BOOK MANUSCRIPTS

- Katz, Sheila. *Reformed American Dreams: Welfare Mothers in Higher Education during the Great Recession*. Manuscript in preparation; proposal to be submitted to academic press in Summer 2015.
- Green, Autumn and Sheila Katz. *Supporting Student Parents on Campus From Baby Boomers to Millennials: History and Best Practices for Helping Student Parents Succeed in Postsecondary Education*. Manuscript in preparation; proposal to be submitted to academic press in Summer 2015.
- Katz, Sheila, Robert Hauhart and Jeff Torlina. *American Dreams of Inequality*. Manuscript in preparation; proposal to be submitted to academic press in Summer 2015.

JOURNAL ARTICLES

- Katz, Sheila. 2013. "'Give Us a Chance to Get an Education:' CalWORKs Mothers' Survival Narratives and Strategies." *Journal of Poverty*: 17(3): 273-304.
- Katz, Sheila. 2012. "TANF's 15th Anniversary: Are Low-Income Mothers Celebrating Upward Economic Mobility?" *Sociology Compass* 6/8 (2012): 657-670.

TEACHING PUBLICATIONS

- Katz, Sheila. 2013. "Connecting Students to Careers: Teaching Students about Careers in Sociology." Syllabus and course materials set peer-reviewed and published by the American Sociological Association's Teaching Resource and Innovations Library for Sociology (TRAILS): <http://trails.asanet.org/Pages/Resource.aspx?ResourceID=12650>.

BOOK CHAPTERS

- Katz, Sheila. 2015. "Modern Herlands: The Significance of Gilman's Herland for the Next 100 Years" invited chapter in *Censored 2016: The Top Censored Stories of 2014-2015*. Edited by Mickey Huff and Andy Lee Roth. New York: Seven Stories Press, 2015. *Forthcoming*: October 6, 2015.

BOOK REVIEWS

Katz, Sheila. November 2014. Book Reviews for *Ain't No Trust: How Bosses, Boyfriends, and Bureaucrats Fail Low-Income Mothers and Why It Matters* (by Judith Levine, UC Press, 2013) in *Work and Occupations*. Journal's Impact Factor: 1.853 | Ranking: Industrial Relations & Labor 4 out of 26 | Sociology 14 out of 138

Katz, Sheila. 2010. Book Review for *Striving to Save* (by Margaret Sherrard Sherraden and Amanda Moore McBride, University of Michigan Press, 2010) in *Social Forces* 89(2): 727-728.

JOURNAL ARTICLES IN PREPARATION

Katz, Sheila. "The Canaries of the Urban Labor Market: What the Experiences of Low-Income Single Mothers who Pursued Higher Education Reveal about the Great Recession." Manuscript to be submitted to *Qualitative Sociology* in Summer 2015.

EXTERNAL NATIONAL RESEARCH GRANTS AND AWARDS

Nominated for Pacific Sociological Association 2013 Early Career Award for Innovation in Teaching Sociology.

Emerging Scholar award by the U.S. Department of Health and Human Services, Administration for Children and Families; 2011, \$1100.

National Poverty Center TANF Reauthorization Grant; 2011, \$11,700.

SAGE/Pine Forge Teaching Innovations & Professional Development Award; 2010, \$500.

Ford Foundation Travel Grant; 2010, \$1500.

National Science Foundation Dissertation Improvement Grant; 2007, \$7500.

American Sociological Association Student Forum Travel Award; 2007, \$500.

Society for the Study of Social Problems Lee Student Support Fund; 2007, \$500.

INTERNAL RESEARCH GRANTS AND AWARDS

UH New Faculty Program Grant, 2014 (for summer 2015), \$6000

SSU Travel Grants; 2008, 2010, 2011, 2012, 2013, \$800-\$2000

SSU RSCAP Summer Writing Fellowship; 2012, \$3500.

SSU School of Social Sciences Summer Research Grant; 2011, \$1000.

SSU RSCAP Research Mini-Grant; 2010, \$2800.

SSU RSCAP Summer Writing Fellowship; 2009, \$3400

Vanderbilt Sociology Department Research Grant; 2007, \$300.

Vanderbilt Political Science Department: Methodological Training; 2006, \$2800.

Vanderbilt Graduate School Dissertation Enhancement Grant; 2006, \$2000.

PROFESSIONAL, POLICY, AND COMMUNITY RESEARCH PUBLICATIONS

Ganote, Cynthia and Sheila Katz. July 2014. "Evolving Oakland: Five Years Living in a Gentrified, Occupied, and Artified City." Pg. 7 in the American Sociological Association's *Footnotes*.

http://www.asanet.org/footnotes/julyaugust14/images_new/footnotes_julyaugust14.pdf

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http://www.asanet.org/footnotes/feb14/images_new/footnotes_feb14.pdf

Katz, Sheila and Anita Rees. May 2013. "Homeless in Pacifica? Understanding the Situation and Creating a Community Response." Pacifica Family Resource Center: Pacifica, CA.

Katz, Sheila and Anita Rees. 2009. "*Education Works!* Policy Recommendations." Low-Income Families Empowerment through Education: Oakland, CA.

Spatz, Diana and Sheila Katz. 2005. *Family Violence Is Not an Option: The Failure of CalWORKs to Serve Battered Women with Children*. Research Report. Low-Income Families' Empowerment through Education: Oakland, CA.

- Spatz, Diana and Sheila Katz. 2005. "Family Violence Is Not an Option: The Failure of CalWORKs to Serve Battered Women with Children." Policy Brief. Low-Income Families' Empowerment Through Education: Oakland, CA.
- Spatz, Diana and Sheila Katz. 2004. "Domestic Violence and TANF: Research Brief." Low-Income Families' Empowerment Through Education: Oakland, CA.
- Katz, Sheila, Jennifer Howard, and Ronnie Steinberg. 2003. *Tennessee Women's Scholarship Directory*. Women's Social Policy and Research Center, Vanderbilt University: Nashville, TN.

TEACHING EXPERIENCE

COURSES TAUGHT AT THE UNIVERSITY OF HOUSTON (2014-PRESENT)

- Soc 3346: Qualitative Research Methods (Fall 2014, Fall 2015)
- Soc 3390: Sociology of Gender (Spring 2015, Fall 2015)
- Soc 6390: Graduate Seminar in Sociology of Gender (Fall 2014)
- Soc 6311: Graduate Seminar in Sociology of Poverty (Spring 2015)

COURSES TAUGHT AT SONOMA STATE UNIVERSITY (2008-2014)

- Soci 201: Introduction to Sociology: Fall 2013; 3 unit lower-division GE area D-1 course, large format course with 200 students.
- Soci 375: Classical Sociological Theory: Fall 2008, Spring 2009, Spring 2010, Fall 2010, Fall 2011, Fall 2012; 4 units, 30 students, Sociology majors/minors and GE D-1 course.
- Soci 443: Methods Seminar: Women and Social Policy (Focus Groups method): Spring 2009, Spring 2010, Fall 2010, Fall 2011, Fall 2012, Spring 2013; 4 units, 25 students, Sociology majors, second methods course in a three-course sequence.
- Soci 498: Senior Research Seminar, Topic: The American Dream (Soci 498): Fall 2009, Spring 2011, Spring 2012, Spring 2014; 4 units, 20 students, third required methods course in a three-course sequence, Capstone course for Sociology majors.
- Soci 312: Sociology of Gender: Fall 2008, Fall 2009, Spring 2012; 4 units, 40 students, Sociology majors/minors, cross-listed with Women and Gender Studies.
- Soci 306: Careers in Sociology: Fall 2009, Fall 2010, Spring 2012, Spring 2013, Fall 2013; 4 units, 40 students, Sociology majors/minors.
- Soci 340: Drugs and Society: Fall 2008, Spring 2009, Summer 2009, Spring 2010, Summer 2010, Fall 2011, Fall 2012, Spring 2014; 4 units, 40 students, Sociology majors/minors, cross-listed with Criminology and Criminal Justice Studies.
- Soci 496: Internship Practicum and Internship Coordinator: Spring 2010 and Spring 2013; 1 unit, 15 students per section, 2 sections offered at a time, Sociology majors/minors.

ACADEMIC CONFERENCE PRESENTATIONS

- Katz, Sheila. 2015. "Reforming the American Dream and Conforming Welfare Mothers." Pacific Sociological Association annual meetings, Long Beach, CA. April 2015.
- Katz, Sheila. 2015. "Using Your Research to Engage in the Policy or Legal Conversation: Tips for Writing Policy Briefs and Being an Expert Witness." Pacific Sociological Association annual meetings, Long Beach, CA. April 2015.
- Katz, Sheila. 2015. "Fragile Canaries: Social Characteristics that Strengthened or Devastated Former Welfare Mothers' Experiences in the Great Recession." Southern Sociological Society annual meetings, New Orleans, LA. March 2015.
- Katz, Sheila. 2015. "'Poverty Doesn't Have a Time Limit, Why Does Welfare?': Welfare Mothers' Grassroots Activism for Economic Mobility." Southern Sociological Society annual meetings, New Orleans, LA. March 2015.
- Katz, Sheila. "Evolving Oakland: Protesting Poverty, Fighting Inequality, Engaging the Community." American Sociological Association annual meetings, San Francisco, CA. August 2014.

- Katz, Sheila. "Student Parents' Experiences and Challenges at Sonoma State University." Student Parent Support Symposium at Ohio State University, Columbus, OH. May 2014.
- Katz, Sheila. "Former Welfare Mothers Re-envisioning the American Dream During the Great Recession." Pacific Sociological Association: Portland, OR, March 2014.
- Katz, Sheila. "Creating Career Connections: Teaching Students about Careers in Sociology." Pacific Sociological Association: Portland, OR, March 2014.
- Katz, Sheila. "Benefits of Higher Education for Single Mothers during the Great Recession." California Sociological Association: Berkeley, CA, Nov. 2013.
- Katz, Sheila. "The Canaries of the Urban Labor Market: What the Experiences of Low-Income Single Mothers who Pursued Higher Education Reveal about the Great Recession." Pacific Sociological Association: Reno, NV, March 2013.
- Katz, Sheila. "Low Income Families and the American Dream During the Great Recession." Pacific Sociological Association: Reno, NV, March 2013.
- Katz, Sheila. "Perspectives on the Great Recession from Welfare Mothers who Pursued Higher Education." American Sociological Association: Denver, August 2012.
- Katz, Sheila. "'Reformed' American Dreams: Welfare Mothers Pursuing Higher Education." Pacific Sociological Association: San Diego, CA, March 2012.
- Katz, Sheila. "Connecting Students to Careers: Teaching Students about Careers in Sociology." Pacific Sociological Association: San Diego, CA, March 2012.
- Katz, Sheila. "Advocacy for CalWORKs Mothers Pursuing Higher Education: Perspectives on TANF Reauthorization from the Ground Up." California Sociological Association: Berkeley, CA, November 2011.
- Katz, Sheila. "Welfare Mothers Pursuing Higher Education During the Great Recession: Implications for TANF Reauthorization." US Department of Health and Human Services' Welfare Research and Evaluation Conference: Washington, D.C., June 2011.
- Katz, Sheila. "'Just Give Us a Chance to Get an Education:' Single Mothers' Survival Narratives and Strategies for Pursuing Higher Education While on Welfare." American Sociological Association: Atlanta, GA, August 2010.
- Katz, Sheila. "Teaching Focus Group Methodology to Undergraduates." Pacific Sociological Association: Oakland, CA, April 2010.
- Katz, Sheila and Anita Rees. "Education Works! Conducting Participatory Action Research with Mothers on Welfare" California Sociological Association: Berkeley, CA, Nov. 2009.
- Katz, Sheila. "'My Education Means Everything to Me': CalWORKs Mothers' Rationales for Pursuing Higher Education." American Sociological Association: San Francisco, August 2009.
- Katz, Sheila. "Pathways to Success: Women's Routes Through College After 'Ending Welfare As We Know It.'" Pacific Sociological Association: Portland, April 2008.
- Katz, Sheila. "Envisioning Another World: Welfare Mothers' Voices on Poverty Policy and TANF Reauthorization." American Sociological Association: New York, August 2007.
- Katz, Sheila. "Surviving the Welfare System: CalWORKs Mothers' Narratives about Education, Poverty, and Survival." Society for the Study of Social Problems: New York, August 2007.
- Katz, Sheila. "Pursuing Higher Education after 'Ending Welfare As We Know It:' Women's Narratives about Poverty and Education." National Women's Studies Association: Oakland, CA, June 2006.
- Katz, Sheila and Anita Rees. "Education Works! The Challenges Mothers on Welfare Face in Completing School." National Women's Studies Association: Oakland, CA, June 2006.
- Katz, Sheila. "Buying In: Participatory Action Research for Social Justice by CalWORKs Mothers and Supporters." Second International Congress on Qualitative Inquiry: University of Illinois, Urbana, IL, May 2006.
- Spatz, Diana, Sheila Katz, and Leilani Luia. "Family Violence Is Not an Option: the Failure of CalWORKs to Serve Battered Women with Children." Institute for Women's Policy Research: Washington, D.C., June 2005.

- Katz, Sheila. "Large Group Participatory Action Research on 'Family Violence Is Not an Option': the Failure of CalWORKs to Serve Battered Women with Children." First International Congress on Qualitative Inquiry: University of Illinois, Urbana, May 2005.
- Kee, Lindsay, Sheila Katz, and Jennifer Howard. "Women's Social Policy and Research Center: A Model for Academic Activism." Southeastern Women's Studies Association: Blacksburg, VA, 2003.
- Katz, Sheila. "Home School State Regulations and the Actual Practice of Parents." Southern Sociological Society: New Orleans, LA, 2000.

CONGRESSIONAL POLICY RESEARCH BRIEFINGS, WASHINGTON D.C.

- Katz, Sheila. "Welfare Mothers Pursuing Higher Education During the Great Recession: Implications for TANF Reauthorization" at the *Building Economic Security for Families in Crisis through Education, Employment and Child Care Congressional Briefing on TANF Reauthorization* at the Congressional Auditorium at the Capitol Hill Visitor's Center, December 2011.
(<http://www.sonoma.edu/newscenter/2011/11/post-72.html>)
- Spatz, Diana and Sheila Katz. "Marriage Promotion, Domestic Violence, and the Family Violence Option: Implications for the Reauthorization of TANF." Rayburn House Office Building, Capitol Hill: Washington, D.C., September 2005.
- Spatz, Diana and Sheila Katz. "HR 240 and Domestic Violence: How Marriage Promotion Undermines Domestic Violence Prevention." Cannon House Office Building, Capitol Hill: Washington, D.C., June 2005.

EXPERT WITNESS REPORTS, DEPOSITIONS, AND TRIAL TESTIMONY

- Center for Reproductive Rights consultant in the case: June Medical Services LLC, et al., Plaintiffs, v. Kathy Kliebert, et al., Defendants. Civil Action No. 3:14-CV-525-JWD-RLB in the United States District Court for the Middle District of Louisiana. Researched and wrote expert witness report, researched and wrote a rebuttal report to other expert witnesses, and gave live deposition and will give trial testimony about women's poverty in Louisiana and the impact of Louisiana's HB 388 on low-income women's access to reproductive health services for the plaintiffs. Reports submitted to the court in December 2014, deposition given in Miami, FL in January 2015, trial testimony in June 2015.
- Planned Parenthood National consultant in the case: Planned Parenthood Southwest Ohio Region vs. Richard Hodges et al., in the United States District Court for Southern District of Ohio Western Division. Case No. 1:14-cv-867. Researched and wrote expert witness declaration about women's poverty in Cincinnati, OH and on low-income women's access to reproductive health services for the plaintiffs (Planned Parenthood). October 2014-November 2014. The case was dropped by the plaintiffs after Richard Hodges, Director of the Ohio Health Department granted a variance for the clinic from state law. Media coverage of the case: <http://www.dispatch.com/content/blogs/the-daily-briefing/2014/11/11-20-14-abortion-variance.html>
- Planned Parenthood of the Southeast vs. the State of Alabama. *Pro-Bono*. Researched and wrote expert witness report and gave live depositions and trial testimony about women's poverty in Alabama and the impact of Alabama H.B. 57 on low-income women's access to reproductive health services for the plaintiffs (ACLU's Reproductive Freedom Project). August 2013-June 2014. Judge Myron Thompson ruled for the plaintiffs (striking down the Alabama state law) on August 4, 2014. Full ruling (reference to my testimony and research starts on page 87):
https://ecf.almd.uscourts.gov/cgi-bin/show_public_doc?2013cv0405-238
Media coverage of my testimony:
<http://www.montgomeryadvertiser.com/story/news/local/2014/05/19/montgomery-abortion-clinic-director-testifies-trial/9288657/>

INVITED CONTRIBUTIONS AT ACADEMIC - COMMUNITY CONFERENCES

- Katz, Sheila. Participant at the “Achieving Wider Access to Higher Education” conference convened and invited by the Howard Samuels Center of the City University of New York, at the Ford Foundation, New York City, February 2010.
- Katz, Sheila. Workshop Facilitator: “What We Need to Succeed: Low-Income Student Mothers’ Narratives about Resources, Programs, Welfare, and Public Policy.” Ohio Student Parent Support Symposium: Ohio State University, Columbus, OH, June 2007.
- Spatz, Diana and Sheila Katz. Workshop Facilitator: “Economic Context of Domestic Violence: Poverty and Welfare Policies Fail to Protect Battered Women with Children.” Collaboration between Fatherhood and Domestic Violence Programs in Communities of Color Institute: San Antonio, TX, October 2005.

PROFESSIONAL SERVICE

- Chair and committee member, Pacific Sociological Association’s Community, Clinical and Applied Sociology committee, 2012-present. Elected chair in April 2015.
- Project Partner, Persistent Poverty in the South Project, of the Southern Sociological Society. March 2015-present. <http://uncw.edu/povertyproject/>
- Chair, American Sociological Association’s Local Arrangements Committee for 2014 ASA annual meetings in San Francisco. Appointed by ASA President Annette Lareau to organize and chair the local arrangements committee for the national conference attended by approximately 6,000 sociologists each year. The committee organized eight local-themed sessions, conducted four tours, and wrote five local-themed articles for the ASA newsletter *Footnotes* for the 2014 annual meetings in San Francisco. I led 3 sociologically themed local tours, co-organized the “Evolving Oakland” session, solo-authored one article, and co-authored another article.
- Elected Board Member, Commission on the Accreditation of Programs in Applied and Clinical Sociology (CAPACS). June 2014-present. 3-year term. <http://www.sociologycommission.org/>
- Advisory Board member of the Student Parent Study Initiative, Institute for Women’s Policy Research, Washington, D.C., December 2011-present, funded by the Bill and Melinda Gates Foundation initiative on access to higher education.
- Article Reviewer, *Journal of Poverty, Sociological Perspectives, Sociological Quarterly, Work and Occupations, Journal of Contemporary Ethnography, Michigan Journal of Sociology*.
- Book Reviewer, “Seeking the American Dream” by Robert Hauhart, Palgrave Publications, under contract; “Drugs and Drugs Policy” by Moshin and Atkins, Second Edition, Sage Publications, 2013; and “Drugs and The American Dream” by Adler, Adler, and O’Brien, February 2012 from Wiley Blackwell Publishing.
- Faculty Mentor, American Sociological Association Honor Program 2010, Jessica Muscatell.
- Session Organizer, Pacific Sociological Association meetings in April 2010, 3 sessions: Qualitative Research on Poverty, Qualitative Research on Welfare, and Teaching Focus Group Methodology.
- Session Organizer, California Sociological Association annual meeting November 2011: Women and Social Policy, and November 2009: Sociology of Gender.

UNIVERSITY OF HOUSTON SERVICE

- Faculty Mentor for Edwin Villa for his Honor’s Thesis on masculinity and sexuality, December 2014-present.
- Sociology Student Association, faculty sponsor, Department of Sociology, September 2014-present.
- Hiring committee, Department of Sociology, October 2014-present.

SONOMA STATE UNIVERSITY SERVICE

- Chair and Elected Representative from the School of Social Sciences on the Student Affairs Committee Sub-Committee on Academic Advising, 2009-present. Elected Chair of committee in August 2013.
- Faculty representative, SSU Alcohol and Drug Advisory Committee, September 2013-May 2014.

Workshop Facilitator, SSU Professional Development Sponsored Faculty Teaching Workshop series, "Connecting Students to Careers: How Faculty Can Translate Course Knowledge into Employment Skills" March 2013.

Faculty representative, Academic Advisor Search Committee, October-November 2013.

Social Sciences member on Interdisciplinary Studies Program Committee, 2009-May 2014.

Member, Center for Community Engagement Strategic Action Committee, 2010-2014.

Social Science Faculty Mentor for the SSU NoGap McNair Scholar Program, mentor Social Sciences students in creating posters for the spring research symposium and finalize their papers for publication in the McNair Scholar journal, August 2013-present. Faculty mentor for student research: Kristal Raheem (May 2013-present), Holly Phillips (August 2012-present), Hector Ruiz (April 2012-May 2013), Vanessa Hernandez (September 2010-May 2012), Kristel England (April 2011-May 2012), Andrea Huhn (August 2011-December 2012), Lauren Stavish (Feb. 2009-May 2010).

Faculty Sponsor and mentor, 2009, 2010, 2011 CSU Undergraduate Research Competition.

Proposal Reviewer, SSU Academic Undergraduate Research Grants, 2011, 2010 and 2008.

Presenter and Co-Organizer of Speaker's Panel in JUMP's Homelessness and Hunger Awareness Week, November 2011, 2010, 2009, 2008.

Organizer and Presenter, SSU Disability Awareness Week Brownbag "Reducing Disability Stigma in the Classroom," May 2010.

SSU SCHOOL OF SOCIAL SCIENCES SERVICE

Summer Freshman Orientation Faculty Mentor for Social Sciences, June 2013, July 2011.

Committee member, Sophomore Year Experience (SYE) Program Planning Committee, February 2012-present. Coordinated project's focus group research in Spring 2012, conducted 5 focus groups with a total of 30 SSU students, analyzed data Summer 2012, presented to SSU School of Social Sciences meeting in August 2012, presented to SSU's Graduation Initiative Committee, October 2012. SYE Program implemented in Fall 2013.

Social Sciences Brown Bag Series lecture, "The Role of Advocates in Helping Welfare Mothers Achieve Higher Education." October 2011.

Presenter, SSU Gendered Intersections Lecture Series: "Envisioning Another World: Grassroots Activism and Welfare Mothers' Perspective on Poverty Policy." March 2010.

New Faculty Mentor, 2009-2010.

SSU SOCIOLOGY DEPARTMENT SERVICE

Chair, Program Review Committee, Sociology Department, September 2013-May 2014.

Designated as the "Veterans Advisor" by the Sociology Department, September 2013.

Committee member, Hiring committee for tenure-track Assistant Professor, Fall 2013.

Peer teaching evaluations of adjunct faculty: November 2012 and October 2013.

Faculty Mentor for students (Kristel Raheem and Holly Phillips) applying for Undergraduate Research Grants and research mentor to attend the Pacific Sociological Association annual meetings in Portland, OR, March 2014.

Designated as the "Study Away Advisor" by Sociology Department, September 2012.

Academic Advisor, advisor for 110 sociology majors/minors, Spring 2009-May 2014

Committee member, Hiring committee for adjunct pool refresh, Spring 2011.

Committee Member, Department Curriculum Committee, Fall 2008-May 2014.

Coordinator, Announcement Listserv for Sociology Majors and Minors: Fall 2008-May 2014.

Faculty Co-Editor, Sociology Department Newsletter, Fall 2008-Summer 2012.

Facilitator, Transfer Student Advising workshops: 2010-2013.

COMMUNITY SERVICE

Issue Expert Mentor, JCI of Houston (Junior Chamber International) for IMPACT Days 2015, February 2015-October 2015. "Reverse Pitch" to a group of 120 social entrepreneurs, I pitched a social problem that can be solved through social innovation and they will work in small groups for 8 months to develop social ventures that could solve this problem. I serve as the "issue mentor" during the program. <http://impactdays.info/>

Treasurer, Executive Committee and board member to City of Oakland's KONO (Koreatown Northgate) Community Benefit District Board, April 2010-July 2014, (re-elected in January 2012). Elected as Secretary on the Executive Committee, May 2010-August 2013 (re-elected January 2012). Elected Treasurer in September 2013. Chair of Security and Operations Committee, October 2011-October 2013. www.konooakland.org.

KONO Representative, Neighborhood Crime Prevention Council (NCPC) of District 8: Area 2, organized by the Oakland Police Department and City of Oakland, October 2012-December 2013.

Volunteer, Hopalong Animal Rescue, feline program: fostering kittens, transporting cats to medical appointments, and helping with fundraising events. June-November 2013.

Research Coordinator, "Homeless in Pacifica" project, Pacifica Resource Center, December 2012-June 2013. Worked with Executive Director to write a research brief about the increasing number of homeless in Pacifica, and worked with community members, police department, and city council to create the Pacifica Homeless Response Team to increase services and programs for the unsheltered on San Mateo county coast.

Guest on "The Project Censored Show" discussing American poverty, as part of the Morning Mix on KPFA Pacifica Radio, 94.1 FM, live from Berkeley, CA. May 2013.

Taught the course "Exploring the American Dream" in the University of Georgia's OLLI "Alumni College" Summer School program in June 2012.

Chair of Executive Director Search Committee, City of Oakland Koreatown Northgate Community Benefit District Board, December 2010-February 2011.

President and elected member of the Telegraph Gateway Homeowners' Association Board, November 2010-present, and previously served as Secretary (Nov 2009-10).

Policy Research Committee Chair and grant-writing volunteer for Low-Income Families' Empowerment through Education (LIFETIME), Spring 2008-March 2010.

Participant, California Partnership, community coalition fighting poverty, 2004-2009.

PROFESSIONAL AFFILIATIONS

American Sociological Association (2004-present)
ASA member of Sex & Gender; Sociology of Education; Race, Gender, Class; Teaching Sociology; Poverty, Inequality, and Mobility sections

Pacific Sociological Association (2004-present)

California Sociological Association (2009-present)

Society for the Study of Social Problems (2007-present)

RECENT PROFESSIONAL DEVELOPMENT

Participant, New Faculty Scholars Program, University of Houston, October 2014-present.

Participant, SSU's Faculty Writing Program, Coordinated by Dr. Kathy Charmaz: 2007-May 2014.

Participant, SSU's Faculty Research Expo, March 2013, March 2011 and March 2010.

Participant, ASA's Section on Teaching and Learning's Workshop, "The Best Teachers We Can Be: Learning Scholarly Teaching." Atlanta, GA, August 2010.

PREVIOUS RESEARCH AND TEACHING EXPERIENCE

Adjunct Lecturer, Sonoma State University Department of Sociology; Drugs and Society,
Fall 2007 and Spring 2008

Qualitative Data Analysis Consultant, University of California Berkeley, School of Public Health
June 2007-August 2007: Conducted qualitative data analysis (using Atlas.ti) on focus groups and interviews for the Benefits of Diversity Project, addressing issues of racial and ethnic diversity in students and faculty in medical and public health schools, which was funded by the California Endowment.

Research Coordinator, Low-Income Families' Empowerment through Education (LIFETIME)
October 2003-December 2006: Coordinated community engaged research projects on a statewide research team to conduct research on welfare, domestic violence, and the experiences of welfare mothers in education. Co-authored "Family Violence Is *Not* an Option," a research report (June 2005) about the failure of CalWORKs to protect domestic violence victims and their children in the welfare system. Worked with media and other community-based organizations to disseminate research; worked with Executive and Associate Directors to raise \$1.5 million in foundation grants (average grant approximately \$20,000) over 2.5 years.

Research Associate, Vanderbilt University Women's Social Policy and Research Center
March 2002-October 2003: Lead author and researcher for *Tennessee Women's Scholarship Directory* (August 2003), a resource book of scholarships and financial aid options for higher education available to women in Tennessee; designed web site to support the directory, wrote grants, and conduct other fundraising to provide independent funding for the scholarship directory and the research center.

Adjunct Instructor, Vanderbilt University Department of Sociology; Women and Men in American Society, Fall 2002, Spring 2003, Summer I, Summer II 2003.

Research Assistant, Vanderbilt Institute for Public Policy, Immigrant Community Assessment
April 2003-August 2003: Performed qualitative data analysis of focus group data.

Teaching Assistant, Vanderbilt University, Department of Sociology; Gender in American Society, Contemporary Social Problems, Sociological Research Methods, Gender, Sexuality, and the Body, Women and the Law, Human Behavior in Organizations, Social Movements, Introduction to Sociology, Images of Women. Fall 1998-Spring 2002.

ACADEMIC REFERENCES

Dr. Kathy Charmaz, Professor, Department of Sociology, Sonoma State University
Coordinator of the Faculty Writing Program
1801 E. Cotati Ave., Stevenson Hall 2084, Rohnert Park, CA 94928
charmaz@sonoma.edu

Dr. Melinda Milligan, Professor and Chair, Department of Sociology, Sonoma State University
1801 E. Cotati Ave., Stevenson Hall 2084, Rohnert Park, CA 94928
melinda.milligan@sonoma.edu

Dr. Cindy Stearns, Professor, Department of Sociology, Sonoma State University
1801 E. Cotati Ave., Stevenson Hall 2084, Rohnert Park, CA 94928
stearns@sonoma.edu

Dr. Karen Campbell, Senior Associate Dean, Undergraduate Education, College of Arts & Science
Vanderbilt University
Associate Professor, Department of Sociology, (Dissertation Chair)
VU Station B 351811, Nashville, TN 37235-1811
karen.e.campbell@vanderbilt.edu

Dr. Cynthia Ganote, Associate Professor of Sociology, St. Mary's College of California
1928 St. Mary's Road
Moraga, CA 94575
cmg3@stmarys-ca.edu

OTHER PROFESSIONAL REFERENCES

Anita Rees, Executive Director of Pacifica Family Resource Center
(former Associate Director of LIFETIME)
arees@alum.calberkeley.org

Phil Porter, past President of the KONO (Koreatown Northgate) Community Benefit District Board
Founder of InterPlay (www.interplay.org)
phil@interplay.org

Shari Godinez, Executive Director, KONO Community Benefit District
shari@koreatownnorthgate.org

Exhibit B-6

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

Case No. _____

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity
as Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of
the Florida Board of Medicine; FLORIDA
BOARD OF OSTEOPATHIC MEDICINE;
ANNA HAYDEN, D.O., in her official
capacity as Chair of the Florida Board of
Osteopathic Medicine; FLORIDA AGENCY
FOR HEALTH CARE ADMINISTRATION;
and ELIZABETH DUDEK, in her official
capacity as Secretary of the Florida Agency for
Health Care Administration,

**DECLARATION OF
LENORE WALKER**

Defendants.

I, LENORE E. A. WALKER, Ed.D., am over 18 years of age and declare and
state the following:

1. I am a clinical psychologist licensed to practice psychology in Florida,
New Jersey, and Colorado. I am currently a Professor at Nova Southeastern University
Center for Psychological Studies in Fort Lauderdale, Florida, where I also serve as
Coordinator of the Clinical Forensic Psychology Concentration. In my role as a
Professor, I train and supervise doctoral students in psychology programs in the Center

for Psychological Studies, including overseeing students' provision of psychotherapy services to women, men, adolescents, children, and families. Although I am no longer seeing my own patients on a regular basis, over the course of my career, I have treated or counseled over 2,000 victims of battering, rape, and incest.

2. I have a Doctorate in Psychology from Rutgers University and a Diplomate in Clinical Psychology and Family Psychology from the American Board of Professional Psychology. I have a national practice in clinical and forensic psychology, with particular expertise in violence against women, including rape and other forms of sexual violence, intimate partner violence, and family violence, including child abuse. I have provided expert testimony on these topics in civil and criminal cases throughout the United States. I have also been invited to testify before several committees of the United States Congress on national policy regarding violence against women and family violence, and am frequently asked to give presentations and lectures on these and related topics throughout the United States and internationally. My research on domestic violence was cited by the United States Supreme Court in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992).

3. Currently, I am a fellow of the American Psychological Association (APA), and serve on the APA Council of Representatives. I have previously served on the APA's Board of Directors and a number of APA committees and task forces. I am also a Board Member of the National Association for Practicing Professional Psychologists, and I serve on the editorial board for a number of major psychological journals, some published by the APA and some published independently. I have published 20 books and approximately 60 articles on violence against women, family

violence, and related topics. A copy of my curriculum vitae, which summarizes my background, experience, publications, and research, is attached to this declaration.

4. I submit this declaration in support of Plaintiffs' motion for a temporary injunction against enforcement of Florida House Bill 633 (the Act). I understand the Act requires Florida women seeking abortion to receive certain state-mandated information in person at least 24 hours before the procedure can be performed. This declaration focuses on the Act's impact on women who have experienced domestic abuse and sexual assault, including sex trafficking. My opinions are based on my training, education, and clinical experience, the research I have conducted, and my knowledge and review of the professional literature.

5. In my professional opinion, and as discussed in more detail below, the Act's 24 hour delay and additional trip requirement will harm abused women and sexual assault victims who seek abortions in Florida. While the Act purports to provide an exception for women who are victims of rape, incest, domestic violence, or trafficking, the exception does not allow women to self-report these incidents to the physician providing their abortion and instead requires them to present documentary proof, which they are unlikely to have. By delaying battered women or sexual assault victims in obtaining the care they need, subjecting them to additional emotional and psychological trauma, and increasing the risk of disclosure of their abortion to others, the Act will endanger the health and lives of Florida women.

Background Information on Violence Against Women

6. Violence against women can take the form of physical violence with or without injury; stalking; sexual assault including exploitation, being trafficked, stranger, partner, or acquaintance rape; and various forms of psychological abuse and

maltreatment. When the abuse is committed by a woman's current or former spouse, partner, or boyfriend, it is commonly referred to as intimate partner violence or domestic violence. There is significant overlap among these forms of abuse, as sexual assault can often include physical injury, and stalking can occur simultaneously with psychological abuse, to provide but two examples. In my U.S. National Institute of Mental Health funded research of 400 battered women, approximately one-half of the women interviewed said they had also experienced sexual abuse, mostly within their families.

7. One of the challenges of working in this field is the fact that there are no standardized definitions for these acts and behaviors. Another significant challenge stems from the fact that so many victims do not wish to reveal their own experiences, or will make intense efforts to conceal them, making it difficult to assess the prevalence of domestic violence and sexual assault. Terms such as "rape," "incest," "abuse," and "violence" carry certain social and cultural stigmas, and the use of these labels can prevent women from disclosing their experiences. For example, many battered women I have interviewed and counseled are uncomfortable labeling an unwanted or coerced sexual encounter with their partner as "rape." The same is often true for women who are sexually assaulted by an acquaintance or someone they are dating.

8. Although it can be difficult to measure the true prevalence of these acts of violence, because so many victims choose not to seek help from law enforcement or the justice system, the Center for Disease Control and Prevention (CDC) estimates that approximately one-third of all women in the United States have experienced rape, physical abuse, or stalking by a current or former intimate partner at some point in their lives.¹ For purposes of this declaration, I may use the terms "battered women" or

¹ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (2011) (the NISVS Report), at 39.

“abused women” interchangeably to refer to women who are victims of domestic violence.

9. Recent statistics estimate that nearly one-fifth of all women in the United States will be raped at some point in their lives.² Over 80% of rapes are committed by someone known to the victim (i.e. an intimate partner, family member, or acquaintance), and the perpetrator is a current or former intimate partner in nearly two-thirds of all rapes.³ While women can be victims of violence regardless of age, ethnicity, or class, women who experience domestic violence, rape, and sexual assault are disproportionately low-income.⁴

10. According to the CDC’s National Intimate Partner and Sexual Violence Survey (NISVS), 34.2% of Florida women have experienced rape, physical violence, or stalking by an intimate partner at some point in their lifetime, which amounts to over 2.5 million women.⁵ Estimates of the number of women who become pregnant as a result rape vary, with rates ranging from approximately 1.7% to approximately 5% of all rapes resulting in an unwanted pregnancy.

11. Perpetrators of domestic violence subject their partners to various forms of violence—including physical, psychological, economic, and sexual abuse—in order to assert their control and dominance. Physical violence includes a range of behaviors from slapping, pushing, or shoving, to more severe acts such as beating, choking/strangulation,

² *Id.* at 18.

³ Tjaden, P., and Thoennes, N. *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women*. National Institute for Justice, Centers for Disease Control and Prevention (2000), at 43.

⁴ Campbell, J.C. *Health consequences of intimate partner violence*. 359 *Lancet* 1331 (2002); Planty, M., Langton, L., et al. *Female Victims of Sexual Violence, 1994-2010*. U.S. Department of Justice, Bureau of Justice Statistics (2013), at 4.

⁵ NISVS Report, *Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner by State of Residence—U.S. Women, Table 7.4*, available at http://www.cdc.gov/violenceprevention/nisvs/state_tables_74.html.

or use of a gun or knife. In addition, it is common for an abuser to threaten to use physical violence against the woman, or to physically harm her children or other family members, as a means of intimidation and control. Stalking by an intimate partner entails repeated acts of harassment, intimidation, and/or threats that cause the victim to fear for her safety. Psychological or emotional abuse includes verbal abuse intended to shame, insult, and humiliate the abused woman, as well as a range of coercive and manipulative behaviors, such as interfering with the battered woman's relationships with family and friends, and limiting her access to money. Sexual abuse by an intimate partner can include rape as well as other unwanted sexual contact. Based on my own research, I would estimate that nearly one in three battered women has been raped one or more times by her abuser.⁶

12. Incest is a form of sexual assault committed by a family member or relative, other than a spouse, that involves multiple acts of sexual violation and exploitation over a period of time, ranging from several months to several years. Incest often begins when the victim is still a young child, and may go on for many years without the victim ever disclosing the abuse. Based on my work in this field, there is a strong correlation between acts of domestic violence committed by an abuser and acts of child abuse, including both physical abuse and incest.⁷ Incest is vastly underreported in the United States; most victims of incest do not report the abuse because they fear their abuser may harm them physically, because they feel guilty about the abuse, and/or because they are afraid to disrupt the family unit.⁸

13. Similar to other victims of gender violence, sex trafficking victims suffer extreme exploitation through the use of physical abuse, threats, coercion, and other

⁶ Walker, L.E.A. *The Battered Woman Syndrome* (Springer Publishing Co., 3d ed. 2009).

⁷ *Id.*; Walker, L.E.A. *The Battered Woman* (Harper and Row 1979).

⁸ Walker, L.E.A. *The Battered Woman Syndrome* (Springer Publishing Co., 3d ed. 2009).

control tactics. Although it is quite difficult to estimate the prevalence of trafficking in the United States, the U.S. Department of State estimates between 14,500 and 17,500 individuals are trafficked in the United States each year.⁹ Florida is known to have a high rate of sex trafficking victims such that the legislature has passed measures to provide “safe harbor” for these mostly young girls and women. Many of the treatment programs in local areas are being funded through this legislation. The experience with these victims has shown how reluctant they are to utilize established institutions and agencies in the community, including police.

14. Reproductive coercion or control is a form of domestic violence involving coercive behavior related to reproductive health. For example, many batterers will forcibly impregnate a woman, or employ some other form of reproductive coercion, such as refusing to wear a condom or destroying or manipulating a woman’s contraception as a means of impregnating her, in order to further demonstrate his control and dominance. Indeed, compelling a woman to carry an unwanted pregnancy to term and give birth is a common form of abuse, and one that can keep the abused woman trapped in the abusive relationship. Having a child, or an additional child, with her abuser makes it even more difficult for a woman to escape.

15. According to information collected by the CDC, between 4% and 8% of all pregnant women report that they have experienced physical abuse during pregnancy.¹⁰ Studies show that women are at increased risk of physical abuse during pregnancy,

⁹ Clawson, H. et al. *Human Trafficking into and within the United States: a review of the literature*. U.S. Department of Health & Human Services (2009), available at <http://aspe.hhs.gov/hsp/07/humantrafficking/litrev/index.pdf>.

¹⁰ *Intimate Partner Violence During Pregnancy, A Guide for Clinicians*. American College of Obstetricians and Gynecologists, Centers for Disease Control and Prevention (2013), at 12, available at http://www.cdc.gov/reproductivehealth/violence/intimatepartnerviolence/ipvdp_slide.htm

including an increased risk of homicide.¹¹ A recent study comparing the long-term health effects of women who received abortions at or near the gestational age limit with women who were unable to obtain an abortion because they were beyond the gestational age limit found that physical violence decreased over time for the women who obtained an abortion, but not for women who were turned away and subsequently gave birth.¹² The researchers suggest that carrying an unwanted pregnancy to term may make it more difficult for abused women to leave the abusive relationship.¹³ Women, especially low-income women, are afraid of leaving the relationship because of their inability to support themselves and their children, and to pay for basic necessities like food, housing, medical care, and clothing. And even if a woman separates from her abuser, he can use the children as a means of maintaining his power and control over the woman. Forced co-parenting, based on an award of joint custody, can keep the woman in the same neighborhood and in continued danger from her abuser.

The Act's Impact on Victims of Violence and Sexual Assault

16. The Act's 24 hour waiting period and mandatory additional visit will have devastating consequences for abused women and survivors of rape and sexual assault. First, the Act's mandatory delay and additional trip requirement will make it extremely difficult, if not impossible, for women in abusive relationships to seek an abortion. Those women who are able to obtain an abortion may have to delay the procedure. These additional hurdles are amplified for women who are poor and lack the resources to make all of the necessary arrangements while avoiding detection by their abuser. Second, by

¹¹ Morewitz, S. *Domestic Violence and Maternal and Child Health* (Kluwer Academic/Plenum Publisher 2004).

¹² Roberts, S., Biggs, M.A., Chibber, K., Gould, H., Rocca, C. and Greene Foster, D. *Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion*. 12 BMC Medicine 144 (2014).

¹³ *Id.*

forcing women in these horrific circumstances to wait an additional 24 hours before they can obtain an abortion, the Act subjects these women to additional emotional trauma, to the detriment of their health and well-being.

17. As I explain above, pregnancy is a time of extreme danger, and even lethality, for abused women, and abusers may use forced pregnancy as a way of keeping a partner under their control. Thus, it is often essential for many abused women to keep their pregnancy and/or intent to end the pregnancy a secret until after the abortion is obtained, and perhaps beyond that time as well. However, the Act will make it that much harder for a woman to obtain an abortion without detection by an abusive partner.

18. First, it will be extremely difficult for some battered women to make an additional trip to the abortion clinic without detection. Battered and abused women are carefully monitored by their abusers, such that going to a doctor's office or clinic in secret, even for a single visit, may require significant planning. Abusers have many ways of closely monitoring every move of the women they abuse; for example, many women have told me that their partner regularly checks the mileage on the car, and some abusers take more drastic measures such as removing the distributor cap of the car, or nailing doors and windows shut, in order to prevent the battered woman from leaving. An abuser may also call the woman multiple times at home and/or at work to ensure that he knows her whereabouts at all times. In addition, an abuser might show up unexpectedly at a woman's place of work to check up on her. In fact, battering at the worksite is not an uncommon event for victims of abuse. Abused women are expected to explain any absence from home or work. If an abusive partner suspects that a woman is leaving home or work during the day without his knowledge, he may become enraged and lash out with violence. Simply put, for some abused women, finding a way to get to an abortion provider for several hours for a single appointment may be extremely difficult. Finding a way to make an additional trip, especially within a close time period, is a hardship and may be impossible.

19. Second, abused women will have great difficulty obtaining the resources necessary to make the additional trip to an abortion provider. Abusive partners often maintain control and dominance by limiting a woman's access to money; even if an abused woman is employed, she may be forced to turn over her paycheck to the abuser. In addition, even if an abused woman's insurance plan would cover all or part of the costs of the procedure, she may not want to submit a claim to insurance out of fear of notifying the abuser of her abortion. For the same reason, she may be unable or unwilling to pay for the procedure with a credit card that can be traced back to her, and will therefore have to come up with all of the necessary funds in cash. Further complicating matters, perpetrators of abuse will often cut off or monitor a woman's communications with her family and friends in order to weaken her support system. Thus, an abused woman may not have any other person to turn to in order to loan her money for the abortion procedure itself, or for the additional costs of travel and childcare. Without her partner, or friends or family to turn to for support, an abused woman will have to delay the procedure in order to come up with the resources to afford an additional trip to the clinic.

20. In addition, women who are trying to conceal their pregnancy (not just their intent to seek an abortion) from their abusive partners must seek an abortion as soon possible, before the pregnancy becomes visible. Indeed, one study of women presenting at an abortion clinic reported that 8% of women seeking an abortion had not disclosed their intentions to their partner because they feared physical harm if the abortion was discovered.¹⁴ Due to the logistical and financial challenges of complying with the additional visit requirement, the Act will delay women in obtaining an abortion, thereby increasing the chances that the abuser will discover the pregnancy. If a woman's abuser discovers her plans to have an abortion, he will most likely prevent her from doing so.

¹⁴ Woo, J., Fine, P., & Goetzl, L. *Abortion Disclosure and the Association with Domestic Violence*, 105 *Obstet. Gynecol.* 1329 (2005).

Moreover, as I explained above, once a woman's pregnancy status is apparent, physical abuse by the batterer escalates; thus, the longer a woman is pregnant, the greater the threat to her health, and possibly even her life, from the abuse.

21. Even if an abused woman is able to make all of the arrangements for the additional required visit, in most cases she will not be able to travel on two consecutive days, both because of logistical difficulties and because of the intense monitoring and scrutiny that goes on in an abusive relationship. Thus, a woman will likely be delayed days, or possibly even weeks beyond her initial appointment, due to the difficulties of coming up with the funds to make the required additional visit and making all of the necessary arrangements, all without alerting the abuser. Moreover, for a woman who must travel a significant distance in order to reach an abortion provider, it is exceedingly unlikely that she would be able to stay away from home overnight without raising the abuser's suspicions. Even if a woman manages to find a way to stay away for two days, her partner may suspect that she had left him, which would greatly increase her risk of suffering physical violence.

22. In addition to the physical harms caused by the Act, the mandatory delay and additional trip requirement will also inflict psychological harms on women who have already endured psychological trauma. Many rape survivors are extremely distraught afterwards and may be suffering from post-traumatic stress disorder, anxiety, and/or depression. An unwanted pregnancy can be even more traumatizing for a rape survivor, as the pregnancy is a constant reminder of the rape. It is extremely important for women in these situations to be able to begin to resume their normal lives and move on from the tragic situation. Thus, for a rape survivor who wishes to terminate the resulting pregnancy, having the abortion is an important step in this recovery. For these women, the waiting period and mandatory additional trip will prolong their psychological suffering, because the pregnancy is a continual reminder of the assault.

23. Furthermore, the Act's waiting period and additional trip requirement will make it more difficult for rape victims to obtain an abortion. The planning necessary to arrange an appointment, make the necessary travel arrangements, and come up with the funds to pay for the abortion may be difficult for victims of rape who are suffering from post-traumatic stress disorder or other psychological effects. Even though a rape survivor may feel very strongly that she wishes to terminate the pregnancy, the prospect of complying with the mandatory delay and the additional trip requirement, and raising the funds necessary to make the additional visit, may prove to be insurmountable. At the very least, the Act will likely delay a rape victim's ability to obtain abortion for far more than 24 hours.

24. In addition, many victims of rape are afraid of disclosing the incident to friends or family. Some fear the stigma associated with rape; others fear being judged as somehow responsible for it. Forcing these women to make arrangements to be away from work, school, and family obligations on at least two separate occasions will increase the risk of discovery, and thereby jeopardize their privacy and confidentiality.

25. In sum, for victims of abuse and rape, the Act will cause a number of serious harms. For battered women living in poverty, the combined effects of the abuse and the lack of outside support or other resources may make it impossible to comply with state-mandated delay and additional visit requirement.

The Act's Limited Exception Will Not Apply to the Majority of Women Who
Experience Violence or Sexual Assault

26. I understand that the Act includes a waiver of the mandatory waiting period if a woman presents her physician with “a copy of a restraining order, police report, medical record, or other court order or documentation evidencing that . . . she is a victim of rape, incest, domestic violence, or human trafficking.” However, in my opinion, this exception is so narrow as to be effectively meaningless for the vast majority of victimized women.

27. In reality, very few women who have experienced these crimes will report them.¹⁵ Thus, statistics on the rates of rape, sexual assault, domestic violence, and stalking in this country are very likely to underestimate the prevalence of these crimes. And even if a woman does choose to make an official report, she may not feel ready to do so until months after the assault or abuse has ended.

28. Abuse and sexual assault victims are reticent to report these incidents for a number of reasons. First, many fear that disclosing the abuse or assault will subject them to retaliation and further abuse by the perpetrator. Abusers may become more violent after a woman discloses the abuse. Second, survivors of abuse and rape may be unwilling to report these incidents because of shame, embarrassment, and/or a belief that their reports will not be taken seriously. In addition, for victims of violence and sexual assault, describing these incidents to a stranger, such as a police officer or medical professional, can be extremely painful and traumatic. Many women, especially in the African/Caribbean and Latina communities in Florida, do not trust the police to make such a report. In my own clinical practice, I have known many women who were

¹⁵ Tjaden, Patricia N. T., and Thoennes, N. *Extent, Nature, and Consequences of Intimate Partner Violence*. National Institute for Justice, Centers for Disease Control and Prevention (2000), at 57 (finding that most intimate partner rapes, physical assaults, and stalkings are not reported to law enforcement); Kilpatrick, Dean, et al. *Drug-Facilitated, Incapacitated, and Forcible Rape: A National Study* (2007), at 2 (finding that only 16% of all rapes were reported to law enforcement).

unwilling to cooperate with law enforcement officials, even when doing so would have made them eligible for free medical care and counseling services.

29. Moreover, many victims do not seek medical care at all, and of those that do, many are reluctant to disclose their experiences to a medical provider.¹⁶ Thus, a woman's first time disclosing her abuse or assault to anyone could be at the time she seeks the abortion. Requiring a woman to present documentary proof to a physician in order to verify her abuse or assault could be emotionally devastating, making her feel as if her own report of what happened cannot be trusted. Moreover, medical professionals are trained to treat victims with dignity and compassion, and without passing judgment, but requiring physicians to request official documentation beyond the woman's own report of the incident could undermine the physician-patient relationship.

Conclusion

30. Abused women and rape survivors who seek abortions, especially those who wish to keep their abortions private, must overcome enormous odds to obtain the care they need. It may be very difficult for them to come to a clinic once, and even more so for them to safely make multiple trips. In my opinion, if the Act is allowed to take effect, it will cause severe and irreparable harm to abused women and sexual assault survivors, including victims of rape, incest, and sex trafficking.

Executed on June 5, 2015 in Fort Lauderdale, Florida.

/s Lenore E. A. Walker

Lenore E. A. Walker, Ed.D.

¹⁶ Tjaden, Patricia N. T., and Thoennes, N. *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women*. National Institute for Justice, Centers for Disease Control and Prevention (2000), at 54-55 (finding about one-third of rape victims seek medical care, and slightly less than one-third of physical assault victims do so).

CV of Lenore Walker

R E S U M E

DR. LENORE E. A. WALKER

March 2015

**Professor of Psychology & Coordinator,
Ph.D. & PsyD. Clinical Forensic Psychology Concentration
Director, M.S. in Forensic Psychology
Nova Southeastern University
Center for Psychological Studies**

Licensed Psychologist
FL (PY5102), NJ (1003), CO (419)
Diplomate in Clinical Psychology
Diplomate in Couples & Family Psychology
American Board of Professional Psychology
Fellow Academy of Clinical Psychology
Fellow, National Academies of Practice
M.S. in Clinical Psychopharmacology

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CURRENT POSITIONS

President and C.E.O.
WALKER & ASSOCIATES, LLC
Clinical & Forensic Psychologist

Independent Practice of Psychology
Licensed in Colorado, Florida & New Jersey

President and C.E.O.
ENDOLOR COMMUNICATIONS, INC.

Professor of Psychology
Coordinator of Forensic Psychology
Concentration
NOVA SOUTHEASTERN UNIV
Center for Psychological Studies
3301 College Avenue
Ft. Lauderdale, FL 33314

Domestic Violence Institute.
Executive Director

CURRENT CERTIFICATION AND LICENSURE

Diplomate in Couples & Family Psychology American Board of Professional Psychology	2003
Florida License as a Practicing Psychologist (#5102)	1994
National Academy of Practice in Psychology Chair	1986 2011-2013
Fellow of the American Psychological Association	1983
American Board of Professional Psychology Diplomate in Clinical Psychology	1979
Colorado License as a Practicing Psychologist (#419)	1975
New Jersey License as a Practicing Psychologist (#1003)	1974
National Registry of Health Service Providers in Psychology	1974

EDUCATIONAL BACKGROUND

Nova Southeastern University Post Doctoral Master's Degree in Psychopharmacology (M.S. in Clin. Psychopharm)	M.S. 2004
Rutgers - The State University of NJ School Psychology	Ed.D. 1972
City College of the City University of NY Clinical School Psychology	M.S. 1967
Hunter College of the City University of NY Psychology Major	A.B. 1962

TEACHING APPOINTMENTS

Nova Southeast University Center for Psychological Studies Ft. Lauderdale, FL	Professor Adjunct Professor	8/1998-Present 1/98-8/98
Alliant University	Adjunct Professor	July 2006
University of Granada, Spain	Visiting Professor	May-June 2006
University of Salamanca, Spain Pontifica Universidad Salamanca Gender Violence MS Program	Visiting Professor	November 2005 May 2007 May 2009 May 2010 May 2011
University of Denver Graduate School of Professional Psychology	Adjunct Professor Practicum Supervisor	1976-1994 1995-1998
European Educational Organization School of Psychology,	Special Advisor Athens, Greece	1990-1992
Caribbean Center Puerto Rican Institute of Psychology (Albizu University) San Juan, Puerto Rico	Consultant	1986-1990 2000
Colorado Women's College Denver, Colorado	Associate Professor Chairperson Tenured Assistant Professor of Psychology	1977-1981 1977-1980 1978 1975-1977
University of Pittsburgh Semester-at-Sea Institute for Shipboard Education	Visiting Professor S.S. Universe Around the World Program	Spring 1981
College of Medicine and Dentistry of New Jersey Rutgers Medical School Institute of Mental Health Sciences, Piscataway, NJ	Assistant Professor of Psychiatry	1972-1975

Rutgers University Ph.D. Program in Clinical Psychology New Brunswick, NJ	Assistant Professor of Psychology (Joint Appointment)	1973-1975
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Rutgers University GSAPP	Assistant Professor (Joint Appointment)	1974-1976
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CLINICAL PSYCHOLOGY EXPERIENCE

Independent Practice of Psychology	1972-Present
Expert Witness Testimony	1977-Present
Criminal, Civil, Family, Juvenile Cases	

Community Mental Health Center Rutgers Medical School	Coordinator Educational Outreach Services Director of School/ Community Psychology Internship Program	1972-1975
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Middlesex County Medical Health Clinic New Brunswick, NJ	Staff Psychologist	1969-1972
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Coney Island Hospital Maimonides Medical Center	Staff Psychologist Intern	1967 - 1969 1967
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New York City Board of Education - District 21 Coney Island, Brooklyn, NY	Elementary Grade Teacher - Emotionally Disturbed Children	1962-1968
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RESEARCH

NSU- CPS	Women's False Confessions	2013-present
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NSU ó CPS	Analysis of family murder-suicides	2012-present
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NSU ó CPS	Survivor Therapy Empowerment Evidence-Based Treatment Program	2009-present
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NSU Dental School	HRSA Training Grant for Teaching Dental Residents about Domestic Violence - Consultant	2008-2011
NSU-QOL Grant	BSO Mentally Ill Needs Survey	2006-2009
NSU Presidential Scholar	Battered Woman Syndrome Questionnaire	June 2003 - present
NIJ-BJA	South Florida Medical Corrections OPTIONS Program - Co-Principal Investigator	1999-2001
NIMH GRANT #RO1 MH30147	The Battered Woman Syndrome Study Principal Investigator	1978-1981
DHHS GRANT - Office on Human Development	Services to Battered Women Project Consultant	1977-1978

SPECIAL TESTIMONY

Testified as invited speaker to Congressional Committee of Judiciary on legislation pertaining to admissibility of Battered Woman Syndrome testimony in criminal homicide and domestic and child abuse cases. 1992

Testified as invited speaker to Senate Committee on Labor & Human Resources, Subcommittee on Child & Human Resources on S1843/HR29771, Domestic Violence Treatment Prevention Act February 6, 1990

Testified as invited speaker to Congressional Subcommittee on Children, Youth, and Families - Violence Against Women Hearings September 1987

Testified as consultant to Attorney General's Task Force on Family Violence. 1983

Testified as invited speaker to President Reagan's Task Force on Victims of Crime and Violence, Denver, Colorado. 1982

Testified as invited speaker to the Congressional Committee on Science and Technology, DISPAC Subcommittee, on research and treat-treatment alternatives for battered women to assist the government's legislative support for funding. February 15, 1978

Testified as invited speaker at the United States Commission on Civil Right's Consultation on battered women in Washington, D.C. January 31, 1978

Testified in support of legislation pending the Congress to fund programs for domestic violence. March 1978

Testified as an expert witness in criminal and civil trials in state and federal courts where interpersonal violence is an issue across the United States. 1977-Present

FORENSIC TESTIMONY

Qualified as a clinical and forensic psychologist with expertise in interpersonal violence, family violence, violence against women and children, child abuse, child custody, civil damages, sexual harassment, and impact of trauma and testified as an expert witness in criminal and civil cases in approximately 36 states and most Federal Court jurisdictions and in Greece and Hong Kong, China.

SELECTED CONSULTING AND BOARD POSITIONS

Certification Board of Child Custody Evaluation Specialists (IVAT)	2013
Instituto de Mujer in Murcia Spain	2010
Ministry for Equality & Gender Violence in Spain	2009
Public Health Institute of Spain	2006 ó 2010
Madrid Public Health Group on Domestic Violence	2006
Artemesia Group, Florence Italy	2006
Psychological Society of South Africa	2001
Judicial College Seminar on Family Violence Jerusalem, Israel	1998 (since 1993)
Israel State Attorneys Office Jerusalem, Israel	1998
Pan American Health Organization (PAHO) Consultant on Domestic Violence Policy to Central America	1996

Colorado Legislatures Battered Woman Syndrome Task Force, Chair Subcommittee on Battered Women in Prison	1994-1995
Broward County Public Defender's Office Ft. Lauderdale, Florida	1993- 2005
American Psychological Association (APA)	2013-2015 2005-2010
Elected to Council of Representatives	1984-1988 1994-1997
Board of Directors	1988-1989
Nominee for President	1989-1990
JurisMonitor, Inc., Boulder, Colorado	
Consultant	1990-1995
Director	1994-1995
Ministry of Justice, Costa Rica with United Nations ILANUD Project in Central America	1990-1994
Ministry for Equality of Women and Men Athens, Greece.	1988-1992
Women's Forum Foundation of Colorado Director and Treasurer	1985-1988
Women's Forum of Colorado Director and Secretary	1985-1987
U.S. Surgeon General Conference on Interpersonal Violence Leesburg, Virginia	September 1985
National Institute of Justice Office on Victims and Criminalization of Domestic Violence Programs	1984-1987
Coalition for Justice for Abused Women in Denver, Colorado (JAWS) And Project Safeguard	1982-1990
Consultant to numerous battered women shelters, programs, and task forces throughout the world. Keynote speaker and workshop leader at international, national, state and local conferences.	

TASK FORCES, COMMITTEES AND ADVISORY POSITIONS

Safety Resource Network of the Miami/Dade Children's Trust Scientific Advisory Council at Jackson Memorial Hospital	2005-2006
Chair, APA President's Task Force on Violence and the Family	1994-1996
Chair, APA Board of Director's Task Force on Child Abuse Policy	1989-1991
Joint Council on Professional Education in Psychology Division 35 Representative	1989-1995
APA Liaison to the DSM-IV	1987-1994
APA Liaison to the DSM-III-R	1986-1987
Committee on Legal Issues	1989-1991
Public Information Committee	1986-1988
Committee on International Relations in Psychology Chair	1992-1995 1995
APA Council of Representatives	1984-1988 1994-1997 2005-2008
Chair of Women's Caucus	1985-1988
Community Responsibility Center, Women's Community Corrections Program, Advisory Board Member	1982-1984
Colorado Women Psychologists and Colorado Women's Bar Association Joint Committee on Sexual Abuse of Children	1982-1984
Colorado Association for Aid to Battered Women (CAABW) A Founder and Board Member	1977-1980
Elected Colorado Delegate to the National 1977 Women's Conference, Houston, Texas	November

PROFESSIONAL ASSOCIATIONS

American Psychological Association	Member 1974 Fellow 1983 1988-1989
Board of Directors	
Liaison to Board of Professional Affairs	
Liaison to Committee on Legal Issues	
Public Information Committee	
Committee on Legal Issues	1989-1992
Committee on International Relations in Psychology	1992-1995
Chair	1995
Council of Representatives	1984-1988
Division 35	1994-1997
Division 46	2005-2010
Division 42	2013-
President - Division 35 (Women)	1989-1990
President of Division 12 Sec 4	1997-1998
President Division 46 (Media)	2001
President Division 42 (Independent Practice)	2002
Executive Committee Division 56 (Trauma)	2006
Chair - Women's Caucus of Council	1985-1988
Executive Board Member Division 43 (Family)	1987-1988
Executive Board Member Division 46 (Media)	1993-1995
Treasurer	1996-1998 1998-1990
Executive Board Member Division 51 (Men)	1996-1997
President - Division 12 Section 4 (Women)	1998
Treasurer - Division 52 (International Psychology)	1999-2000 2001-2002 2006-2007
Executive Council D 56 (Trauma)	
Chair of Nominations & Elections Committee	
Chair of Div 42 Ethics Committee	1999-2001
Chair - Committee on Women's Issues	
Division 41	1982-1988
Chair - Committee on Family Violence	
Division 43	1984-1988
Representative to Group on Restructuring	1987-1988
National Association for Practicing Professional Psychologists	
Board Member	2006 - present
American Board of Couples & Family Psychology	2008-2010
Elected Board Member	

National Academies of Practice in Psychology	
Treasurer	1998-2007
Co-Chair	208-2010
Chair	2010-2013
International Council on Psychology - Treasurer	2001-2003
Feminist Therapy Institute	
Founding Member and First Chairperson	1982-1984
Steering Committee	1982-1988
Women's Coalition for Legislative Action	
Co-Founder & Board of Directors	1986 - Present
Co-Chair	1986-1992
Chair	2005
Colorado Psychological Association	Full Member
Colorado Women Psychologists	Full Member
Florida Psychological Association	1995
Association for Women in Psychology	
Member of Delegation to NGO Forum	Full Member
UN Decade for Women Conference	
Nairobi, Kenya	July, 1985
International Council on Psychology	2001-2003
Treasurer	
International Women's Forum	1979 - present

JOURNAL EDITORIAL BOARDS

Journal of Child Custody	Editorial Board	2003-present
Journal of Trauma Practice	Editorial Board	2002-2011
Journal of Traumatic Stress	Editorial Board	1987-1994
Professional Psychology	Editorial Board	1986-1989
Violence and Victims	Special Associate Editor	1986-Present
RESPONSE and Violence Update	Editorial Board	1984-1995
Victimology	Editorial Board	1984-Present
Journal of Child Sexual Abuse	Editorial Board	1992-1994
Journal of Emotional Abuse	Editorial Board	1994-Present
Women and Therapy	Editorial Board	1992-1995
American Psychologist	Special Editor	
	International Psychology	1995-1998

Psychotherapy	Special Editor Issue on Family Violence	1998
American Psychologist	Special Editor Issue on International Domestic Violence	January 1999

HONORS AND AWARDS (Partial List)

IVAT Lifetime Advocacy Award	2013
APA Division 35 Corann Okoranodudu International Award	2011
APA Division 56 Lifetime Trauma Award	2011
APA Division 46 Lifetime Achievement Award in Media	2010
APA Presidential Leadership Citation	2004
APA Division 43 Psychologist of the Year	2001
APA Division 29 Psychologist of the Year	2001
APA Presidential Leadership Citation	2000, 2003
FPA -What A Woman Award	2000
APA and National Women's Health Coalition Distinguished Contribution Award	1994
APA Committee on Women in Psychology Distinguished Woman Psychologist Leader Award	1992
APA Board of Professional Affairs Distinguished Professional Contributions to Psychology in the Public Interest	1987
World Victimology Leadership Award Italy	1987
Colorado Women's Hall of Fame	1987
Colorado Working Women's Award	1987
Hunter College Alumni Hall of Fame	1986
Women Who Care Award - Colorado	1984
Colorado Salute to Women Award	1980

TELEVISION APPEARANCES

Numerous Local TV and radio documentaries and news shows including

Ted Koppel - Nightline	Today Show
Good Morning America	Oprah Winfrey Show
CBS Morning News	Phil Donahue Show
CBS News with Dan Rather	Hour Magazine
48 Hours	Sally Jesse Raphael
CNN and TBS	Joan Rivers
Dateline with Maria Shriver	Geraldo & Rivera Live
The O'Reilly Factor	Discovery Channel Series on Women Killers

VIDEO

The Abused Woman: A Survivor Therapy Approach. Assessment and Treatment of Psychological Disorders Video Series. New York: Newbridge Communications. (1996)

Feminist Therapy. Series by Allyn & Bacon. New York. (1998)

PUBLICATIONS (Partial List)

Jungersen, T.J., **Walker, L.E.A.**, Black, R.A., Groth, C.M. (accepted for publication, 2014). Treatment of interpersonal partner violence trauma using the Survivor Therapy Empowerment Program (STEP). *Journal of Counseling and Development*.

Walker, L.E.A., J. Pann, V. Vanhasselt, & D.L. Shapiro (in press). Best practices model For mentally ill involved with the criminal justice system. New York: Springer.

Walker, L.E.A. (in press). Who is the real witch in the hunt for truth about child sexual abuse: Review of Cheitø, *The Witchhunt Narratives*.

Walker, L.E.A. (2015). Looking back and looking forward: Psychological and legal interventions for domestic violence. *Ethics, Medicine & Public Health: A Multidisciplinary Journal*. Inaugural Issue. <http://dx.doi.org/10.1016/j.jemep.2015.02.002>.

Kleinman, T. K. & **Walker, L.E.A.** (2014-2015). Challenge to AFCCø proposal for a court-involved therapist to substitute for a trained psychotherapist when litigants require psychotherapy. *Journal of Child Custody*.

Walker, L.E.A., Conte, C., & Grabner, S. (2014, November/December). Women uniquely vulnerable in the criminal justice system. *The National Psychologist*, 23, p. 12.

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KEYNOTE SPEECHES AND PAPERS PRESENTED (Partial List)

Walker, L.E.A. (2014, October). Advances in Models for treatment of victims of trafficking: STEP works. SAFE Coalition on Human Rights Conference. Chicago, IL.

Walker, L.E.A. (2014, October). Identifying victims of trafficking in clinical settings. SAFE Coalition on Human Rights Conference. Chicago, IL.

Walker, L.E.A., Rosenblatt, K., Jackson, M., Sarachaga-Barato, N., Mahler, C., & Gaviria, G. (2014, October). Raising the bar: Taking trafficking victims to the next level of treatment. SAFE Coalition on Human Rights Conference. Chicago, IL.

Walker, L.E.A. (2014, August). Development of a project in U.S. Immigration Court. Presentation in Symposium with Walker, L.E.A., Shapiro, D.L., Simonds, M., O'Neill, C., Calderin, D., Crouch, A., Roque, S., Shook, J., Akl, S., Boltinghouse, J., Jackson, M. (2014, August). Psychologists Involvement in U.S. Immigration Court. Symposium presented at the 122nd APA Annual Convention, Washington, D.C.

Walker, L.E.A. (2014, August). Teaching medical ethics and benefits of the MS in Clinical Psychopharmacology for forensic psychologists. Presentation in Symposium, Burns, W.J. (Chair). Enhanced job and training opportunities for psychopharmacology graduates. 122nd APA Annual Convention, Washington, D.C.

Akl, S., Roque, S., & Walker, L.E.A. (2014, August). Virtual simulations and avatars in online psychology courses. Poster presented at the 122nd APA Annual Convention, Washington, D.C.

Milano, N., Crouch, A., Jourdain, M., & Walker, L.E.A. (2014, August). Sexual functioning in incarcerated women who experienced child abuse histories. Poster presented at the 122nd APA Annual Convention, Washington, D.C.

Grabner, S.S., Conte, C.B., Groth, C.M., Astor, J. H., Hylton, T., & Walker, L.E.A. (2014, August). False Confessions by Women with Histories of Trauma and Abuse. Poster presented at the 122nd APA Annual Convention, Washington, D.C.

Lopez, V.A., Lundell, L., Mahler, C., Guskowski, K., Walker, L.E.A., & Van Hasselt, V.B. (2014). The victimization of women through murder-suicide: Florida case examples. Poster presented at the American Psychological Association Annual Meeting, Washington, DC.

Walker, L.E.A. (May 2014). What research tells us about best practices to protect moms and children when there is violence in the home. Invited Presentation: American Psychological Association & American Bar Association Conference on Violence and the Family. Washington, D.C.

Walker, L.E.A. (October 2013). Trauma Informed Care. Presentation at Fast Forward Conference sponsored by APA Division 42. Philadelphia, PA.

Walker, L.E.A. (October 2013). Our Broken Family Court System. NSU, Ft. Lauderdale, FL.

Walker, L.E.A. , D. Shapiro, GAH Benjamin, R. Geffner (September 2013). Advanced techniques & ethical issues in child custody evaluations. International Violence and Trauma at Alliant University (IVAT) & American Academy of Couples & Family Psychology. San Diego, CA.

Walker, L.E.A. (September 2013). Expert witness testimony in high publicity cases. IVAT. San Diego, CA.

Walker, L.E.A. (September 2013). Trauma Informed Practices. IVAT, San Diego, CA.

Walker, L.E.A. (September 2013). Forensic sexual abuse interviews. IVAT, San Diego, CA.

Walker, L.E.A. (August 2013). Empirically Based Trauma Interventions. Chair Symposium. American Psychological Association (APA) Annual Convention, Honolulu, HI.

Walker, L.E.A. (August 2013). Our Broken Family Courts: Lack of protection for trauma-exposed children. Chair Symposium. American Psychological Association (APA) Annual Convention, Honolulu, HI.

Walker, L.E.A. (July 2013). Creating a trauma-sensitive family court. Presentation at International Academy of Law & Mental Health (IALMH) conference. Amsterdam.

Walker, L.E.A. (July 2013). Gender violence issues. Presentation at International Academy of Law & Mental Health (IALMH) conference. Amsterdam.

Walker, L.E.A. (May 2013). Battered Woman Syndrome Testimony in the Courts. Invited Presentation at Conference on New Directions in Clinical and Forensic Assessment. APA Division 42, Miami Lakes, FL.

Walker, L.E.A., N. F. Russo, K. McNamara (October 2012). Creating a women's health agenda. Presentation at National Academies of Practice conference. Cleveland, OH.

Walker, L.E.A. (October 2012). Interprofessional Competencies: Psychology. Presentation at National Academies of Practice conference. Cleveland, OH.

Walker, L.E.A. (August 2012). STEP: Battered woman treatment for men and women. Chair Symposium. American Psychological Association Annual Convention, Orlando, FL.

Walker, L.E.A. (August 2012). Efficacy of the Felony Mental Health Court. Chair Symposium. American Psychological Association Annual Convention, Orlando, FL.

Walker, L.E.A. (August 2012). Violence and women's health: Connections, intersections, and coalitions. Discussant Symposium. American Psychological Association Annual Convention, Orlando, FL.

Walker, L.E.A. (March 2012). Seven deadly sins in family court. Presentation at Our Broken Family Court System Conference. Cummings Foundation: Phoenix, AZ.

Walker, L.E.A. & Benjamin, G.H.A. (2011, February). Protecting children in domestic violence families. Presentation at the American Academy of Couples & Family Psychologists, Ft. Lauderdale, FL.

Walker, L.E.A. (2010, June 2). BWS Theory and Research for Judges: Avoiding Pitfalls and Creating Solutions. Presentation to the American Family & Conciliation Courts (AFCC). Denver, CO.

Walker, L.E.A. (Chair), R. Resnick & R. Ax, W.J. Burns, J. Rey, A. Miles, & B. Rom-Rymer. (2011). Should APA support psychopharmacology programs to predoctoral students? Symposium at APA Annual Meeting. San Diego, CA. August 12th.

Walker, L.E.A. (Chair), S. Etkind, A. Jones, A. Mulcahy, F. Peric, & S. Lewis. (2010). Empirically supported group interventions with high publicity domestic violence victims. Presentation at APA Annual Meeting, San Diego, CA. August 12th.

Walker, L.E.A. (2009). Survivor Therapy Empowerment Program (STEP). Symposium at APA Annual Convention. Toronto, Canada.

Walker, L.E.A. (2008). Treating Trauma Victims & Survivors. Symposium at APA Annual Convention, Boston, MA.

Walker, L.E.A. (2006). Media, Myths, and Mental Illness. Chair. Symposium at APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2006). Ethics in high profile media cases. Invited symposium (D46) at APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2006). Battered Woman Syndrome: PTSD & Implications for Treatment Recommendations. Presentation in Symposium D42 Forensics for the Independent Practitioner. APA Annual Meeting, New Orleans, August.

Walker, L.E.A., Ardern, H., Walker, L., Brosch, R., Graham, M., Jenefsky, M., Scott, E., Tome, A., & Worth, C. (2006). In Their Own Words: Domestic Violence and Incarcerated Women. Poster Presentation. APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2006). Survivor Therapy with Trauma Victims. Invited presentation in Symposium for D56 (Trauma) at APA Annual Meeting, New Orleans, August.

Walker, L.E.A. (2005, November). Domestic Violence and Gender Issues. Invited Seminar at University of Salamanca, Spain. November 4 & 5, 2005.

Walker, L.E.A. (2005, September). Domestic Violence and Raising Healthy Children. Workshop in Conference on Raising Healthy Children, NSU Health Sciences Profession, Ft. Lauderdale, FL. September 17, 2005.

Walker, L.E.A. et al. (2005, August). Battered Woman Syndrome: Thirty Years. Symposium presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Walker, L.E.A. et al. (2005, August). Born to be Wild: Media Images of Juvenile Girls: Bad or Trauma Victims. Symposium presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Walker, L.E.A. et al (2005, August). Forensic Psychology in a Clinical Training Program. Symposium presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Walker, L.E.A., Shapiro, D.L., Seligson, M.R. (2005). Legal issues in health care: Mental health issues. *Chabad of Downtown, Fort Lauderdale*. C.E.U. for lawyers. April 12 & May 10, 2005.

Walker, L.E.A., Antonopoulou, C., Rotlevy, S. (2005). Legal rights for children. *Presentation to Hellenic-American Union*. Athens, Greece. May 13th.

Walker, L.E.A. & Antonopoulou, C. (2005). Forensic Psychology. *Presentation to New York College*. May 17, 2005.

Walker, L.E.A. & Baca, J. (2005). *Psychopharmacology for children*. Workshop presented at Florida Psychological Association meeting, RitzCarlton Hotel, W.Palm Beach, FL. July 15th.

Walker, L.E.A. (2004). Psychopharmacological Update, Spousal Abuse, Legal/Ethical Responsibilities. American Academy of Clinical Psychology, ABPP, Los Angeles, CA. (May).

Walker, L.E.A. (2003). Prosecuting when Women are Victims: Battered Women and Sexual Assault Cases. Keynote invited address to annual meeting of Prosecutors. San Juan, Puerto Rico. (October)

Walker, L.E.A. (2003). International Perspectives on Battered Women. Invited address to annual meeting of the Interamerican Society of Psychologists, Lima, Peru (July).

Walker, L.E.A. (2003). Psychological Screening in Magistrates Court. Symposium with students at the annual meeting of the Interamerican Society of Psychologists, Lima, Peru (July).

Walker, L.E.A. (2003). Survivor Therapy with Battered Women: Assessment and Treatment Issues. Invited Workshop to the Michigan Women Psychologists, May 16th.

Walker, L.E.A. (2003). Child Custody and Exposure to Domestic Violence. Invited Presentation to the Interdisciplinary Group on Child Custody. Bonita Springs, FL., April 25th

Walker, L.E.A. (2003). Is there a Future in Psychology? Invited keynote lecture to Psi Chi Honor Society Undergraduates, Regional Chapter, FIU, April 17th.

Walker, L.E.A. (2002). Tribute to Al Ellis on his 90th Birthday. American Psychological Association Annual Convention, Chicago, IL., August.

Walker, L.E.A. (2002). Mental Health Issues as Mitigation in the Death Penalty. Discussant. American Psychological Association Annual Convention, Chicago, IL., August.

Walker, L.E.A. (2001). Psychological Issues for Battered Women. Invited presentation to PROMUDEH International Conference on Violence Against Women. Lima Peru, November 28th

Walker, L.E.A. (2001). Violence Risk Assessment with Domestic Violence Perpetrators in Custody Disputes. Workshop for Hawaii Psychological Association, Honolulu, HI, November 16th.

Walker, L.E.A. (2001). Domestic Violence and Substance Abuse. Invited presentation to Straub Foundation Annual Meeting, November 15th & November 17th, Honolulu, HI.

Walker, L.E.A. (2001). Families Torn Apart by Domestic Violence. Invited presentation in Injury and Violence Prevention and the Family, Ileana Arias (Chair). Psychology Builds a Healthy World: New Markets, New Research, 2001 Miniconvention Program. APA Annual Meeting, San Francisco, August 24th.

Walker, L.E.A. (2001). Forensic/Law Psychology POD Chair & the Role of Treating and Forensic Psychologists in Cases Where there has been Violence Against Women. Invited Presentation in Miniconvention on Pioneering and Reinventing: Innovative Practices for the 21st Century from a Diversity of Perspectives and Backgrounds. APA Annual Meeting, San Francisco, August 25th.

Walker, L.E.A. (2001). Legal and Ethical Issues in Expert Testimony on Psychological Syndromes. Invited Symposium by APA Committee on Legal Issues. APA Annual Meeting, San Francisco, August 24th.

Walker, L.E.A. & Shapiro, D.L. (2001). Ethics Code and Independent Practitioners: Response of Division 42. Symposium on Ethics Code, Courts, and Axis II Pathology: A Menacing Synergy. APA Annual Meeting, San Francisco, August 26th.

Walker, L.E.A. (2001). Practicing Psychology in the New Mental Health Court. Chair. APA Annual Meeting, San Francisco, August 26th.

Walker, L.E.A. (2001). Media Psychology and Hot News: Presidential Address for Division 46. APA Annual Meeting, San Francisco, August 27th.

Walker, L.E.A. (2001). Beyond the Psychological Impact of Trauma: New Assessment, Treatment, and Forensic Interventions when Women Experience Violence. Invited Address to the Canadian Psychological Association, Quebec City, CN, June 23rd.

Walker, L.E.A. (2001). The How Tos in Family Law Cases When Domestic Violence is at Issue. Workshop with L. Drozd & T.G. Kleinman at Association of Family and Conciliatory Courts, Chicago, IL. (May 10, 2001).

Walker, L.E.A. (2001). Psychology and Domestic Violence. Keynote Address to the New York State Psychological Association Annual Meeting, Albany, NY, (May 5, 2001).

Walker, L.E.A. (2001). Forensic Issues in Domestic Violence Cases. Presentation at Women In Distress Conference, Ft. Lauderdale, FL. (March)

Walker, L.E.A. (2001). Broward County Mental Health Court as a Model for Independent Practitioners. Presentation with R. Levant, D. Shapiro, M.R. Seligson, & M. Jalazzo to APA Division 42 Midwinter Board Meeting, Miami Beach, FL (March 2, 2001).

Walker, L.E.A., D. Shapiro & C. Antonopoulos (2000). Psychologists as Expert Witness. Presentation to New York College Athens, Greece. (December).

Walker, L.E.A. (2000). Domestic Violence and Psychotherapy. Presentation to Geneva Conference on Battered Women with WHO. Geneva, Switzerland (December 2000).

Walker, L.E.A. (2000). Ethical Issues in Child Custody Evaluations When Domestic Violence Is Claimed. Presentation to American Psychological Association Annual Meeting, Washington, DC, August, 2000.

Walker, L.E.A. (2000). Forensic Psychology Training. Invited Symposium, Sabourin, M. (Chair). International Congress on Psychology, Stockholm, Sweden, July, 2000.

Walker, L.E.A. (2000). Domestic Violence Around the World. Broward Mental Health Court and OPTIONS program. Invited Symposium, L. Walker (Chair). International Congress on Psychology, Stockholm, Sweden, July, 2000.

Walker, L.E.A. (1998). Domestic Violence Around the World. Invited Address to the International Association of Applied Psychology, San Francisco, CA. August.

Walker, L.E.A. (1998). Domestic Violence Around the World: Problems and Solutions. Symposium Chair. International Association of Applied Psychology, San Francisco, August.

Walker, L.E.A. (1998). Forensic Psychology: Criminal Cases. Chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Forensic Psychology: Gender Issues. Chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Forensic Psychology: Child Custody Evaluations. Chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Forensic Psychology: Marketing Strategies. Co-chair of seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. & Albert Ellis (1998). Dialogue on violence. Invited presentation by Division 1 at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Not Ready for Standup Comedy. Invited presentation by Division 1 at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Feminist forensic training models. Presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). From Times to Tabloids: High Profile Media Cases and Psychology. Seminar presentation at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Wilderness psychology and women: Discussant. Seminar presented at the APA Annual Convention, San Francisco, CA. August.

Walker, L.E.A. (1998). Children Exposed to Domestic Violence. Workshop for Florida Psychological Association, Key West, FL. June.

Walker, L.E.A. (1998). Feminist Therapy. Workshop for Florida Psychological Association, Key West, FL. June.

Walker, L.E.A. (1997). Advanced Issues in Domestic Violence. Workshop for Florida Psychological Association, Ft. Lauderdale, FL. Dec. 1997.

Walker, L.E.A. (1997). Expert Witness Testimony in Criminal Cases. Workshop for Florida Psychological Association, Ft. Lauderdale, FL. Dec. 1997.

Walker, L.E.A. (1997). Domestic Violence and Survivor Therapy. Workshop for Broward County Mental Health Association. Ft. Lauderdale, FL, November.

Walker, L.E.A. (1997). Assessment and Treatment of Abused Women. Workshop and Invited lecture at International Association of Applied Psychology Regional Conference. Mexico City, July.

Walker, L.E.A. (1997). Battered Women as Survivors. Workshop for Psychological Association of Alberta. Calgary, CN. May.

Walker, L.E.A. (1997). Domestic Violence: Perpetrators and Victims. Workshops for Advocates and Professionals. Santa Rosa, CA, May.

Walker, L.E.A. (1997). Psychology and Violence and the Family. Workshop for Maine Psychological Association. April.

Walker, L.E.A. (1997). Survivor Therapy Techniques with Abused Women. Workshop for APA Midwinter Psychology Conference. St. Petersburg, FL., March.

Walker, L.E.A. (1997). Domestic Violence Issues for Advocates, Judges, and Psychotherapists. Workshops for Orange Country Psychological Association, Battered Woman Shelter, and Judges' meeting. January.

Walker, L.E.A. (1996). Survivor Therapy. Workshop at Milton Erikson Foundation Short Term Therapy Conference, San Francisco, CA. December 1996.

Walker, L.E.A. (1995). Women as Survivors: Feminist Therapy Techniques. State of the Art Workshop at Milton Erikson Foundation Evolution of Psychotherapy Conference. Las Vegas, NV. December, 1995.

Walker, L.E.A. (1995). The Patient/Therapist Relationship. Panel with Miriam Polster, Arnold Lazarus, & James Bugental. Milton Erikson Foundation, Evolution of Psychotherapy Conference. Las Vegas, NV. December, 1995.

Walker, L.E.A. (1995). PTSD and Abuse. Panel with Donald Meichenbaum, Cloe Madanes, & Francine Shapiro. Milton Erikson Foundation Evolution of Psychotherapy Conference. Las Vegas, NV. December, 1995.

Walker, L.E.A. (1995). The Media and the O.J. Simpson Trial. Broward County Public Defenders Office, Ft. Lauderdale, FL., November 17, 1995.

Walker, L.E.A. (1995). Workshop on Psychology of Domestic Violence. Old Dominion University, Norfolk, VA., November 19, 1995.

Walker, L.E.A. (1995). Psychological Impact of Domestic Violence and Rape. Invited presentation at Judicial Training Institute, Neve Ilan, Jerusalem, Israel, October, 1995.

Walker, L.E.A. (1995). Understanding Domestic Violence, Random Assaults, and Homicides: Clinical, Forensic and Legal Strategies for Trial. Keynote Speaker. Alternatives to Sexual Abuse, Portland, OR., October 20, 1995.

Walker, L.E.A. (1995). Dynamics of Domestic Violence and Efficacy of Psychological Treatment. Training workshop at the American Judges Association Annual Meeting, New Orleans, LA, October, 10, 1995.

Walker, L.E.A. (1995). Domestic Violence. Keynote Speaker. Lawyers Against Domestic Violence, Albuquerque, NM, September 8, 1995.

Walker, L.E.A. (1995). Gender Issues in the Victimization of Women. XXV Congreso Interamericano de Psicología, San Juan, Puerto Rico, July, 1995..

Walker, L.E.A. (1995). Intimate Violence: International Trends, Current Solutions. Panel with Emilio Viano and Margherita Repetto Alaia. Instituto Italiano di Cultura- Law, Justice & Society Series, Washington, DC, June 23, 1995.

Walker, L.E.A. (1995). Battered Women Syndrome: Identifying and Treating Survivors. Keynote Lecture, Arkansas Medical Society, Hot Springs, AK, May 5, 1995.

Walker, L.E.A. (1995). Survivor Therapy Workshop at Ohio Psychological Association, Columbus, OH, April, 1995.

Walker, L.E.A. (1995). Psychology of Domestic Violence. Two Day Workshop, Tokyo Institute of Psychiatry, Tokyo, Japan, April

Walker, L.E.A. (1994). Domestic Violence Courts in the United States. Invited presentation at Judicial Training Institute, Jerusalem, Israel. October, 1994.

Walker, L.E.A. (1994). Psychotherapy with Women and Battered Woman Syndrome. Invited presentation at International Conference on Domestic Violence, Amsterdam, The Netherlands., October, 1994.

Walker, L.E.A. (1994). Analyzing the Bobbitt Case. Presentation to the Federal Public Defenders Association. Atlanta, GA., October 5, 1994.

Walker, L.E.A. (1994). Keeping Kids Off Death Row. Presentation to Florida Public Defenders Life Over Death conference. Ft. Lauderdale, FL., September, 1994.

Walker, L.E.A. (1993, March) Psychology & Law: Violence Against Women Guest speaker at symposium to Pepperdine Law School, Malibu, CA.

Walker, L.E.A. (1992, October) Dynamics of Battering Relationships: Legal & Psychological Responses, plus panel discussion and mock trial for The American Judges Assn. Miami, FL.

Walker, L.E.A. (1992, October) Keynote and guest speaker for P.E.A.C.E. Initiative & other groups. San Antonio, TX.

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

Case No. _____

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity as
Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of the
Florida Board of Medicine; FLORIDA BOARD OF
OSTEOPATHIC MEDICINE; ANNA HAYDEN,
D.O., in her official capacity as Chair of the Florida
Board of Osteopathic Medicine; FLORIDA
AGENCY FOR HEALTH CARE
ADMINISTRATION; and ELIZABETH DUDEK,
in her official capacity as Secretary of the Florida
Agency for Health Care Administration,

Defendants.

NOTICE OF CONSTITUTIONAL QUESTION

Plaintiffs draw the following constitutional question in their June 11, 2015 Complaint,
attached:

Does Ch. 2015-1__, § 1, Laws of Fla. (H.B. 633, amending § 390.0111, Fla. Stat),
infringe upon a woman's right to abortion, in violation of the Right to Privacy, as
protected by Article I, section 23 of the Florida Constitution?

Dated: June 11, 2015

/s/ Benjamin James Stevenson

Benjamin James Stevenson

FL Bar #598909

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Attorneys for Medical Students for Choice

*Pro Hac Vice Application Forthcoming

From: [Stearns, Heather](#)
To: [Antonacci, Peter](#)
Subject: Fwd: EO 11-58
Date: Friday, November 28, 2014 9:43:27 AM
Attachments: [EO11-58.ppt](#)
[ATT176253.htm](#)
[ReisCV2014.doc](#)
[ATT176254.htm](#)
[Testimony.pptx](#)
[ATT176255.htm](#)
[FeeScheduleForensics.doc](#)
[ATT176256.htm](#)
[EO11-58.doc](#)
[ATT176257.htm](#)

Draft drug addiction expert report

Begin forwarded message:

From: "Thomas Bishop" <tbishop@tannerbishop.com>
To: "Stearns, Heather" <Heather.Stearns@eog.myflorida.com>
Subject: FW: EO 11-58

Attached is draft report for addiction expert.

From: Michael Tanner
Sent: Thursday, November 27, 2014 7:20 AM
To: Thomas Bishop
Subject: Fwd: EO 11-58
For your review

Sent from my iPad

Begin forwarded message:

From: "Reisfield,Gary M" <garyr@ufl.edu>
Date: November 26, 2014, 12:45:56 PM EST
To: 'Michael Tanner' <mtanner@tannerbishop.com>
Cc: "Reisfield,Gary M" <garyr@ufl.edu>
Subject: EO 11-58

Dear Mr. Tanner,
Please find the following attached items:
1. EO11-58.doc. Opinions and supporting references.
2. EO11-58.ppt. Tables referenced in my opinions.
3. Testimony.pptx. My testimony listing.
4. FeeScheduleForensics. UF's forensic fee schedule.
5. ReisCV2014. My current curriculum vitae.

Best regards and have a Happy Thanksgiving.

Gary

Gary M. Reisfield, M.D.
Assistant Professor
Divisions of Addiction Medicine, Pain Medicine, and Forensic
Psychiatry
Departments of Psychiatry and Anesthesiology
University of Florida College of Medicine
Gainesville, Fla. 32606

-----Original Message-----

From: Michael Tanner [<mailto:mtanner@tannerbishop.com>]
Sent: Tuesday, November 18, 2014 5:11 PM
To: Reisfield, Gary M
Subject: FW: Portion of Rule 26 dealing with expert witnesses

-----Original Message-----

From: Helen Peacock
Sent: Tuesday, November 18, 2014 3:57 PM
To: Michael Tanner
Subject: Portion of Rule 26 dealing with expert witnesses

--

Helen A. Peacock
TANNER BISHOP
Direct: 904.446.2989 / Main: 904.598.0034 / Fax: 904.598.0395
<http://www.tannerbishop.com>

Table 1

Alcohol use in past month, individuals age 18+: 2013

Alcohol	Number	Percent
Any use	134,000,000	56.4
Binge use	58,000,000	24.6
Heavy use	16,200,000	6.8

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Table 2

Illicit drug use in past month, individuals age 18 or older (2013)

Substance	Number	Percent
Illicit drug use	22,376,000	9.4
Marijuana	18,048,000	7.6
Abuse of prescription drugs	5,935,000	2.5
Pain relievers (opioids)	4,096,000	1.7
Cocaine	1,505,000	0.6
Hallucinogens	1,179,000	0.5
Inhalants	375,000	0.2
Heroin	277,000	0.1

Note: Numbers and percentages do not sum to the illicit drug use estimate as individuals may have used more than one illicit drug.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Table 3

Abuse or addiction, past year, age 18+ (2013)

	Age 18-25		Age 26+		Age 18+	
	Number	Percent	Number	Percent	Number	Percent
ILLICIT DRUGS	2,557,000	7.4	3,419,000	1.7	5,976,000	2.5
Marijuana	1,878,000	5.4	1,612,000	0.8	3,490,000	1.5
Cocaine	232,000	0.7	601,000	0.3	833,000	0.3
Heroin	173,000	0.5	325,000	0.2	498,000	0.2
Hallucinogens	147,000	0.4	67,000	0.0	214,000	0.0
Inhalants	47,000	0.1	45,000	0.0	92,000	0.0
PRESCRIPTION DRUGS	666,000	1.9	1,438,000	0.7	2,104,000	0.9
Pain relievers	485,000	1.4	1,260,000	0.6	2,879,000	1.2
Tranquilizers	147,000	0.4	236,000	0.1	383,000	0.2
Stimulants	171,000	0.5	256,000	0.1	427,000	0.2
Sedatives	30,000	0.1	58,000	0.0	88,000	0.0
ALCOHOL	4,529,000	13.0	12,072,000	6.0	16,601,000	7.0

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Table 4

Addiction, past year, age 18+ (2013)

	Age 18-25		Age 26+		Age 18+	
	Number	Percent	Number	Percent	Number	Percent
ILLCIT DRUGS	1,808,000	5.2	2,629,000	1.3	4,437,000	1.9
Marijuana	1,251,000	3.6	1,171,000	0.6	2,422,000	1.0
Cocaine	141,000	0.4	472,000	0.2	613,000	0.2
Heroin	155,000	0.4	276,000	0.1	431,000	0.2
Hallucinogens	50,000	0.1	30,000	0.0	80,000	0.0
Inhalants	16,000	0.0	*	*	16,000	0.0
PRESCRIPTION DRUGS	513,000	1.5	1,145,000	0.6	1,658,000	0.7
Pain relievers	385,000	1.1	1,017,000	0.5	1,402,000	0.6
Tranquilizers	83,000	0.2	137,000	0.1	220,000	0.1
Stimulants	131,000	0.4	213,000	0.1	344,000	0.1
Sedatives	22,000	0.1	35,000	0.0	57,000	0.0
ALCOHOL	1,922,000	5.5	5,815,000	2.9	7,737,000	3.3

*Low precision; no estimate reported

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Table 5

Average monthly drug expenditures (2010)

Drug	Number of drug use days/month		
	21+	11-20	4-10
Cocaine	\$1,737	\$906	\$382
Heroin	\$1,834	\$845	\$530
Methamphetamine	\$1,256	\$635	\$165

RAND Corporation. What America's users spend on illegal drugs: 2000-2010. February 2014.

Table 6

Drug/alcohol abuse or addiction, past year, ages 18+ (2013)

	Illicit drugs		Alcohol		Illicit drugs or alcohol	
	Numbers	Percent	Numbers	Percent	Numbers	Percent
Full-time	2,512,000	2.1	9,813,000	8.2	11,288,000	9.5
Part-time	1,141,000	3.4	2,462,000	7.3	3,135,000	9.3
Unemployed	878,000	7.4	1,231,000	10.4	1,791,000	15.2
Other*	1,446,000	2.0	3,096,000	4.2	4,045,000	5.5

Drug/alcohol abuse or addiction, past year, ages 26+ (2013)

	Illicit drugs		Alcohol		Illicit drugs or alcohol	
	Numbers	Percent	Numbers	Percent	Numbers	Percent
Full-time	1,580,000	1.5	7,824,000	7.4	8,776,000	8.3
Part-time	454,000	1.9	1,140,000	4.7	1,429,000	5.9
Unemployed	390,000	5.1	715,000	9.4	981,000	12.8
Other*	996,000	1.5	2,394,000	3.7	3,059,000	4.7

*Includes students, persons keeping house or caring for children full-time, retired or disabled persons, or other persons not in labor force
 Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.

Gary M. Reisfield, M.D.

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e-mail: garyr@ufl.edu

Date of Birth: June 23, 1959

Place of Birth: Miami Beach, Florida

Present Positions: Assistant Professor
Divisions of Addiction Medicine, Pain Medicine, and Forensic Psychiatry
Department of Psychiatry
University of Florida College of Medicine
Gainesville, FL

Education:

1985 M.D. George Washington University School of Medicine
Washington, DC

1981 B.S. Trinity College
Hartford, CT

Postdoctoral Training:

2009-2010 Fellowship in Addiction Medicine
Department of Psychiatry
University of Florida College of Medicine
Gainesville, FL

1996-1997 Fellowship in Pain Management
Harvard Medical School / Massachusetts General Hospital
Boston, MA

1986-1989 Residency in Anesthesiology
University of Florida College of Medicine
Gainesville, FL

1985-1986 Internship in Internal Medicine
George Washington University School of Medicine
Washington, DC

Additional Training:

2007	<i>Certified</i> Medical Review Officer, AAMRO
2004	<i>Practitioner</i> , Office-based opioid agonist therapy with buprenorphine

Board Certification:

2010	American Board of Addiction Medicine
2001	American Board of Hospice and Palliative Medicine
1998	American Board of Pain Management
1990	American Board of Anesthesiology
1986	<i>Diplomat</i> , National Board of Medical Examiners

Licensure:

1996	Commonwealth of Massachusetts, #15117
1987	State of Florida Board of Examiners, #ME 54511

Professional Positions and Major Visiting Appointments:

2005 – 2008	Consultant in Palliative Medicine Haven Hospice of Jacksonville Jacksonville, FL
2001 – 2002	Medical Director, inpatient unit Community Hospice of Northeast Florida Jacksonville, FL
1989 – 2001	Staff Anesthesiologist <ul style="list-style-type: none">• Chairman (1994-1995)• Vice-Chairman (1993-1994; 1995-1996) Orange Park Medical Center Orange Park, FL
1996 – 1997	Clinical Fellow in Anesthesia (Pain Management) Associate Editor, MGH Pain Center Internet Journal Harvard Medical School Massachusetts General Hospital Department of Anesthesia and Critical Care

Committees:

2014	American Academy of Pain Medicine, Acute Pain Special Interest Group
2014	Organizing Committee, International Conference on Opioids 2014
2013	Organizing Committee, International Conference on Opioids 2013
2012 –	Committee on Drug Testing – American Society of Addiction Medicine

- 2011 – Drugged Driving Committee – Institute for Behavior and Health (Washington, DC)
- 2011 – Pharmacy and Therapeutics Committee – Shands Hospital and the University of Florida

Awards and Honors:

- 2014 Exemplary Teacher Award, University of Florida College of Medicine
- 2013 Exemplary Teacher Award, University of Florida College of Medicine
- 2013 Visiting Scholar, Hastings Center, Garrison, NY
- 1996 Mass. General Hospital, Alyssa LeBel Fellowship Teaching Award
- 1985 Kane –King Obstetrical Honor Society
- 1985 Alpha Omega Alpha Medical Honor Society
- 1982 American Cancer Society Fellowship, U. Miami School of Medicine
- 1981 Phi Beta Kappa

Editorial Positions:

- 2012 – present Editorial Review Board, *Pain Medicine*
- 2005 – present Editorial Review Board, *Journal of Opioid Management*
- 2007 – 2008 Editorial Advisory Board, *The Open Clinical Cancer Journal*
- 1996 – 1997 Associate Editor, *Cases of the Massachusetts General Hospital Pain Center*
<http://www.mghdacc.com/mghpc/cases.html>

- Reviewer at large:** *American Journal of Epidemiology, BMC Medical Education, BMJ, CA: A Cancer Journal for Clinicians, Current Drug Abuse Reviews, Journal of Addiction and Prevention, Journal of Addiction Medicine & Therapy, Journal of Analytical Toxicology, Journal of Multidisciplinary Healthcare, Journal of Pain & Palliative Care Pharmacotherapy, Journal of Palliative Medicine, Journal of Psychopharmacology, Mayo Clinic Proceedings, Pain Medicine, Journal of Global Drug Policy and Practice, Substance Abuse and Rehabilitation, Substance Abuse Treatment, Prevention, and Policy*

Other Positions:

- 2012 – present Evaluator, Professional Resources Network (PRN)
- 2012 – present Evaluator, Intervention Project for Nurses (IPN)
- 2012 – present Evaluator, Florida CARES & C.A.P., Comprehensive Assessment Services for Health Care Practitioners & Competency Advancement Program
- 2011 – present Advisory Board, Florida Professional Resource Network (PRN)
- Medical School Committee
 - Research Committee
- 2010 – present American Board of Pain Medicine, Examination Council
- Vice-chairman (2014 – present)
- 2010 – present Florida Prescription Drug Monitoring Program, Implementation and Oversight Task Force (gubernatorial appointment)

Publications:

Book chapters:

Ropero JD, Goldberger BA, Reisfield GM. Opioids. in *The Clinical Toxicology Laboratory - Contemporary Practice of Poisoning Evaluation*, 2nd ed. Washington, DC: AACC Press, 2013.

Bertholf RL, Reisfield GM. Drug testing in pain management. In: Dasgupta A, editor: *Therapeutic Drug Monitoring*. Oxford, UK: Elsevier, pp 397-416.

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Reisfield GM, Borsook D. Pharmacologic treatment of headaches. In: Benzon HT, editor: *Essentials of Pain Medicine and Regional Anesthesia*, Philadelphia, 1999, Churchill Livingstone, 504 pages.

Peer-reviewed journals:

Webster LR, Reisfield GM, Dasgupta N. Eight principles for safer opioid prescribing and cautions with benzodiazepines. *Postgraduate Medicine* 2014. Accepted for publication September 3, 2014

Bertholf RL, Reisfield GM, Goldberger BA. Choosing the right laboratory: a review of clinical and forensic toxicology services for urine drug testing in pain management. *J Opioid Manage* 2014. Accepted for publication May 7, 2014.

Bertholf RL, Johannsen LM, Reisfield GM. Sensitivity of an opiate immunoassay for detecting hydrocodone and hydromorphone in urine from a clinical population: analysis of sub-threshold results. (Abstract.) *J Anal Toxicol* 2014. [Epub ahead of print].

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Reisfield GM, DuPont RL. Medicinal use of marijuana. Recommend against the medicinal use of cannabis. *New Engl J Med J Med* 2013;368(9):866-868.

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Ross EA, Reisfield GM, Watson MC, Chronister CW, Goldberger BA. Psychoactive "bath salt" intoxication with methylenedioxypyrovalerone. *Am J Med* 2012;125(9):854-858.

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Bertholf RL, Reisfield GM. Urinary ethanol metabolites following intensive exposure to a hand sanitizer. (Abstract.) *Ann Clin Lab Sci* 2011;41(4):411-2.

Reisfield GM, Goldberger BA, Crews BO, Pesce AJ, Wilson GR, Teitelbaum SA, Bertholf RL. Ethyl glucuronide, ethyl sulfate, and ethanol in urine after intensive exposure to high ethanol content mouthwash. *J Anal Toxicol* 2011;35(5):264-268.

Bertholf RL, Bertholf AL, Reisfield GM, Goldberger BA. Respiratory exposure to ethanol vapor during use of hand sanitizers: is it significant? *J Anal Toxicol* 2011;35(5):319-320.

Reisfield GM, Wilson GR. Blocks of the sympathetic axis for visceral pain, 2nd edition. *J Palliat Med* 2011;14(4):510-511.

Reisfield GM, Graham NA, Gold MS. RE: Estimates of nondisclosure of cigarette smoking among pregnant and nonpregnant women of reproductive age in the United States. *Am J Epidemiol* 2011;173(9):1095-1096.

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Karnani N, Reisfield GM, Wilson GR. Evaluation of chronic dyspnea. *American Family Physician* 2005;71(8):1529-1537.

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UFJ 2003 0062: Disclosure of the diagnosis of Alzheimer's disease among Florida physicians. (PI)

Gary M. Reisfield, M.D.

Testimony listing as of 11/24/14

Date	Case	Testimony	Type	Retained by
02/04/14	Wilde v Okeechobee FOE	Deposition	Civil	Defense
10/07/13	Martin v United States	Deposition	Civil	Plaintiff
02/21/13	Chilton v Chilton	Deposition	Civil	Plaintiff
04/29/11	State of Florida v Collins	Hearing	Criminal	Prosecution
11/18/10	Menslage v Arnold's Roofing	Deposition	Civil	Plaintiff

NAME	CIVIL	CRIMINAL	DEPOSITION/TESTIMONY	GUARDIANSHIP
PSYCHIATRY				
Werner	600 per hour	300 per hour	600 per hour	600 flat fee
Cooke	500 per hour	300 per hour	500 per hour	600 flat fee
Ginory	500 per hour	300 per hour	500 per hour	600 flat fee
Brown	500 per hour	300 per hour	500 per hour	n/a
Snodgrass	350 per hour	300 per hour	500 per hour	600 flat fee
CHILD PSYCHIATRY				
Nguyen	500 per hour	300 per hour	500 per hour	600 flat fee
ADDICTION/PAIN MANAGEMENT				
Reisfield	500 per hour	300 per hour	500 per hour	N/A
NEUROPSYCHOLOGY				
Delalot	400	300 per hour	500 per hour	N/A

Depositions require receipt of payment in full (i.e. time scheduled) 24 hours prior to the deposition.
24 hours notification of cancellation is required.



No show/late cancellation fee \$500.00

November 26, 2014

Michael G. Tanner, Esq.
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Jacksonville, FL 32202

RE: Executive Order 11-58

Dear Mr. Tanner,

In response to your request, I have documented my opinions on 1) the nature of addiction; 2) the current landscape of drug and alcohol use, abuse, and addiction in the United States; and 3) drug and alcohol use, abuse, and addiction with regard to the workplace. This letter summarizes my opinions, which I hold with a reasonable degree of medical certainty. The facts and data that I used in forming my opinions are listed in the reference section of this letter. I have included several tables to allow for easier viewing and to provide more granularity.

I am a medical doctor, licensed to practice medicine in the State of Florida. I am board certified in the specialty of anesthesiology and the subspecialties of addiction medicine and pain medicine. I am also a faculty member of the University of Florida College of Medicine, Department of Psychiatry, Divisions of Addiction Medicine, Pain Medicine, and Forensic Psychiatry. In these capacities, I routinely evaluate and provide clinical care to individuals who use, abuse, or are addicted to alcohol, illicit drugs, and prescription controlled substances. I also teach and research on these and related subjects.

My qualifications and publications can be found in the attached curriculum vitae. My testimony history and the University of Florida Forensic Institute fee schedule are also attached.

1. **Alcohol and drug consumption exists on a continuum from use to abuse to addiction. Addiction is a chronic brain disease that is characterized by diminished control over drug use despite negative consequences.**
 - a. **Definitions of addiction**
 - i. The National Institute on Drug Abuse, one of the National Institutes of Health, defines addiction as "a chronic relapsing brain disease that is characterized by compulsive drug-seeking and use, despite harmful consequences."¹

- ii. The American Society of Addiction Medicine defines addiction as “a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

“Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”²

- iii. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)³ defines substance use disorders (which include abuse and addiction) as “a problematic pattern of drug use leading to significant impairment or distress, as manifested by at least two of the following:”
 - 1. The drug is used in larger quantities or over a longer period than was intended.
 - 2. There is a persistent desire or unsuccessful efforts to cut down or control the use of the drug.
 - 3. A great deal of time is spent obtaining, using, or recovering from the effects of the drug.
 - 4. Craving for the drug.
 - 5. Continued use of the drug despite failure to fulfill major role obligations at work, school, or home.
 - 6. Continued use of the drug despite recurrent social or interpersonal problems caused by its use.
 - 7. Important social, recreational, or occupational activities are given up or reduced because of drug use.
 - 8. Recurrent use of the drug in physically hazardous situations
 - 9. Continued drug use despite knowledge that it has caused or worsened a physical or psychological problem.
 - 10. Tolerance (the need for increasing amounts of the drug to achieve the desired intoxicating effect *or* markedly diminished drug effect with the same amount of drug).
 - 11. Drug withdrawal.

- b. Addiction and the brain. The risk for developing an addiction is the product of a complex interplay of “nature” and “nurture.” With regard to nature, genetic factors account, on average, for about 50% of risk, and psychiatric co-morbidities (e.g. anxiety, mood, and thought disorders) also contribute to risk. With regard to nurture, factors such as early drug use (risk is higher in adolescence than in adulthood) and environmental factors (e.g. access to

drugs; type of drugs; drug use by peers and role models; poor parental support) contribute to risk.⁴

i. The effects of drugs on the brain.

1. The rewarding properties of drugs derive, in part, from their ability to increase the neurotransmitter dopamine in the nucleus accumbens and associated mesocorticolimbic pathways (i.e. brain pathways that subserve reward, motivation, and cognitive control). Under normal conditions, physiologic dopamine release in these brain pathways motivates the individual to seek adaptive rewards such as food, sex, and social interaction. Drugs of abuse, however, release dopamine in a more prolonged and unregulated manner, producing intensely pleasurable effects that dwarf those of adaptive rewards, and thereby reinforcing drug use. The potency with which drugs increase dopamine release, and the precise mechanism(s) by which they do so, vary by drug and route of administration.⁵
2. Although the initial decision to use drugs is a voluntary one, with continued use the individual's ability to control their drug use may diminish.⁶
3. In addiction, obtaining and using drugs become the major motivational drives, displacing other, adaptive drives, such as those associated with familial, social, occupational, and recreational activities. The addicted individual is highly motivated by (immediate) drug reward and experiences diminished motivation to pursue (delayed) non-drug rewards.⁵
4. Addiction is accompanied by functional and, sometimes, structural brain changes. Positron emission tomography (PET) and functional magnetic resonance imaging (fMRI) studies have demonstrated that addiction affects not only the "reward" pathways, but also pathways involving interoception (awareness of cognitive, emotional, and physical states), memory and learning, and executive function (assessment of value, inhibitory control, evaluation of outcomes associated with behavioral choices, emotional regulation, insight, motivation, decision-making).^{5,7}

2. Alcohol and drug use, abuse, and addiction are prevalent in the United States.

The data in subsections a., b., and c. below are derived from the 2013 National Survey on Drug Use and Health (NSDUH).⁸

a. Alcohol and drug use

- i. Alcohol is the most used psychoactive drug in the United States. Past-month alcohol use (defined as one or more drinks) was endorsed by about 134 million individuals (56% of individuals age 18 or older); past-

month binge use (defined as five or more drinks per occasion) was endorsed by 58 million individuals (25%); and past-month heavy use (defined as five or more drinks on a single occasion, on five or more days) was endorsed by 16 million individuals (7%) (Table 1).

- ii. Cumulatively, past-month illicit drug use was endorsed by more than 22 million individuals (9.4% of individuals age 18 or older). Specific drug use, in descending order of prevalence, included marijuana (18 million; 7.6%), (nonmedical use of) prescription drugs (6 million; 2.5%), cocaine (1.5 million; 0.6%), hallucinogens (1.2 million; 0.5%), inhalants (0.4 million; 0.2%), and heroin (0.3 million; 0.1%) (Table 2).
- b. Alcohol and drug abuse or addiction (Table 3).
 - i. Alcohol is the most common drug of abuse or addiction. Past-year alcohol abuse or addiction was endorsed by 16.6 million individuals (7.0% of individuals 18 or older).
 - ii. Abuse or addiction to illicit drugs was endorsed by 6.0 million individuals (2.5% of individuals 18 or older). Abuse or addiction to specific drugs, in descending order of prevalence, included marijuana 3.5 million (1.5%), prescription drugs 2.1 million (0.9%), cocaine 0.8 million (0.3%), heroin 0.5 million (0.2%), hallucinogens 0.2 million (0.0%), and inhalants 0.1 million (0.0%).
- c. Alcohol and drug addiction (Table 4).
 - i. Past-year alcohol addiction was endorsed by 7.7 million individuals (3.3% of individuals age 18 or older).
 - ii. Past-year illicit drug addiction was endorsed by 4.4 million individuals (1.9%)
- d. Financial aspects of drug use, abuse, and addiction.
 - i. Illicit drugs. The acquisition costs of illicit drugs vary in accordance with supply, demand, drug type, and quantity and frequency of use. According to a 2014 study by the Rand Corporation, the monthly cost of illicit drugs ranged from a low of \$165 for 4-10 episodes of methamphetamine use to \$1,834 for 21+ episodes of heroin use ⁸ (Table 5).
 - ii. Prescription controlled substances. The acquisition costs of prescription drugs vary by specific drug, strength, dose, brand vs. generic, procurement on the black market vs. by physician prescription. If acquired by physician prescription, costs will be dependent insurance status, specific insurance plan, co-payment, and other factors. A major prescription drug of abuse in Florida is immediate-release oxycodone, 30 mg. Recently, black market cost of this drug has been approximately one dollar per mg. ^{10,11}

3. Alcohol and drug use, abuse, and addiction are legitimate workplace concerns

- a. Alcohol and drug abuse or addiction and employment status.

The statistics in this subsection were obtained or derived from the 2013 NSDUH⁸ (Table 6).

- i. Overall, past-year abuse or addiction to drugs or alcohol in individuals age 18 and older was endorsed by 11.3 million (9.5%) of full-time employed individuals and by 3.1 million (9.3%) of part-time employed individuals.
 - ii. Most individuals who endorsed past-year abuse or addiction to alcohol or illicit drugs were employed.
 - iii. Of employed individuals who endorsed past-year abuse or addiction to alcohol or illicit drugs, most were employed full-time.
 - iv. The prevalence of abuse/addiction to alcohol or illicit drugs was greater in the 18-25 age range than in the 26+ age range.
- b. Alcohol and illicit drug use and impairment in the workplace. The data in this subsection derive from the National Survey of Workplace Health and Safety (2002-2003).^{12,13}
- i. Alcohol. An estimated 2.3 million individuals (1.8% of the workforce) endorsed consumption of alcohol at least once *in the two hours before reporting to work* in the previous year. Twenty-nine percent of these individuals indicated having done so at least monthly.

An estimated 8.9 million individuals (7.1% of the workforce) endorsed consumption of alcohol *during work* in the previous year. Thirty-eight percent of these individuals endorsed having done so at least monthly.

An estimated 2.1 million individuals (1.7% of the workforce) endorsed *working under the influence of alcohol* in the previous year. Forty-two percent of these individuals reported having done so at least monthly.

An estimated 11.6 million individuals (9.2% of the workforce) endorsed *working with a hangover* during the previous year. Twenty-one percent of these employees endorsed having done so at least monthly.

- ii. Illicit drugs. Past-year illicit drug use *in the workplace* was endorsed by 3.9 million employees (3.1% of employed adults). This included, in descending order of prevalence, marijuana (2 million; 1.6%), (illicit use of) prescription drugs (2.3 million; 1.8%), and cocaine (169,000; 0.1%).

Past-year *working under the influence* of illicit drugs comprised, in descending order of prevalence, marijuana (2.2 million; 1.7%), (illicit use of) prescription drugs (1.8 million; 1.4%), cocaine (233,000; 0.2%). Overall, 3.6 million employees (2.9% of the workforce) reported being impaired in the workplace from any illicit drug.

- c. Signs and symptoms of alcohol and drug use, abuse, and addiction in the workplace
- i. Signs of drug and/or alcohol use in the workplace exist on a spectrum from none to witnessed impairment and/or drug use. The presence and recognition of these signs are influenced by several variables, including whether the behavior represents use, abuse, or addiction; the severity of the addiction; the specific drug(s); the presence of acute effects, alcohol or drug withdrawal, or chronic effects; the cognitive and/or psychomotor demands of the job; the experience of the employee; and the number, type, and sophistication of witnesses.
 - ii. Drug use, abuse, and addiction can go unnoticed (and/or unreported) in the workplace for weeks, months, or even years.
 - iii. Alcohol or drug-related impairment may result from the acute effects of drug(s); the chronic effects of drug(s); or from drug withdrawal. Note: drug withdrawal typically manifests with signs and symptoms that are opposite those of acute effects. Thus, for example, acute effects of stimulants, such as confidence, energy, focus, and mood elevation, may be replaced in withdrawal by anxiety, depression, fatigue, and inability to concentrate.
 1. General effects. In general, drug abuse/addiction affects brain pathways that subserve alertness, decision-making and judgment, emotions, learning, memory, mood, and psychomotor function. These brain changes manifest as drug craving, compulsive drug use, diminished control over drug use, and continued use despite adverse consequences.
 2. For clarity, I will divide drugs of potential abuse into two major classes: central nervous system (CNS) stimulants and CNS depressants. Note that these signs and symptoms, in and of themselves, are nonspecific, and may be the result of medical or psychiatric illness. They are of greatest value when occur in characteristic patterns, and when viewed in the context of the specific circumstances.
 - a. Stimulants (e.g. amphetamine, cocaine, methamphetamine). Acute and chronic effects include aggression, anxiety, appetite loss, bloody or runny nose and/or frequent sniffing, dental hygiene deterioration, dilated pupils, erratic behavior, financial difficulties, grinding of teeth, insomnia and/or diminished need for sleep, itching/scratching, interpersonal difficulties, irrational behavior and/or speech, irritability, paranoia, persistent stereotyped behaviors ("punding"), psychosis, sweating, talkativeness, twitching/jerking, weight loss.¹⁴
 - b. Depressants (e.g. alcohol, marijuana, opioids). Acute and chronic effects include balance difficulties, concentration

difficulties, confusion, financial difficulties, gait unsteadiness, impaired distance perception, impaired time perception, increased appetite and/or thirst, interpersonal difficulties, odor of alcohol or marijuana on breath or clothes, pinpoint pupils, psychomotor impairment, redness or glassiness of eyes, sleepiness, slurred or slowed speech.¹⁴

iv. Workplace implications

1. Use of, abuse of, or addiction to alcohol and/or illicit drugs can result in 1) psychomotor impairment, with resulting diminished productivity, inconsistent or lower work quality, accidents and workers' compensation claims; 2) cognitive impairment, with impaired memory, judgment, insight, concentration, and decision-making ability, with resulting diminution in creativity and productivity; 3) financial hardship, with resulting potential for theft and law enforcement encounters; 4) neglect of health needs, with resulting tardiness, absenteeism, sick time, and healthcare use.^{15,16}
2. Data from the National Survey of Workplace Health and Safety indicated that drug use in the workplace is associated with lower perceptions of workplace safety, higher perceptions of work strain, and lower levels of employee morale.¹⁷

Sincerely,



Gary M. Reisfield, M.D.
Assistant Professor

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17. Frone MR. Does a permissive workplace substance use climate affect employees who do not use alcohol and drugs at work? A U.S. national study. Psychol Addic Behav 2009;23:386-390.

From: [Susan Meier](#)
To: [Wendy Livermore](#); [Nicole Kellogg](#); [Peter.Smith@doj.ca.gov](#); [Audrey.Blodgett@doj.nh.gov](#); [Smith, Susan](#); [Connie Eason](#); [Randy Hartnett - MN IAD](#); [Frances.Lushenko@state.or.us](#)
Subject: Fwd: RE: NAEO Conference
Date: Tuesday, July 01, 2014 1:32:54 PM
Attachments: [RE NAEO Conference.msg](#)

Hi folks. Thank you for another great conference. It was great to see you!
Please see the attached email exchange from Cincinnati.
I'd say they would love to host the NAEO in 2015!

Susan Meier, Extradition Secretary & Executive Clemency Assistant
Division of Criminal Justice
PO Box 085
Trenton, New Jersey 08625
Desk (609) 984-2806
Fax (609) 777-0730
cell (609) 610-5029
Overnight mail deliveries add:
25 Market St., 5th Fl. West Wing
** 24/7 Email access use MeierNJExtraditions@gmail.com

From: Wolfzorn, Gary A. [Gwolfzorn@sheriff.hamilton-co.org]
To: Susan Meier [meiers@njdcj.org]
CC:
Subject: RE: NAEO Conference
Sent: Tuesday, July 01, 2014 10:55:46

Feel free to share my email. If anyone else has any questions don't hesitate to contact me. Thanks again for all that you do.

Sergeant Gary Wolfzorn
Hamilton County Sheriff's Office
Court Service Division
(513)946-5373
gwolfzorn@sheriff.hamilton-co.org

-----Original Message-----

From: Susan Meier [mailto:meiers@njdcj.org]
Sent: Tuesday, July 01, 2014 11:50 AM
To: Wolfzorn, Gary A.
Subject: RE: NAEO Conference

Thank you so much for your positive reply Gary. I am very happy the NAEO conference was helpful to you. That IS what we are all about.

If you don't mind I would like to share your email with the rest of the executive board in hopes that they will be encouraged to lean toward final selection of Cincinnati and your enthusiasm to make it happen. Please let me know.

From a local perspective tourism in your County would experience an increase in revenue and that is always a good thing.

Sometimes once proposals come in from the sites one stands out. Let's hope it is Cincinnati!

Thanks again.

>>> "Wolfzorn, Gary A." <Gwolfzorn@sheriff.hamilton-co.org> 7/1/2014

>>> 11:06 AM >>>

Susan,

I absolutely remember you. We had a great conversation. I want to start by saying how much I enjoyed the conference. It was very informational. I am the Sergeant that will soon be in charge of the Fugitive section for the Hamilton County Sheriff's Office. I have not had a lot of experience in Extradition and IAD's, so for me I took a lot away from this conference. As far as having the conference in Cincinnati I believe it would be a great location. As for the hotel location, I would look into the Hyatt Regency Cincinnati, The Millennium, or The Hilton. All three hotels are in walking distance to shopping and dining as well as Fountain square. You are two blocks away from the Banks project which consist of the Cincinnati Reds and Cincinnati Bengals stadiums, and also the Freedom Center. The Banks are full of great new restaurants and have an awesome night life. The hotels all offer a short shuttle ride to the new Horseshoe Casino, which is actually only a short walk through downtown. A short walk across the bridge will take you to Newport Kentucky. There you have Newport on the Levy, which is full of dining and entertainment. Cincinnati is currently in progress of constructing a street car system which would consist of transportation through all of downtown and the above mentioned attractions. If I can be of any further assistance let me know I would be more than happy to help.

Sergeant Gary Wolfzorn
Hamilton County Sheriff's Office
Court Service Division
(513)946-5373
gwolfzorn@sheriff.hamilton-co.org

-----Original Message-----

From: Susan Meier [mailto:meiers@njdcj.org]

Sent: Tuesday, July 01, 2014 9:33 AM

To: Wolfzorn, Gary A.

Subject: NAEO Conference

Good morning Gary. I hope you remember me from the conference. I am a member of the NAEO's executive board and I asked you about siting the 2016 conference in Cincinnati vs. Cleveland. We had a great discussion on the matter actually.

Well, at our executive board meeting following the conference I brought up Cincinnati and they like it very much. We voted to consider Cincinnati or Milwaukee.

After a short break our secretary (and hardest working board member) Fran Lushenko will be contacting the chambers of commerce in both locales so that they may reach out to hotels that might accommodate us.

Therefore if you can think of anything that might help us make a decision in the interim, please let me know.

I/we really appreciate your input in this and if Cincinnati is selected would also hope to integrate your experience and knowledge of the area into the planning and hosting of the conference.

Thanks again. I hope to talk soon.

Susan Meier, Extradition Secretary & Executive Clemency Assistant Division of Criminal Justice PO Box 085
Trenton, New Jersey 08625 Desk (609) 984-2806 Fax (609) 777-0730 cell (609) 610-5029 Overnight mail
deliveries add:

25 Market St., 5th Fl. West Wing

** 24/7 Email access use MeierNJExtraditions@gmail.com

Susan Meier, Extradition Secretary & Executive Clemency Assistant Division of Criminal Justice PO Box 085
Trenton, New Jersey 08625 Desk (609) 984-2806 Fax (609) 777-0730 cell (609) 610-5029 Overnight mail
deliveries add:

25 Market St., 5th Fl. West Wing

** 24/7 Email access use MeierNJExtraditions@gmail.com

From: [Paul Watkins](#)
To: [Gibson, Ben](#)
Subject: Jeremy Schwarz
Date: Friday, March 01, 2013 5:41:55 PM
Attachments: [logo74f605](#)
[Schwarz.pdf](#)
[Jeremiah-W.-Schwarz-hls-unofficial-transcript.pdf](#)

Ben,

Great to speak with you earlier today and thank you for considering one of our students for this upcoming summer. Jeremy provided me a number of references in case you are not able to get a hold of one of the top three. (He doesn't want that to delay your decision making process). Please feel free to contact him directly to schedule an interview. If you can let me know when you have reached a decision about him, that would be helpful on my end.

Thanks again.

Best regards,

Paul Watkins



Paul Watkins
Legal Counsel, Career Development, Blackstone Legal Fellowship
480-444-0020 (Office)
480-388-8017 (Direct Dial)
480-444-0025 (Fax)
pwatkins@alliancedefendingfreedom.org
www.alliancedefendingfreedom.org

From: Schwarz, Jeremiah [<mailto:jschwarz@jd15.law.harvard.edu>]
Sent: Friday, March 01, 2013 1:53 PM
To: Paul Watkins
Subject: Schwarz References

Dear Paul,

Below is the list of references and their respective contact information.

1. Peter Vallone, Former Speaker, New York City Council 1987-2002

E: pfvsr@aol.com

P: 718.204.2929

2. Rear Admiral David Baucom, Deputy Director, Defense Logistics Agency--Troop Support

E: David.Baucom@dla.mil

P: 215.737.2300

3. Dr. John Kezel, Professor, Fordham University

E: kezel@fordham.edu

P: 718.817.7223

4. Dr. Mark Naison, Professor, Fordham University

E: naison@fordham.edu

P: 718.817.3748/917.836.3014

5. Commander Harold Valentine, SC, USN

Director, Readiness and Logistics (N4 Acting)

Deputy Director, Readiness and Logistics (N4A)

E: harold.valentine@me.com

P: See Below for Italy-based numbers and cell phone numbers.

DSN: 314-626-1241

Comm: +39-081-568-1241

BB: +39 (335) 179-5998

Personal Cell: 349-714-1686

NIPR: harold.valentine@eu.navy.mil

SIPR: harold.valentine@eu.navy.smil.mil

Please let me know if there are any additional requests.

Best regards,

Jeremy

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Attachment logo74f605_1. (4802 Bytes) cannot be converted to PDF format.

EDUCATION

Harvard University, Harvard Law School, Juris Doctor	2012-2015
- JD Law Degree: Candidate <ul style="list-style-type: none">○ Funding – Full Yellow Ribbon-Harvard University Scholarship	
University of Cambridge (Wolfson College), Doctor of Philosophy	2009-2012
- Ph.D. in History of International Relations: Candidate <ul style="list-style-type: none">○ Dissertation – <i>American Defense Policy and the Bosnian War 1991-1995</i>.○ Supervisor – Professor Brendan Simms, Newton-Sheehy Professor of International Relations○ Funding – Gates Cambridge Scholarship	
University of Cambridge (Wolfson College), Master of Philosophy	2007-2008
- M.Phil. in International Development Studies: High Pass <ul style="list-style-type: none">○ Supervisor—Dr. Ha-Joon Chang, Reader in Political Economy and International Development○ Funding – Cambridge Overseas Trust Scholarship	
Fordham University, Bachelor of Arts	1999-2003
- B.A. in History, Political Science, & American Studies: GPA 3.88/4.0 <ul style="list-style-type: none">○ Distinctions – University and Departmental Honors, Dean's List 1999-2003.○ Phi Beta Kappa – Member○ American Association of Political and Social Sciences – Junior Fellow 2000○ Alpha Sigma Nu – Member○ Graduate Record Exam: Verbal (710/98%), Quantitative (720/87%), Writing (4.5/5.0)○ Funding – Full Tuition Navy ROTC Scholarship	
Cathedral Preparatory Seminary High School	1995-1999
- GPA 4.0/4.0. Salutatorian: Class of 1999	
- President of the Student Body of Cathedral Preparatory Seminary High School	
Languages: English (Native); Spanish (Conversational); Mandarin (Basic).	

AWARDS AND HONORS

Fellow, Law and Business Program, Harvard Law School	2012-2013
- Recipient of a fellowship in the Law and Business Program of Study at Harvard Law School.	
Junior Research Fellowship, University of Cambridge, Wolfson College	2012-2015
- Recipient of a prestigious junior research fellowship for scholarship in international relations at the University of Cambridge.	
Gates Cambridge Scholar	2009-2012
- Recipient of a prestigious full three-year scholarship covering university and living expenses worth approximately £100,000.	
Henry Luce Scholar	2008
- Highly selective national scholarship for a professional year in Asia (Singapore), sponsored by the Henry Luce Foundation.	
Navy and Marine Corps Commendation Medal	2007
- Awarded for outstanding achievement and innovative leadership resulting in significant and crucial improvements in unit performance and readiness in wartime operations.	
MSNBC Hardball College Tour National Champion	2003
- A nationally competitive televised competition for college students sponsored by MSNBC with a prize of \$10,000.	
Harry S. Truman Scholar	2002
- Highly selective national graduate scholarship of \$30,000 for those interested in future public or government service.	
US Department of the Navy Reserve Officer Training Corps (ROTC) Full Scholarship	1999-2003
- Highly selective and nationally competitive full tuition scholarship for four years of undergraduate education.	
Green Belt Graduate, Department of the Navy Lean Six Sigma Program	2006
Global War on Terrorism Expeditionary Medal (Iraq and Horn of Africa)	2005
Global War on Terrorism Service Medal	2004
Battle "E" Excellence Award Ribbon (USS Hue City, USS Bataan)	2004
National Defense Service Medal	2003

LEADERSHIP AND EMPLOYMENT

Principal & Chief Executive Officer, PLIIX LLC	2011-Present
- Founder and Chief Executive Officer of PLIIX LLC, a global strategic advisory firm specializing in public policy strategy, economic development, international security, and innovative policies in the Asia-Pacific region.	
Visiting Professor, Zagreb School of Economics and Management	Summer 2011
- Instructed and evaluated a class of 20 international undergraduates in a course and seminar entitled International Relations.	
Vice President, Cambridge Union Society	2010-2011

JEREMIAH WILLIAM SCHWARZ

1585 Massachusetts Avenue Cambridge, MA 02138

T: +01 347 345 9293

E: jschwarz@jd15.law.harvard.edu

- Served an annual term while overseeing a team of 30 students and staff with an operating budget of over \$400,000. Second American and longest serving Vice President in the nearly two hundred year history of the world's oldest debating society.

Visiting Fellow, Lee Kuan Yew School of Public Policy, Asia Competitiveness Institute **2008-2009**

- Conducted research and consulted on economic development strategies in Southeast Asia and the ASEAN Competitiveness Report resulting in the chapter "ASEAN's *Merdeka* Moment" in *ASEAN Perspectives on Economic Competitiveness*.

Lieutenant, United States Navy, US Department of Defense **2003-2007**

- **Division Head (GS-14) PPTAS Division, Fleet Industrial and Supply Command Norfolk:** reformed pay and auditing systems for the Department of the Navy, resulting in a 120% increase in productivity and a saving of \$15 million.
- **Disbursing and Ship Services Officer, USS BATAAN (LHD 5):** Oversaw 3,000 military accounts of the Navy Cash banking system; Increased level and quality of customer service while adapting to a personnel downsizing of 60%.
- **Assistant Navigator, USS HUE CITY (CG 66):** Assisted the Navigator in laying over 50,000 nautical miles of track; Supervised five special transit details through the Straits of Gibraltar and Suez Canal during a six month deployment in support of Operation Iraqi Freedom and Operation Enduring Freedom.
- **Main Propulsion Division Officer/Assistant Training Officer, USS HUE CITY (CG 66):** Oversaw and managed a forty person division during a compressed training schedule and an extended overseas deployment.

Resident Advisor, Fordham University, Millennium Hall Residential College **2002-2003**

- Oversaw and advised over forty undergraduates in the areas of academic and community affairs
- Managed and conducted residential college programs for a residence hall of over 2,000 students.

Chief Justice, Fordham University United Student Government **2002-2003**

- Oversaw and adjudicated disputes among student organizations while upholding university statutes and student by-laws.
- Investigated infractions of University Code of Conduct and civil law relating to student organizations.

Executive Officer, New York City Consortium NAVY ROTC Unit **2002-2003**

- Led, managed, and oversaw over 250 Navy ROTC midshipmen throughout an entire semester of multifaceted and competitive training evolutions in preparation for commissioning as US Navy officers.

REFERENCES

Rear Admiral David Baucom, USN, *Assistant Secretary of the Navy, Department of Defense*, Washington, DC

Professor Brendan Simms, *Newton-Sheehy Professor, University of Cambridge*, Cambridge, UK

Rev. Joseph McShane SJ, *President, Fordham University*, Bronx, New York

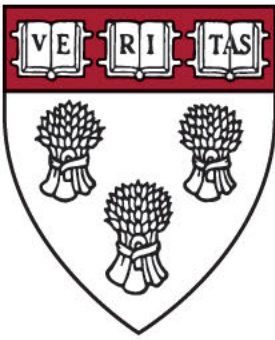
Hon. Peter F. Vallone Sr., *Speaker and Councilman, NYC City Council 1987-2001*, New York

Mr. Louis Blair, *Fmr. Executive Secretary, Harry S. Truman Foundation*, Washington, DC

Dr. Edgar F. Puryear, *Professor, National Defense University*, Fort McNair, Virginia

Dr. Mark Naison, *Director, Urban Studies Department, Fordham University*, Bronx, New York

Sir Richard Dearlove, *OBE, KCMG, Former Director, MI-6, HM Government of the United Kingdom and Chairman, Cambridge Union Society*, Cambridge, UK



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Unofficial Transcript

Jeremiah W. Schwarz

3/1/2013

1L, Section 2

Fall 2012 Term: Sep 4 - Dec 21

Course Code	Title	Primary Instructor	Grade	Credits
1006	First Year Legal Research and Writing 2B	Avi	P	2.00
1000	Civil Procedure 2	Grei	LP	4.00
1005	Torts 2	Sherman	P	4.00
1003	Legislation and Regulation 2	Stephenson	P	4.00
1001	Contracts 2	Lessig	P	4.00
Subtotal:				18.00

Winter 2013 Term: Jan 7 - Jan 25

Course Code	Title	Primary Instructor	Grade	Credits
1007	Problem Solving Workshop E	Wilkins	CR	2.00
Subtotal:				2.00

Spring 2013 Term: Jan 28 - May 15

Course Code	Title	Primary Instructor	Grade	Credits
2486	Humanities: History and Theory	Moyn	~	3.00
1006	First Year Legal Research and Writing 2B	Davis	~	2.00
1004	Property 2	Rosenbury	~	4.00
1012	Comparative Law: Western Legal Orders	Suk	~	4.00
1002	Criminal Law 2	Steiker	~	4.00
2303	Negotiation Workshop	Bordone	~	0.00
Projected Subtotal:				17.00

Projected Total: 37.00

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To: [Bax, Laura](#)
Subject: Law360 subscription
Date: Monday, March 24, 2014 3:04:37 PM
Attachments: [Law360 Subscription Terms & Conditions.pdf](#)

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Please let me know if you have any questions.

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Catherine Heth
Purchasing Director
Governor's Office
850-717-9210
850-922-9002 fax





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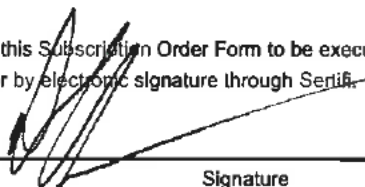
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post or publish comments ("Comments") with respect to certain published content. Client understands and agrees that with respect to any Comments, Portfolio Media and the Services act merely as a passive conduit for any and all communication and/or distribution of information, and Portfolio Media does not control the Comments. Portfolio Media cannot and will not evaluate, and shall not be responsible for, the accuracy, reliability, completeness, veracity or suitability of any Comments or for verifying the identity of anyone posting a Comment. While Portfolio Media will endeavor to monitor Comments on the Services and flag and/or remove Comments which Portfolio Media finds unsuitable (as determined in its sole and absolute discretion) Portfolio Media shall be under no obligation to do so and shall have no liability to any party for failure to monitor or remove any Comments or User Content. Prior to being granted access to post Comments, individuals may be required to input or provide certain data or information, including (without limitation) their name and/or email address which may be displayed in connection with their Comment; Portfolio Media reserves the right to impose any additional restrictions or requirements with respect to Comments in its sole discretion.

2.7. Third-Party Websites. Certain aspects of, or links contained on, the Services may link to websites or services operated by parties other than, and unaffiliated with, Portfolio Media. Such links are provided for Client's convenience only. Portfolio Media does not control such third-party websites and is not responsible for any content thereon, including with respect to any comments posted on such third-party websites. Portfolio Media's inclusion of links to such third-party websites does not amount to or imply any endorsement or warranty of the material on such sites or any association with their owners or operators. Client agrees that Portfolio Media is not responsible for any such third-party websites and services or any content thereon and agrees to hold Portfolio Media harmless from any and all claims or liability arising from Client's use of such third-party websites or services. Any concerns or questions related to third-party websites should be directed to the webmaster or other appropriate contact person for such third party.

3. SUBSCRIPTION AND PAYMENT TERMS; TERMINATION.

3.1. Subscription Form. The terms and conditions of this Agreement are expressly incorporated into and made a part of each of Client's Subscription Form(s) which set forth payment terms, the Subscription Fee and a description of the Services to which Client has subscribed. Client hereby agrees to pay the Subscription Fee for the Services as invoiced after receipt by Portfolio Media of a signed Subscription Form, failure of which shall be a breach of this Agreement that may result in suspension or termination of Client's access to Services. The Subscription Fee is non-refundable.

3.1.1. Purchase Orders. If Client issues a purchase order or other similar document relating to payment for Client's subscription to the Services, Client agrees that such purchase order or other similar document, and any terms related to registration on Client's procurement site for purposes thereof, shall be for Client's internal purposes, (i.e., administrative convenience) only and shall not modify or affect any of the terms or conditions of the Agreement between Client and Portfolio Media relating to the Services.

3.2. Breach. Client's breach of any obligations under this Agreement may result in immediate termination of this Agreement and immediate suspension or termination of Client's access to the Services; provided that with respect to any non-monetary, curable breach, Portfolio Media will use commercially reasonable efforts to notify Client of, and grant Client the opportunity to cure such breach, although it shall be under no obligation to do so. In the event of such breach, Client shall remain liable for, and Portfolio Media shall not be obligated to refund or credit, any fees incurred for the full contract term as set forth in the Subscription Form. Without limiting the foregoing, Client acknowledges and agrees that any action in violation of the Use Restrictions shall be an incurable breach of this Agreement.

3.3. Limited Rights after Termination. In the event of termination of this Agreement for any reason other than a violation of the Use Restrictions, Client may retain for its personal, noncommercial use, any materials or content of the Services that have already been delivered; provided, however, that Client agrees to be bound by the restrictions on distribution and dissemination of the content of the Services provided herein (including, without limitation, the Use Restrictions) even after termination of the term set forth in the Subscription Form. In the event of a termination resulting from a breach of the Use Restrictions, Client shall promptly return to Portfolio Media, or destroy (and provide Portfolio Media with a certification of destruction in compliance with this Section 3.3 by an officer or authorized person of Client) any and all materials or content of the Services in Client's possession or control within thirty (30) days of such breach.

3.4. Rights Regarding Section Reorganization and Website Reconfiguration. Client agrees and acknowledges that Portfolio Media reserves the right, in its sole and absolute discretion, to amend, alter, reorganize, reconfigure or otherwise change the interface, sections (and names of sections) and banners of legal news and data on the site (any such change, a "Section Reorganization"), provided that any such Section Reorganization shall not materially degrade the Client's access to information or services that are substantially similar to the Services for which Client subscribed pursuant to the Subscription Form.

4. ACCESS AND AVAILABILITY OF SERVICES.

4.1. Limited Right to Use, Save, and Distribute.

4.1.1. Except as provided herein, Client shall not use, save or distribute the content of the Services without the express prior written consent of Portfolio Media.

4.1.2. Client agrees not to grant access to the Services to any person other than an Authorized User and to safeguard and, to the extent provided, maintain the confidentiality of its username and password. Client is responsible for ensuring compliance with the foregoing by each Authorized User in Client's organization. Client shall have a limited right to save the content of the Services for its personal, internal business or other noncommercial use. Client shall have, subject to Section 4.1.3. (Mass Distribution), a limited right to distribute the content of the Services to business associates, clients, and prospective clients or their respective representatives, agents, or assigns provided that Client has a reasonable basis to believe that such selective distribution may be useful or helpful to the recipient for a particular purpose. The foregoing limited right to distribute is limited to personal communications to clients, such as email or letters, and does not include the right to engage in any Mass Distribution (as defined below). Any other distribution of the content of the Services is prohibited without the express prior written consent of Portfolio Media.

4.1.3. Mass Distribution. Client shall not engage in any Mass Distribution (as defined below) without the express prior written consent of Portfolio Media. Without limitation to any and all other remedies available to Portfolio Media (which are hereby expressly reserved), unauthorized Mass Distribution by Client shall be immediate grounds for suspension of Client's account and/or termination of Client's access to the Services. As used herein, 'Mass Distribution' means (i) the use, publication or inclusion of any content or materials (in whole or in part) obtained through use of the Services in (x) any press releases, blog postings, newsletters, articles, bulletin boards, or any other publicly accessible publications or (y) any communication by any Authorized User of Client (including, without limitation, via email or facsimile) containing specific content of the Services that is addressed to more than ten (10) individuals that are not Authorized Users (e.g., the simultaneous transmission of any article or other content of the Services to more than 10 recipients by any one Authorized User); (ii) setting up, creating, configuring or automating any email (or other) alert functionality of the Services on behalf of any non-Authorized User or utilizing email auto-forwarding or any similar email filter or functionality to distribute the content of any Services (including alerts) to any non-Authorized User, (iii) utilizing, configuring or distributing any of the content (in whole or in part) of the Services for marketing and/or promotional purposes or otherwise establishing or allowing establishment of the Services as a service bureau for any third party or non-Authorized User (iv) otherwise using or configuring the Services in any manner that (x) replicates, or seeks to replicate, in whole or in part, the Services on behalf of or for the benefit of any non-Authorized User or (y) undermines the ability of Portfolio Media, as determined in its sole and absolute discretion, to market or sell any of its services, including the Services, to any third party. Without limiting the foregoing, if Client, or any Authorized User of Client, desires to transmit a particular item or story contained in the Services to more than ten (10) individuals outside of Client's organization, Client must purchase a Law360 Reprint Package. More information about Law360 Reprint Packages can be found [here](#).

4.1.4. Any content otherwise permitted to be distributed pursuant to Section 4.1 must not be altered, abbreviated, or edited in any fashion without the prior express written consent of Portfolio Media; provided that, subject to the restrictions on Mass Distribution contained herein, Client shall have the limited right to use or excerpt brief quotations from such content so long as all such content is properly attributed to Portfolio Media and any other copyright owner identified in the content. All content of the Services permitted to be distributed by this Agreement must be clearly marked as originating from Portfolio Media and must preserve all original copyright and other notices contained thereon. Any copyright notice appended by Client to distributed content of the Services should be in a form substantially similar to the following: "Copyright [Current Year] Portfolio Media, Inc. Content may not be shared, reproduced, modified, published, distributed, or otherwise recreated in any fashion without the express prior written consent of Portfolio Media, Inc. For inquiries about this article, please contact customerservice@law360.com."

4.1.5. The provisions of Section 4.1 shall survive the termination, cancellation, or expiration of the term set forth in the Subscription Form.

4.2. Unlawful Use Prohibited. Client agrees not to use the Services for any unlawful purpose. Portfolio Media reserves the right to terminate Client's access to the Services if Client's use of the Services violates or, in Portfolio Media's sole and absolute discretion, is likely to violate, any laws, regulations, or rulings, infringes upon another person's rights, or violates the terms of this Agreement.

4.3. Sole Responsibility. Client shall be solely liable for any damages resulting from any infringement of copyrights, trademarks, proprietary rights, or any other claims, damages or liability arising from or in connection with Client's distribution or dissemination of any portion or content of the Services and agrees to hold harmless and indemnify Portfolio Media with respect thereto.

4.4. Technical Requirements. Client acknowledges and agrees that all features and content of the Services are subject to availability of a suitable or adequate internet connection, valid email account, computer equipment, and sufficiently available bandwidth at the time of Client's attempted use or access. Client shall be solely responsible for procuring the necessary computer equipment and internet connection required for accessing and using the Services. Client shall hold Portfolio Media harmless from any failure or inability to access the Services resulting from Client's failure to procure any such necessary equipment or services.

4.5. Publication Holidays. Client acknowledges and agrees that Portfolio Media may, in its sole discretion, opt to not publish or otherwise make available the Services, either in whole or in part, on any United States holiday or on any court holiday. Portfolio Media may, in its sole discretion, determine to change, add, or remove publication holidays hereunder.

4.6. Downtime; Service Outages or Unavailability. Client agrees and acknowledges that the Services may be interrupted or unavailable during Downtime (as defined below). Portfolio Media shall use commercially reasonable efforts to restore Services after any interruption caused by Downtime. Portfolio Media shall not be liable for, and Client agrees to hold Portfolio Media harmless from, any service interruption or unavailability of the Services as a result of Downtime, events beyond the reasonable control of Portfolio Media (including any Force Majeure Event), anticipated or scheduled maintenance of the Services or website, the publication holidays identified in Section 4.5 above or otherwise. Without limiting the foregoing, Portfolio Media shall not be responsible for (i) delivering or otherwise providing access to any Services that were published during Downtime or otherwise retroactively restoring, or reimbursing Client for, any content published during such Downtime (whether or not such content is subsequently available on the Services after such Downtime) or (ii) any interruption to the Services caused by Client or Client's service provider(s) or other vendor(s) providing services to Client, for which Client assumes all liability and responsibility. For purposes of this Agreement, "Downtime" shall mean a malfunction in a core component of the Services, the loss of a material function of the Services, or any other action that prevents Client's access to or use of the Services, which malfunction or loss was caused solely by a failure of the Services or Portfolio Media's computer or server equipment controlling the same.

5. REGISTRATION, SECURITY, AND PRIVACY.

5.1. As part of the registration process, Client will be required to provide Portfolio Media with certain registration information, all of which must be accurate and updated, and which may include, without limitation, an authorized contact person's name; business address; business phone number; facsimile number; e-mail address; etc.

5.2. Portfolio Media is committed to protecting its clients' privacy. Portfolio Media uses the information it collects about clients to enhance the quality of the services that it provides. Technologies are rapidly changing as are the services that Portfolio Media offers. Therefore, these policies are subject to change. By using the Services, Client consents to the collection and use of this information by Portfolio Media. Sometimes, Portfolio Media may request that Client verify the information collected, either by sending Client an e-mail to check an online database or by mail, facsimile or telephone. Portfolio Media does not sell, trade, or rent its subscribers' personal information to others. Portfolio Media may provide aggregate statistics about its customers, sales, traffic patterns, and related site information to others, but these statistics will include no personally identifying information. Notwithstanding the foregoing, Portfolio Media may release account information when it believes, in good faith, that such release is reasonably necessary to (i) comply with law, (ii) enforce or apply the terms of any user agreements or (iii) protect the rights, property or safety of Portfolio Media, its users, or others. Click here to view our privacy policy.

5.3. Client hereby agrees to maintain as confidential and not disclose any username or password to any person not within the scope of Client's subscription for Services, subject to the terms of this Agreement and as indicated on Client's Subscription Form. Portfolio Media may change Client's password at any time, provided that Portfolio Media shall provide Client with written notice of such change prior to, or as soon as reasonably practicable after, such change.

5.4. Client agrees and acknowledges that under certain circumstances, Portfolio Media may store Client's IP address(es) or other information transmitted by Client's computer(s) or network as are reasonably necessary for Portfolio Media to identify Client and provide access to Services.

5.5. Client assumes full and total responsibility for all usage or activity on Client's account, including use of Client's account by any third party, whether or not authorized by Client, and agrees to indemnify and hold Portfolio Media harmless from any claims arising from or as a result of such usage. Client shall immediately notify Portfolio Media of any known or suspected unauthorized use of Client's account, or any known or suspected breach of security, including loss, theft, or unauthorized disclosure of Client's account information and agrees to fully cooperate with Portfolio Media in good faith and as reasonably required to remedy such security breach.

6. REPRESENTATIONS AND WARRANTIES.

6.1. Client agrees that it shall take any other means reasonably necessary to ensure compliance with this Agreement by any and all employees or authorized users of the Services.

6.2. CLIENT AGREES THAT THE USE OF AND ACCESS TO THE SERVICES IS STRICTLY ON AN "AS IS" AND "AS AVAILABLE" BASIS, AND PORTFOLIO MEDIA SPECIFICALLY AND EXPRESSLY DISCLAIMS ANY AND ALL REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY REPRESENTATIONS OR WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND ANY WARRANTIES THAT MAY ARISE FROM COURSE OF DEALING, COURSE OF PERFORMANCE OR USAGE OF TRADE, WITH RESPECT TO THE OPERATION OF THIS WEBSITE, THE CONTENT OR INFORMATION CONTAINED THEREIN, OR THE SERVICES. NO WARRANTY OF ANY KIND IS IMPLIED REGARDING REIMBURSEMENT FOR LOSSES OF INCOME DUE TO DISRUPTION OF SERVICE BY PORTFOLIO MEDIA. PORTFOLIO MEDIA MAKES EVERY REASONABLE EFFORT TO ASSURE THAT ALL INFORMATION PUBLISHED BY IT IS CORRECT; HOWEVER, PORTFOLIO MEDIA DISCLAIMS ANY LIABILITY FOR ERRORS IN THE SERVICES. AS A SUBSCRIBER, CLIENT ASSUMES THE RISK OF POSSIBLE ERRORS CONTAINED IN THE SERVICES. CLIENT AGREES TO INDEPENDENTLY VERIFY ANY INFORMATION IT INTENDS TO RELY UPON, AND, IF REASONABLY NECESSARY, CLIENT SHOULD SEEK THE ASSISTANCE OF AN ATTORNEY IN DOING SO. NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED IN THIS AGREEMENT, THIS IS A COMPREHENSIVE LIMITATION OF LIABILITY AND NO EVENT SHALL PORTFOLIO MEDIA AND ITS SUBSIDIARIES, AFFILIATES, SHAREHOLDERS, MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, LICENSORS, SUCCESSORS, AND ASSIGNS ("THE PORTFOLIO MEDIA PARTIES") BE LIABLE, JOINTLY OR SEVERALLY, TO CLIENT OR ANY OTHER PERSON AS A RESULT OF CLIENT'S ACCESS OR USE OF THE SERVICES, INCLUDING, WITHOUT LIMITATION, FOR INDIRECT, CONSEQUENTIAL, SPECIAL, INCIDENTAL, PUNITIVE, OR EXEMPLARY DAMAGES, LOST PROFITS, LOST SAVINGS, AND LOST REVENUES, OR OTHER PECUNIARY LOSS (COLLECTIVELY, THE "EXCLUDED DAMAGES"), WHETHER OR NOT CHARACTERIZED IN NEGLIGENCE, TORT, CONTRACT, OR ANY OTHER THEORY OF LIABILITY, EVEN IF ANY OF THE PORTFOLIO MEDIA PARTIES HAVE BEEN ADVISED OF THE POSSIBILITY OF OR COULD HAVE FORESEEN ANY OF THE EXCLUDED DAMAGES, AND IRRESPECTIVE OF ANY FAILURE OF AN ESSENTIAL PURPOSE OF A LIMITED REMEDY. IF ANY APPLICABLE AUTHORITY HOLDS ANY PORTION OF THIS SECTION TO BE UNENFORCEABLE, THEN THE PORTFOLIO MEDIA PARTIES' LIABILITY WILL BE LIMITED TO THE FULLEST POSSIBLE EXTENT PERMITTED BY APPLICABLE LAW. WITHOUT LIMITING THE FOREGOING, UNDER NO CIRCUMSTANCES SHALL PORTFOLIO MEDIA BE LIABLE FOR ANY CLAIM, LOSS, COST, EXPENSE, OR DAMAGE WHATSOEVER TO CLIENT OR ANY THIRD PARTY IN AN AMOUNT EXCEEDING THE SUM OF THE SUBSCRIPTION FEES ACTUALLY PAID UNDER THIS AGREEMENT DURING THE TWELVE-MONTH PERIOD IMMEDIATELY PRECEDING THE DATE ON WHICH PORTFOLIO MEDIA IS NOTIFIED OF SUCH CLAIM IN WRITING.

6.3. Indemnification. Client agrees to indemnify, defend, and hold harmless Portfolio Media and its officers, directors, employees, affiliates, agents, licensors and suppliers from and against all claims, actions, proceedings, damages, losses, costs, and expenses (including reasonable attorneys' fees) arising or resulting from: (i) the use of or reliance on any information, material, or content of the Services by Client or any third party to whom Client has provided such information, material, or content, regardless of whether or not such information, material or content contained any errors or omissions and whether or not Portfolio Media was aware or should have been aware of any such errors or omissions; (ii) Client's violation or breach of this Agreement; (iii) Client's negligent acts or omissions or willful misconduct; or (iv) any allegation that Client's use of or access to the Services infringes upon the patent, trademark, copyright, trade name, trade secret, or other proprietary rights of any third party. Client's duty to indemnify, defend and hold harmless Portfolio Media under this Agreement shall survive the termination, cancellation, or expiration of the term set forth in the Subscription Form.

7. MISCELLANEOUS.

7.1. No Legal Advice. None of the Services provided by Portfolio Media are, nor are intended to be, legal, accounting or other professional advice or a substitute for advice of an attorney, accountant or any other professional. Client agrees and acknowledges that the content of the Services is intended only as news and general legal information and is not intended to be, and should not be relied upon as, legal advice. Portfolio Media shall not be liable, and shall be held harmless, for any errors or omissions in the Services, and Client assumes all risks and liabilities in relying on the Services, contributing to a third party's reliance on the Services, or inducing a third party to rely upon the Services. All content of the Services should be independently verified by Client. If legal advice or other expert assistance is required, Client will obtain the services of a competent, professional person, and will not rely on information provided on the Services as a substitute for such advice or assistance. No attorney-client relationship exists or shall be deemed to exist between Client (or any Authorized User) and Portfolio Media.

7.2. Governing Law and Venue. This Agreement shall be governed by and shall be construed in accordance with the laws of the State of New York, without regard to its conflicts

of law principles. Any action or proceeding between Client and Portfolio Media relating to or arising out of this Agreement or use of the Services shall be commenced and maintained exclusively in the state or federal courts in the State of New York, and Client hereby consents to the exclusive jurisdiction and venue of any state or federal court in the State of New York.

7.3. **Waiver of Jury Trial.** THE PARTIES HERETO, ON BEHALF OF THEMSELVES AND THEIR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, AGREE THAT ANY SUIT, ACTION, DISPUTE OR PROCEEDING, WHETHER BY CLAIM OR COUNTERCLAIM, BROUGHT OR INSTITUTED BY OR AGAINST ANY PARTY HERETO OR ANY HEIR, EXECUTOR, ADMINISTRATOR, SUCCESSOR OR ASSIGN OF ANY PARTY HERETO, ARISING OUT OF, CONCERNING OR IN ANY WAY RELATING TO THIS AGREEMENT OR THE USE OF THE SERVICES, OR ANY FACTS OR CIRCUMSTANCES IN WHICH THIS AGREEMENT OR SERVICES IS INVOLVED IN ANY WAY, SHALL BE TRIED WITHOUT A JURY. EACH PARTY HEREBY KNOWINGLY, EXPRESSLY, VOLUNTARILY AND INTENTIONALLY WAIVES ITS RIGHT TO A JURY TRIAL IN ANY SUCH SUIT, ACTION, DISPUTE OR PROCEEDING, TO THE FULLEST EXTENT PERMITTED BY LAW.

7.4. **No Third Party Beneficiaries.** This Agreement shall be binding upon and inure solely to the benefit of the Parties and their respective permitted successors or assigns. Nothing herein, express or implied, is intended to or shall confer upon any other person or entity any legal or equitable right, benefit, or remedy of any nature whatsoever.

7.5. **No Assignment.** Neither party may assign this Agreement, in whole or in part, without the other party's prior written consent; provided, however, that either party may assign this Agreement to a successor in interest in the event of a reorganization, merger, consolidation or sale of all or substantially all of its assets or stock. Any assignment in violation of this section is null and void, ab initio.

7.6. **Severability.** If any provision of this Agreement is declared void or unenforceable by any court of competent jurisdiction in a final, non-appealable order or judgment, then all remaining provisions of this Agreement shall remain in full force and effect unless otherwise agreed to in writing by the Parties.

7.7. **Waiver; Remedies Cumulative.** The rights and remedies of the Parties are cumulative and not alternative. Neither any failure nor any delay by Portfolio Media in exercising any right, power, or privilege under this Agreement or any of the documents referred to in this Agreement will operate as a waiver of such right, power, or privilege or any future exercise thereof, and no single or partial exercise of any such right, power, or privilege will preclude any other or further exercise of such right, power or privilege, or the exercise (or future exercise) of any other right, power, or privilege.

7.8. **Headings.** Headings or titles to sections or subsections in this Agreement are for convenience of reference only and shall not affect the meaning or interpretation of this Agreement or any part hereof.

7.9. **Compliance with Laws.** Client shall ensure that any activities undertaken by Client (or by any Authorized User) pursuant to this Agreement and any use of or access to the Services shall comply with all laws, rules, and regulations of the United States and other applicable jurisdictions, as such may be amended and in effect from time to time. Without limiting the foregoing, Client recognizes the global nature of the Internet, and further agrees to comply with all local rules regarding online conduct and acceptable content. Specifically, Client agrees to comply with all applicable laws regarding the transmission of technical data exported from the United States or the country in which Client may reside or access the Services.

7.10. **Notices.** Subject to Section 7.11, all notices, consents, communications, and transmittals under this Agreement shall be in writing and shall be deemed received on the day of delivery if delivered by hand, by nationally recognized overnight courier or delivery service, or by facsimile (with written confirmation of the completed transmittal); or within three (3) business days if mailed by United States mail as certified or registered mail with return receipt, postage prepaid, addressed to the party to whom such notice is given at the address of such party stated in the Subscription Form.

7.11. **Consent to Communication.** Client agrees that Portfolio Media reserves the right to send electronic or paper mail to Client for the purpose of informing Client of changes or additions to the Services or this Agreement. Client further agrees that from time to time Portfolio Media may contact Client via electronic or paper mail for the purpose of soliciting feedback or participation in user surveys relating to the Services. Any information obtained from Client will not be shared with any third parties except in aggregate form, in which case Client will not be identified in any manner as a respondent. Client shall have no obligation to participate in or respond to any such survey.

7.12. **Force Majeure.** Except for any payment obligations, neither Party will be liable to the other for failure to fulfill obligations hereunder if such failure is due to causes beyond its control, including, without limitation, acts of God, earthquake, explosion, fire, flood, unusually severe or abnormal weather, embargo, catastrophe, sabotage, utility or transmission failures, strikes, lockouts or other labor difficulties, governmental actions, prohibitions or regulations, voluntary or involuntary compliance with any law or request of any governmental authority, national emergencies, insurrections, riots, wars or other civil disturbances, acts of terrorism, viruses or network outages, which did not result from the acts or omissions of such Party, its employees or agents ("Force Majeure Event"). The time for any performance required hereunder will be extended by the delay incurred as a result of such Force Majeure Event.

7.13. **Entire Agreement.** This Agreement, together, if applicable, with Client's Subscription Form, constitutes the entire agreement between the Parties with respect to its subject matter and supersedes all prior or contemporaneous agreements, representations, and understandings of the Parties, whether written or oral. There are no representations, promises, warranties, covenants, or undertakings other than those contained in this Agreement or the Subscription Form.

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Portfolio Media, Inc. Privacy Policy

1. Scope of this Privacy Policy
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1. Scope of this Privacy Policy

This privacy policy describes how Portfolio Media, Inc. and its worldwide affiliated group companies (collectively, "Portfolio Media") will use the personal information collected when you visit the Portfolio Media, Inc. websites, application websites and mobile platforms that contain a link to this privacy policy, as well as any newsletters subscribed to via any of the foregoing (each, a "Service"). A Service may supplement this privacy policy with additional privacy terms or with additional privacy notices in connection with certain features of that Service.

This privacy policy does not apply to websites, applications or mobile platforms that are not linked to this privacy policy or to those operated by third parties. We encourage you to review the privacy policies posted on those websites, applications and mobile platforms.

2. Collection of Information

The Service collects information from you in two ways: directly from your input and automatically through the Service's technologies.

a. Information provided by you

The types of information the Service collects directly from you may include the following as well as any other information type that we expressly ask you to enter and submit to the Service:

- Contact information, such as your name, email address, and telephone number;
- Usernames and passwords;
- Comments and feedback;
- Interests and communication preferences.

b. Information Collected Automatically

The Service automatically collects certain information regarding your use of the Service. Examples of information collected automatically include:

- Internet Protocol ("IP") address used to connect your computer to the Internet;
- Computer, device and connection information, such as browser type and version, operating system, mobile platform and unique device identifier ("UDID") and other technical identifiers;
- Uniform Resource Locator ("URL") click stream data, including date and time, and content you viewed or searched for on a Service;

We may use and disclose automatically collected information for any purpose, except where we are restricted by applicable law. If we combine any automatically collected information with personal information, the combined information will be treated by us as personal information.

We may also use aggregated information for any purpose, however, this information does not identify specific individuals and so is not personal information.

c. Cookies and Web Beacons

The Service may also automatically collect information through the use of cookies or similar technologies, such as web beacons. Cookies are small text files that a website sends to the browser on your computer or mobile device when you first visit a web page so that the website can recognize your device the next time you visit. Most websites typically use the following:

- "Session" cookies, which are temporary and deleted when you close your browser;
- "Persistent" cookies, which remain until you delete them or they expire;
- Web beacons, which are electronic images also known as single-pixel gifs.

In general, cookies, web beacons and similar technologies do not contain personally identifiable information, but when you furnish your personal information through the Service, this information may be linked to the non-personally identifiable data stored in cookies sent to your browser from the Service.

Portfolio Media and its service providers use these technologies for various purposes, including: facilitating the login process, administering, customizing and improving the Service, personalizing the browsing experience; advertising, promotions and surveys. [as well as tracking and analyzing user preferences and trends.

There are a number of ways to manage cookies. The "help" portion of the toolbar on most browsers will tell you how to stop accepting cookies, how to be notified when you receive a new browser cookie, and how to disable existing browser cookies. However, if you block cookies, you may not be able to register, login or make full use of the Service. You can also use your mobile device's settings to manage the available privacy options.

Our HTML-formatted emails may contain a web beacon to tell us whether our emails are opened and verify any clicks through to links or advertisements within the email. We may use this information for purposes including determining which of our emails are more interesting to users. The web beacon will be deleted when you delete the email. Emails in plain text (if applicable) rather than HTML will not include the web beacon.

3. Use of Your Personal Information

We use the personal information collected through the Service to complete various actions:

- to provide and improve service and support;
- to update you on relevant new services and benefits;
- to personalize the Service and to select content to be communicated to you or to use features on the Service such as sharing content with a friend or colleague;

- for data analysis, audits, developing new products, enhancing the Service, identifying usage trends and determining the effectiveness of our promotional campaigns, or in other ways to which you have expressly agreed in a customer agreement with us;
- to prevent and detect security threats, fraud or other malicious activity; and
- to comply with our legal obligations, resolve disputes, and enforce our agreements.

We may on occasion also match or combine the personal information that you provide with information that we obtain from other sources or that is already in our records, whether collected online or offline or by predecessor or affiliated group companies, for the purposes described above.

4. Sharing or Disclosing Your Personal Information

We share your personal information in the following ways:

- **Affiliates.** Your personal information may be accessible to all Portfolio Media affiliated companies worldwide for the purposes described in this policy.
- **Service Providers.** Your personal information may be accessible to our service providers and suppliers, which assist us with producing and delivering our products and services, operating our business, and marketing, promotion and communications. These providers and suppliers include, for example, editors, reviewers, credit card processors, customer support, email service providers, IT service providers and shipping agents.
- **Institutional Subscribers.** If the Service offers a content database or learning service ("Subscription Service") and you access the Subscription Service through an institution-sponsored subscription, your personal information and certain usage data gathered through the Subscription Service, may be shared with your institution for the purposes of usage analysis or subscription management.
- **Other Third Parties.** We may share personal Information with other third parties if we expressly told you about such potential disclosure at the point at which you submitted the Information to us.
- **Compliance with Law and Similar Obligations.** We may share personal information in order to: (i) respond to or comply with any law, regulation, subpoena or court order; (ii) investigate and help prevent security threats, fraud or other malicious activity; (iii) enforce and protect the rights and properties of Portfolio Media or its affiliates; or (iv) protect the rights or personal safety of our employees and third parties on or using our property.
- **Change in Corporate Circumstances.** If Portfolio Media, the Service or a related asset or line of business is acquired by, transferred to or merged with another company, your personal information may be disclosed to the prospective or actual purchasers.

The Service also may provide access to social media features, message boards, chat, forums, blogs, profile pages and other services to which you are able to post personal information and materials. Any information you post or disclose through these services is public. Please be careful when disclosing personal information in these public areas.

5. Children's Privacy

We do not knowingly collect information from children under the age of 13 and Portfolio Media does not target its websites to children under 13.

6. Your Choices and Selecting Your Privacy Preferences

You can manage available communications preferences when you register with the relevant Service, by updating your account preferences, or, where applicable, by using the "opt-out" or unsubscribe mechanism or other means provided within the communications that you receive. We reserve the right to notify you of changes or updates to the Service whenever necessary.

7. Access to and Accuracy of Your Personal Information

You may request access to personal information about you that you have provided to us through the websites or mobile platforms governed by this policy. You may also request to review and correct any of that personal information. Additional rights may also apply under applicable laws. The Service may allow registered users to access their registration information and make corrections or updates. The accuracy of such information is solely the responsibility of the user. No access is given to other data that may have been collected about users.

To protect your privacy and security, we will also take reasonable steps to verify your identity. To view and change the personal information that you directly provided to us (if any), contact us at the address listed below.

8. Data Security

We use a variety of data security measures intended to ensure the confidentiality and integrity of your personal information.

9. Changes to Privacy Policy

If we modify this privacy policy, we will post the revised version here, with an updated revision date.

10. Cross-Border Transfer of Personal Information

Your personal information may be transferred to other countries for processing, and by using the Service you consent to the transfer of information to countries outside of your country of residence, which may have different personal data protection rules than in your country.

11. Contacting Us

If you have comments or questions about this privacy policy or our processing of your information, please contact:

Customer Service Department

860 Broadway, 6th Floor
New York, NY 10003
United States of America
Email: customerservice@law360.com

This privacy policy was last updated on January 2, 2014. The effective date of this policy for a specific web site will depend on the date the site first linked to this updated policy.

From: [Roopnarine, Rachel](#)
To: [Accardo, Brian](#); [Acree, Shayna](#); [Antonacci, Peter](#); [Aschauer, Fred](#); [Bartlett, Drew](#); [Brown, Fawn](#); [Brown, Jeffrey](#); [Caspary, Jorge](#); [Chisolm, Jack](#); [Cobb, Paula](#); [Deal, Tori](#); [Fenton, Katy](#); [Folkes, Francine](#); [Gaskin, Carla](#); [Halpin, Mike](#); [Heekin, Jack](#); [Hewitt, Betsy](#); [Hoenstine, Krystle](#); [Klena, Chris M.](#); [Leopold, Matt](#); [Littlejohn, Jeff](#); [Meyers, Alissa](#); [Morgan, Larry](#); [Morris, Kristine P.](#); [Parson, Kendra](#); [Reardon, Bevin](#); [Richardson, Yolonda](#); [Rouse, Barbara](#); [Sawyer, Thomas](#); [Schmaulfuss, Belva](#); [Thomasson, Mark](#); [Vinyard, Herschel](#); [Wilson, Mary](#); [Wolfe, Justin G.](#); [Zeller, Lennie](#)
Subject: OGC Weekly Report for the week of 5/5/14 and 5/12/14
Date: Friday, May 23, 2014 4:37:46 PM
Attachments: [050914-051614.pdf](#)

*Rachel Roopnarine
Assistant to Matthew Z. Leopold
General Counsel
Florida Department of Environmental Protection
(850) 245-2293*



Memorandum

Florida Department of Environmental Protection

ATTORNEY WORK PRODUCT

under s. 119.071(1)(d)1., F.S.

May be released only upon completion of litigation.

May 23, 2014

TO: Herschel T. Vinyard Jr., Secretary

FROM: Matthew Z. Leopold, General Counsel

RE: Office of General Counsel's Weekly Status Report

Below is the report on significant matters from May 5 – May 16, 2014.

Significant Matters

- Emergency Final Order for April Flooding: As authorized by the Governor's Executive Order 14-144, on May 2, the Department issued an Emergency Final Order to address the damage caused by severe flooding in 26 counties in the Panhandle and Big Bend Regions of Florida. The Emergency Final Order is effective until May 30 unless terminated or extended by amendment, and can be viewed at:
http://www.dep.state.fl.us/mainpage/em/files/050114_Emerg_Order.pdf (Betsy Hewitt/Program Section & Heather Chapman)
- Siting Board Hearing – IN RE: Florida Power & Light, Turkey Point Units 6 & 7 (DOAH): In June of 2009, the Department received a Site Certification Application from Florida Power and Light Company (FPL) for power plant site certification. The application seeks certification for: two additional nuclear generating units, each with an approximate electrical output of 1,100 MW; supporting buildings, facilities and equipment; off-site facilities including nuclear administrative building, training building, parking area; transmission lines and system improvements within Miami-Dade County; and other facilities as necessary.

The hearing began July 8, 2013, in Miami, and ran for five consecutive weeks, with an additional three weeks thereafter, ultimately concluding on October 3, 2014. The Administrative Law Judge Issued a Recommended Order on December 5, 2013, and the parties filed responses to the Recommended Order and exceptions to the responses. On May 13, this matter went before the Siting Board, which voted unanimously to adopt the Department's draft Final Order. (Matthew Z. Leopold, Francine M. Ffolkes/Office of General Counsel; Frederick L. Aschauer, Jr./Defense Section)

- Davis and Florida Wildlife Federation v. EPA ("Antideg Case") (U.S. District Court of the Middle District of Florida): Plaintiffs sued EPA to challenge a number of decisions related to the approval of verified impaired waters lists, the methodology in Florida's impaired water

rule, and a number of miscellaneous issues pertaining to Florida's antidegradation policy. On March 4, the Department filed a motion to intervene in the lawsuit. In that motion, the Department supported EPA's pending motion to strike and described its general opposition to the Plaintiff's position. As argued by the Department, Plaintiffs' position, if adopted, would substantially disrupt existing policies and programs. The Plaintiffs oppose the Department's motion to intervene, and have filed a response in opposition.

While the motion to intervene has been pending, EPA and the Plaintiffs began formal mediation on May 15. The parties reached an impasse on two counts addressing the 2008 IWR determination. EPA and the Plaintiffs will continue to mediate on the remaining counts. (Jeff Brown/Defense Section)

Litigation

The Department's Defense Section received one Complaint, which was served on the Board of Trustees during this timeframe. The Defense Section received one Amended Petition for Administrative Hearing, three Petitions for Administrative Hearing, and one Verified Petition to Intervene. The Defense Section did not dismiss any Petitions for Administrative Hearing, and did not forward any Petitions for Administrative Hearing to the Division of Administrative Hearings (DOAH) during this timeframe.

- David W.R. Brown v. DEP (DOAH): Mr. Brown filed a rule challenge petition against those portions of Rule 62-555.360 governing backflow protection on September 11, 2013. The rule, which directly regulates public water suppliers, requires backflow prevention devices to prevent cross connection between non-potable water and potable water. It allows utilities to choose between any of several backflow prevention devices. Mr. Brown wants only one type of backflow prevention device to be allowed in residential areas.

Proposed changes to the challenged rule were submitted by rule package by the Department in January of 2014. The proposed changes were adopted without challenge in April of 2014, and became effective on May 5. The parties submitted status reports to DOAH on May 2. DOAH dismissed this matter as moot on May 5.

On May 5, Mr. Brown filed a new rule challenge to the newly adopted Rule 62-555.360. The hearing is scheduled for June 5. (Benjamin Melnick & Sidney Bigham/Defense Section)

- Mosher & Preserve our Paradise v. DEP (Circuit Court, Leon County): Petitioners filed a Writ of Mandamus and Request for Accelerated Hearing alleging that the Department failed to reasonably respond to a public records request. The matter was assigned to Judge Cooper.

The parties, through counsel, conducted a quick phone conference on May 16 in an attempt to settle the matter. (Frederick L. Aschauer, Jr., Benjamin Melnick/Defense Section)

- Bernard and Marien Spinrad v. William Guerrero, Christina Bang, DEP and BOT (DOAH): The Petitioners challenged the Department's decision to enter into a settlement with the Guerreros, which modified the activities originally authorized by the Department. The modifications included the authorization of a transfer into the names William Guerrero and

Christina Guerrero, repair of the shoreline, repair of jetties, replacement of an earthen boat ramp with a concrete boat ramp, repair and replacement of a wood dock, replacement of mooring piles, removal of a mid-jetty extension, and maintenance dredging of an existing channel. A hearing was held November 18-21, 2013, but was not able to be concluded. The Guerreros filed an interlocutory appeal with the Third District Court of Appeal asking to overturn a ruling of the Administrative Law Judge that denied their request to disqualify counsel for the Petitioners and, in the alternative, stay the hearing for further discovery. The Third District Court of Appeal denied their appeal on January 6. The final hearing continued on March 31 through April 4. Immediately prior to the continued hearing date, the Guerreros filed another Motion to Disqualify the Petitioners counsel; the Petitioners moved to disqualify the Guerreros counsel; and the Petitioners moved to disqualify the Administrative Law Judge (ALJ) and to stay the proceeding. All requests were denied.

The Petitioners filed a Petition for Writ of Prohibition regarding the denial of their Motion to Disqualify the ALJ. The Department has asked for an extension of time to file its response. The Department's motion for extension is still pending. The Guererro have filed their response to the petition, and the Spinrads filed their corresponding reply on May 14. (Brynna Ross & Jeffrey Brown/ Defense Section)

- Schwartz v. Dan A. Hughes Co. and DEP and Thomas Mosher & Preserve Our Paradise, Inc. v. Dan A. Hughes Company & DEP (DOAH): Petitioner Schwartz and Petitioner Mosher are challenging the Department's decision to issue a permit to Dan A. Hughes Company, authorizing the applicant to drill an exploratory well to evaluate the geology of the Lower Sunniland Formation as the primary target. Preserve Our Paradise (POP) moved to Intervene on October 11, 2013. Petitioner Mosher and POP specifically challenge the Hydrogen Sulfide Gas (H₂S) Contingency Plan incorporated into the permit, claiming it is insufficient. After two dismissals with leave to amend, Petitioner Schwartz timely filed its second amended petition, which was referred to the Division of Administrative Hearings on December 19, 2013. After a second dismissal with leave to amend, Petitioner Mosher filed an amended petition on December 20, 2013. Respondent Dan A. Hughes Co. filed a motion to consolidate these cases and filed a motion to dismiss the amended petition on December 23. The Administrative Law Judge (ALJ) granted the motion to consolidate the two cases. On February 13, Petitioner Mosher filed a motion for leave to amend his existing petition, which the ALJ granted on February 17. The hearing took place February 25-27. On the first day of hearing, the ALJ granted the Department's motion for bifurcation, allowing an opportunity to present into the record any recommendation by a separate advisory committee. Each of the parties filed their proposed recommended orders on May 14, and are awaiting the recommended order. (Jeffrey Brown/Defense Section)
- Collier County & Conservancy of SW Fla. v. DEP & Dan A Hughes (DOAH): On April 22, the Collier County Board of Commissioners (Collier Board) voted to challenge a Consent Order. The Collier Board directed its County Attorney to seek the revocation of permit number 1349H, issued to Dan A. Hughes for its 20-3H Collier-Hogan well, or, if revocation is not ordered, to seek certain amendments to the Consent Order. The County Attorney eventually requested an extension of time on April 25 to allow for settlement discussions. A

second requested extension of time to file a petition was granted, giving the County until June 13 to file a Petition. A settlement meeting was set for May 15.

While the County, through its County Attorney, the Department and Dan A. Hughes were communicating, in an effort to arrive at some potential settlement, the Conservancy filed a Petition to Intervene on May 12, even though the County had not filed a Petition. On May 13 the Collier Board voted to proceed with filing a Petition and forego attending the settlement meeting. The County has not yet filed a petition. (Frederick L. Aschauer, Jr & Benjamin Melnick/Defense Section: Larry Morgan/Enforcement Section)

- Kline Properties, Inc. v. BOT (Circuit Court, Lee County): Kline Properties sued the Board of Trustees to quiet title to certain submerged land lying within Hurricane Bay in Fort Myers. The Board of Trustees answered the complaint and filed a counterclaim to quiet title. Kline Properties alleges that the disputed land was dry land at statehood and became submerged as a result of a 1926 hurricane through avulsion, and thus the Board of Trustees has no ownership interest in this submerged land. The Division of State Lands believes that the historical evidence coupled with the Board of Trustees' expert witnesses retained in coastal engineering, geology, and surveying will demonstrate that the disputed land is state-owned because it was submerged and "navigable in fact" at statehood.

The trial was held on May 13-15 in Fort Myers. The Court is allowing the parties to submit written closing arguments by May 29. (Ronnie Hoenstine/Enforcement Section)

Enforcement

- DEP v. Worldwide Tire Rec, Inc., and Paul Faustin (Circuit Court, Orange County): In January of 2012, a Final Order was issued after Defendants did not timely file a petition or respond to the Department's Notice of Violation issued in December of 2012 regarding Defendants unauthorized maintenance of a waste tire site. The Final Order required Defendants to cease accepting waste tires, appropriately separate and store waste tires at their facility, provide mosquito control, obtain a fire survey, pay \$8,500 in civil penalties and costs, and properly remove all waste tires by February 9, 2013. Defendants did not comply with the Final Order by failing to remove all waste tires, provide proof of proper disposal of the removed tires, submit a fire survey, or pay the penalties and costs.

On July 22, 2013, the Department filed a lawsuit against Defendants to enforce the Department's Final Order, seeking proper removal of the remaining tires, proof of disposal, and attorney's fees, costs and expenses. On April 28, the Court entered a Final Judgment after Defendants failed to respond to the lawsuit. The Final Judgment requires Defendants to pay \$8,500 in costs and civil penalties within ten days of the Final Judgment. The remaining waste tires were removed by the property owner, so there are no further corrective actions necessary. (Bonnie Malloy/Enforcement Section)

- DEP v. Fritz Enterprises, Inc. (DOAH): In 2006, Fritz Enterprises, Inc., purchased real property contaminated with drycleaning solvents. In March of 2014, the Department issued a Notice of Violation against Fritz Enterprises, Inc., as the current owner of the property, requiring Fritz Enterprises, Inc., to conduct assessment and rehabilitation of the site in

accordance with Chapter 62-780. Fritz Enterprises filed a Petition for Administrative Hearing.

On May 5, the Petition was forwarded to the Division of Administrative Hearings. The Department served discovery on Fritz Enterprises, Inc., and has reached out to Mr. Fritz in an attempt to reach a resolution in this case. (Alissa Meyers/ Enforcement Section)

- DEP v. Charles L. Mott (Circuit Court, Polk County): On August 30, 2011, the Department issued a Final Order against the Defendant requiring him to restore a pond dredged in wetlands without a permit and pay \$500 in Department costs. The Department filed a Petition for Enforcement of the Final Order after the Defendant failed to timely comply with the terms of the Final Order. On April 16, in an effort to resolve this matter, the Department agreed to hold off on all litigation efforts for a period of 60 days while Mr. Mott and the Southwest District attempted to reach settlement.

On May 5, staff met with Mr. Mott and his daughter on the property. After viewing the site and discussing the possibility of resolving the case, the parties were unable to agree on an approach to settlement. The Department will continue to hold off on litigation during the 60 day litigation hold window and will then proceed accordingly. (Alissa Meyers/ Enforcement Section)

- DEP v. Chevron Environmental Management Company, et al: Rouse Steel Drum Company (“RSDC”) operated a drum reconditioning facility from 1965 to 1990 in Jacksonville, Florida. During the operation, RSDC procured used plastic and steel drums from a number of businesses and reconditioned the drums for resale. During investigations of the site during the 80s, the Department found that hazardous substances generated by the reconditioning process were released to the soil and groundwater at the site. After soil removal actions were conducted at the site under an EPA Administrative Order on Consent, there remained potentially contaminated soil under buildings and slabs at the site, and the groundwater remained contaminated by a number of contaminants in excess of the Department’s cleanup target levels. About five years ago, the Department filed a claim in a bankruptcy proceeding involving Millennium Specialty Chemicals, Inc., one of the businesses that sent drums to RSDC for reconditioning. As part of the settlement of the bankruptcy proceeding, the Department received shares of stock from Millennium Specialty Chemicals, Inc.’s parent company, Lyondell Chemical Company to be used for restoration of the RSDC site. The Department has been receiving dividends from the stock that have been deposited in a temporary account with the Florida Department of Financial Services (DFS). The amount of dividends paid to date is approximately \$435,000. The stock held by the Department is worth approximately \$2 million dollars. The District has been working with the responsible parties that sent drums to the RSDC site to get the contamination at the site assessed. After work stalled at the site, negotiations began with 13 companies that sent drums to the site and the two companies and trusts that currently own the land.

On May 7, the Department entered into a Consent Order as trustee for a number of land trusts. The Consent Order requires, among other things, the companies that sent drums to the RSDC site to complete the contamination assessment and cleanup of the site. The parties to the Consent Order have set up an escrow account with DFS to which the Lyondell Chemical

Company stock dividends and stock liquidation funds will be deposited. C It is currently estimated that the work needed to address the contamination at the site will cost about \$1 million dollars. If the work costs less than the funds in the escrow account, the balance of the escrow funds will be deposited in the Water Quality Assurance Trust Fund for use at other sites. (Larry Morgan/Enforcement Section & Jon Alden/Defense Section)

Public Lands

- Veterans4 You Concessions Contract: The Office of Operations is negotiating with Veterans4 You to provide Florida State Parks merchandise that will be sold via a website built and designed by the company. Members of the Office of Operations and a member of OGC met with representatives of Veterans4 You and their counsel. A concessions agreement is currently being drafted and the terms are being worked out. (West Gregory/ Public Lands Section)

Rulemaking and Other Matters

- State Lands and Petroleum Contamination Cleanups: The Petroleum Restoration Program (PRP) receives funds from the Inland Protection Trust Fund (IPTF) to assess and remediate certain petroleum discharges reported prior to 1998. The Board of Trustees, through the Division of State Lands (DSL), owns property that has petroleum contamination which is eligible for remediation under the IPTF. In addition, the Waste Cleanup program uses IPTF money under a program called “State Owned Lands Cleanup” (SOLCUP) to assess and remediate contamination not eligible under PRP. The DSL currently has several surplus properties up for bid in mid-May, including the following two properties that have contaminated sites being cleaned up under the SOLCP: Hendry Correctional Institution and Glades Correctional Institution.

Procedures for coordinating with DSL on eligible cleanups have been drafted for review and approval before distributing to all PRP site managers. A preliminary process will be drafted for management’s review for handling the funds to cover program copayments and deductibles that are normally required of real property owners or other responsible parties for some of the PRP IPTF programs. (Rebecca Robinette and Lisa Duchene/Program Section)

- Chapter 62-348 (Permitting and Alternative Mitigation for the Mining of High-Quality Peat): The Division of Water Resource Management sought to delete cross-references in Chapter 62-348, F.A.C., to rule chapters that were repealed as a result of the Statewide Environmental Resource Permitting rules that became effective on October 1, 2013. The Joint Administrative Procedures Committee (JAPC) advised OGC that these proposed amendments required rulemaking. However, OGC disagreed with JAPC and proceeded to accomplish the deletion of the repealed rule chapters through a technical change letter to the Department of State’s Administrative Code and Register Section in lieu of formal rulemaking. OGC argued that under Florida law agency rules that cross-reference other rules of that agency automatically incorporate any subsequent amendments to the referenced rule. As a result of the rule repeals, Chapter 62-348 referenced rules that no longer exist and had no present meaning. Therefore, the deletion of the repealed rule references could be accomplished as a technical change without formal rulemaking because the changes were

non-substantive and would not affect the construction or meaning of the rule. (Krystle Hoenstine/Program Section)

- Virginia Key WWTP/Miami-Dade Water and Sewer Authority Department (M-DWASD): The United States Environmental Protection Agency (EPA) issued a National Pollutant Discharge Elimination System (NPDES) permit for this facility's discharge effective on July 1, 1999, with a June 30, 2004 expiration date. This facility was retained by EPA for permitting under the 1995 DEP/EPA NPDES Memorandum of Agreement, since it had a permit under challenge at the time of program approval, and was also identified as discharging to federal waters. The facility is currently operating under the administratively continued EPA permit. The Department issued a "state-only" non-NPDES permit to the landside treatment facility on October 17 which expires on October 16, 2017. M-DWASD and EPA are currently litigating with the Biscayne Bay Waterkeepers over a consent decree that calls in part for extensive upgrades to the facility.

On May 13, EPA informed the Department that a new survey provided by M-DWASD shows that the discharge outfall is located in state waters, and that they would be transferring the obligation to issue the NPDES permit to the State. Department staff object to transfer of the draft permit at this point in the process. Staff recommends taking the permit only after any litigation on the EPA's proposed permit and other federal issues are resolved so an orderly transfer can be made. It may be expected that EPA will unilaterally transfer the permit to the Department, despite our objection. At this time, staff and OGC are discussing options. (Betsy Hewitt/Program Section)

- Implementation of 2014 Petroleum Restoration Program Legislation: In the 2014 legislative session, CS/HB 7093 (not yet signed by the Governor) made some changes to the Petroleum Restoration Program (PRP). In addition to modifying certain procedures to reflect these changes, assuming they become law, the PRP will need to develop procedures to address the changes to the Preapproved Advanced Cleanup program (PAC). This program was modified to allow an applicant to bid to participate in the program by showing a 25% or more cost savings in lieu of paying 25% or more of the cost to cleanup. The application would propose to enter in to a performance-based contract with an agency term contractor for the cleanup of 20 or more sites.

A number of questions have come to the Department in the past week about how an applicant can show those cost savings. In addition to answering these questions, the PRP will need to develop internal procedures to efficiently process, review and implement any winning applications. OGC will be assisting PRP in answering the public's questions, developing procedures, modifying old PAC template agreements to address this new concept, and providing input to the development of the internal process. The deadline to apply for PAC is June 30, therefore, the information and procedures should be posted by the end of May. (Rebecca Robinette/Program Section)

- EPA Water Transfers Rule: In 2008, EPA promulgated a rule, 40 CFR 122.3(i), that exempted from NPDES permitting any "activity that conveys or connects waters of the United States without subjecting the transferred water to intervening industrial, municipal, or

commercial use.” Numerous lawsuits challenging the rule were filed. In 2012, the 11th Circuit ruled that the federal district courts have original jurisdiction to hear the challenge.

On March 28, a federal judge in the Southern District of New York granted summary judgment to the parties challenging EPA's Water Transfers Rule. In so doing, the judge found the statutory text ambiguous but determined that EPA had not provided a reasoned explanation for the rule. The judge remanded the rule to EPA to provide further justification for the rule or to modify the rule. Appellate jurisdiction is limited to final decisions of the district courts and typically does not extend to remand orders. However, if EPA chooses not to change its rule or the justification for the rule, then the remand order will be final and can be immediately appealed. It is unknown whether EPA will take such action. Regardless of EPA's decision, the South Florida Water Management District has indicated an intention to file a notice of appeal on or about May 27. (Kenny Hayman/Program Section)

Upcoming Litigation

Date	Case Name	Litigation	Location	Attorney
May 28-29	Paul Still v. SRWMD and DEP	Rule Challenge Hearing	Leon County	Jeff Brown
June 4	DEP v. Rondolino	Hearing on DEP's Motion to Compel Discovery, Leave to Propound, and Motion in Limine	Marion County	Alissa Meyers
June 5	Brown v. DEP	Rule Challenge Hearing	Leon County	Ben Melnick

From: [Todd Wilcox](#)
To: [Todd Wilcox](#)
Cc: [Todd Wilcox](#)
Subject: Press Release - Testing the Waters for US Senate race
Date: Friday, June 12, 2015 4:10:36 PM
Attachments: [Press Release Todd Wilcox announces US Senate exploratory efforts.pdf](#)

Good afternoon. I want to share a recent press release with everyone from last night's Ernst&Young Entrepreneur of the Year award gala here in Orlando. I was a finalist and used the event to publically disclose my intentions to explore a run for the US Senate.

My last update email that I sent out earlier this week showed up in a Politico blog but obviously, after having spoken to so many of you, it was no secret that I am exploring a run at the US Senate seat in 2016. Feel free to share this news release with anyone you think might be interested.

Thanks again for all the encouragement and support. I'll keep you posted on my progress as we close in on a final decision. Have a great weekend.

Best regards,

Todd

News Release

Contact: John Dowles

12 June 2015

Company: Millennium Consulting

Email/Phone: john@millconsult.com // (407) 858-9115

For Immediate Release

Subj: Todd Wilcox announces US Senate exploratory efforts at EY Entrepreneur of the Year Award Gala

Orlando, Fla (June 12, 2015) - Todd Wilcox, an Orlando based entrepreneur who is considering a run for the US Senate in 2016, was recognized last night as a finalist for the Ernst&Young 2015 Entrepreneur of the Year Award for Florida. The finalists were recognized and category award recipients announced at a gala event on June 11, 2015, at The Omni Orlando Resort at Champions Gate.

Todd spoke to members of the audience which included the 28 other Florida Entrepreneurs and an audience of over 400 people. In his comments he announced his imminent resignation as CEO of Patriot Capital, LLC to pursue exploratory efforts to test the waters for his potential candidacy in the Republican primary for the US Senate in 2016.

http://www.ey.com/US/en/About-us/Entrepreneurship/Entrepreneur-Of-The-Year/SEA_FL_Article_regional-finalists_2015

Text of Todd Wilcox's remarks to members of the audience:

"This is the world's most prestigious award for entrepreneurs and it is an honor to be recognized. This celebration of the entrepreneurial spirit could not come at a better time as free market capitalism is under constant attack by the left of the Democratic Party. The President once said "You didn't create that..."; he was talking to all of us as entrepreneurs. While I took exception to those comments when he said them and still do today, there was some truth in his comments.

I had a vision to start my business. I put together a plan and mustered the intestinal fortitude and determination to implement my plan. I took significant financial risk to initiate my plan and I inspired a small group of people to get behind me as I launch my business. But I did not do it alone. I had the support of my wife Christine and my three daughters who sacrificed my lack of presence in mind and spirit as we worked long hours to create something significant out a mere idea. I had the support of my angel investor Ammar who trusted me with his seed investment that sparked life into my idea. And I have had the loyalty, dedication and hard work from the talented team of very professional employees that helped build the business over the last 9 years. I was merely the conductor and they were the instruments that made the music. To all of them I am very grateful and any accolades of our success is shared with all of them.

Only in America can you go from dirt poor to Entrepreneur of the Year. We as successful entrepreneurs owe so much to our free market capitalist democracy. For without this system we would not have been able to fulfill our dreams of creating something larger than ourselves. I have served my country as a combat veteran, first as an infantry platoon leader in Desert Storm and later as a Green Beret in the US Army Special Forces. I also served as a CIA officer in the Middle East and then I started a business that is dedicated to supporting America's military, diplomatic and economic prominence. Because I feel so strongly that our free market capitalist democracy is under attack, I am stepping up to serve again. In the coming weeks I will resign my position as CEO of Patriot Capital to fully explore the viability of running for the US Senate in 2016 as a Republican candidate. I thought there was no better place to announce my exploratory efforts than here tonight as we celebrate the entrepreneurial spirit that has defined America for so many years.

It is not too late to restore America's prominence. More to follow.

God bless you all and God bless America!" END TEXT.

From: [Montagna, Paul](#)
To: ["Don Blankenau"](#); [Graham Lewis](#); [Tom Wilmoth](#); ["lee.edmiston@dep.state.fl.us"](#); [Heil, David](#)
([David.Heil@MyFWC.com](#))
Cc: [CKise@foley.com](#); [Leopold, Matt](#); [Heekin, Jack](#)
Subject: RE: ACF Attorney Work Product - Bay Team Assignment
Date: Monday, October 28, 2013 2:16:47 PM
Attachments: [image001.png](#)
s. 119.071(1)(d)1 F.S.

From: Don Blankenau [<mailto:don@aqualawyers.com>]
Sent: Monday, October 28, 2013 11:32 AM
To: Graham Lewis; Tom Wilmoth; Montagna, Paul; 'lee.edmiston@dep.state.fl.us'; Heil, David
([David.Heil@MyFWC.com](#))
Cc: [CKise@foley.com](#); Leopold, Matt; John P. "Jack" Heekin ([Jack.Heekin@eog.myflorida.com](#))
Subject: RE: ACF Attorney Work Product - Bay Team Assignment
s. 119.071(1)(d)1 F.S.

BWJ

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From: Graham Lewis [<mailto:Graham.Lewis@nwfwmd.state.fl.us>]
Sent: Monday, October 28, 2013 10:51 AM
To: Tom Wilmoth; 'Paul.Montagna@tamucc.edu'; 'lee.edmiston@dep.state.fl.us'; Heil, David
([David.Heil@MyFWC.com](#))
Cc: [CKise@foley.com](#); Don Blankenau; Leopold, Matt; John P. "Jack" Heekin ([Jack.Heekin@eog.myflorida.com](#))
Subject: RE: ACF Attorney Work Product - Bay Team Assignment
s. 119.071(1)(d)1 F.S.

From: Tom Wilmoth [<mailto:tom@aqualawyers.com>]
Sent: Tuesday, October 22, 2013 9:30 AM
To: 'Paul.Montagna@tamucc.edu'; Graham Lewis; 'lee.edmiston@dep.state.fl.us'; Heil, David
([David.Heil@MyFWC.com](#))
Cc: [CKise@foley.com](#); Don Blankenau; Leopold, Matt; John P. "Jack" Heekin ([Jack.Heekin@eog.myflorida.com](#))
Subject: ACF Attorney Work Product - Bay Team Assignment
s. 119.071(1)(d)1 F.S.

s. 119.071(1)(d)1 F.S.

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s. 119.071(1)(d)1 F.S.

[REDACTED]

[REDACTED]

[REDACTED]

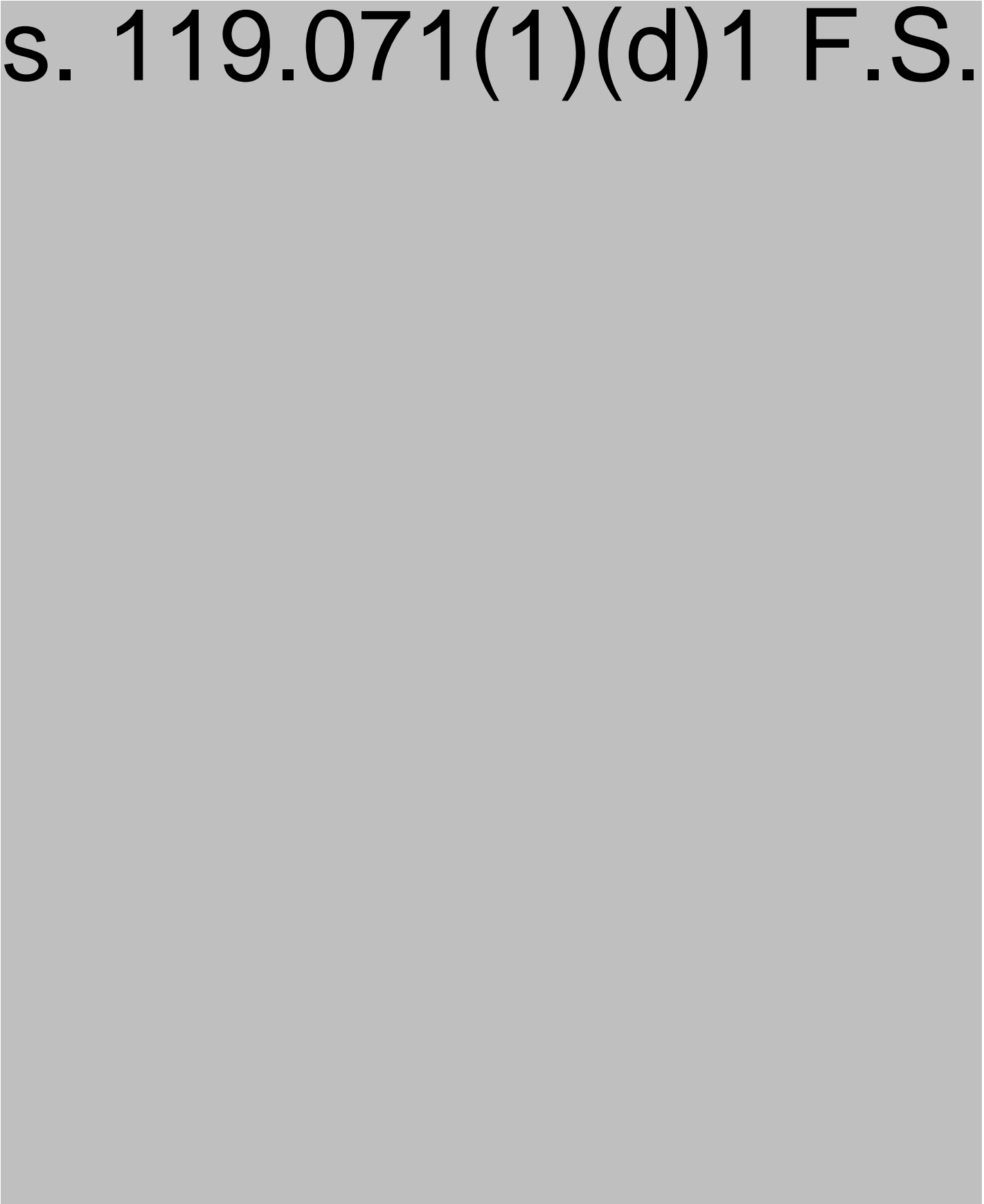
[REDACTED]

[REDACTED]

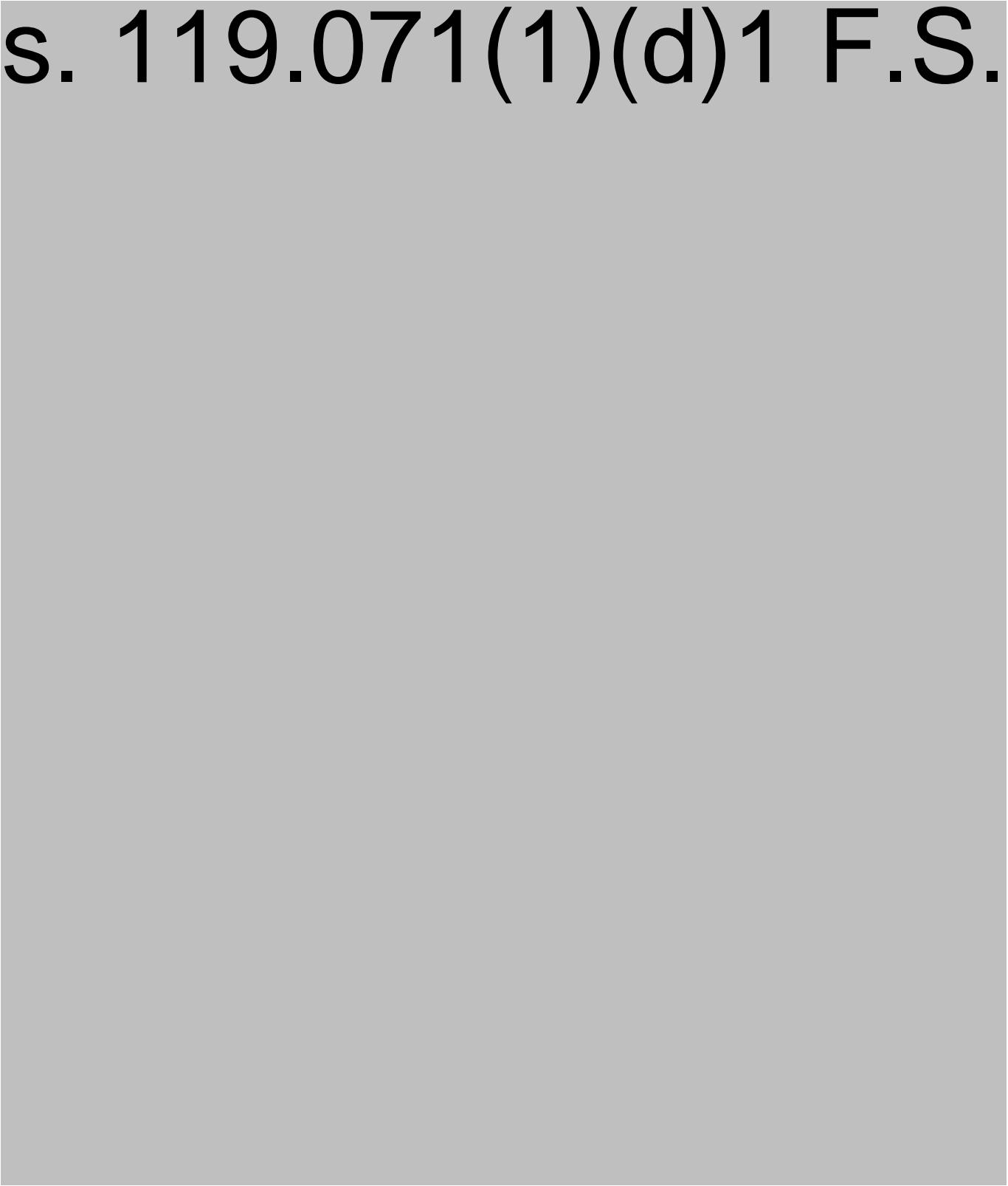
[REDACTED]

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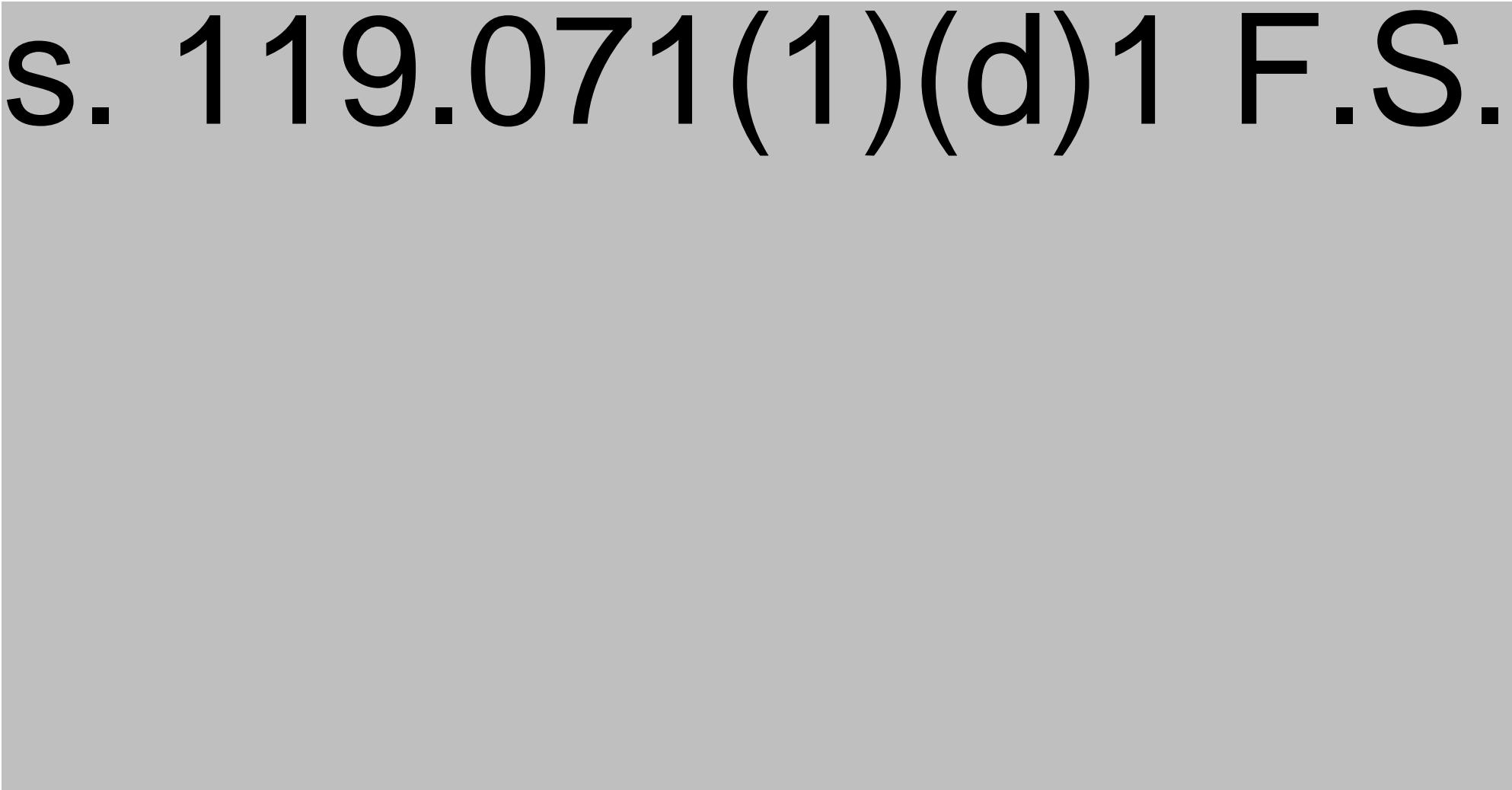
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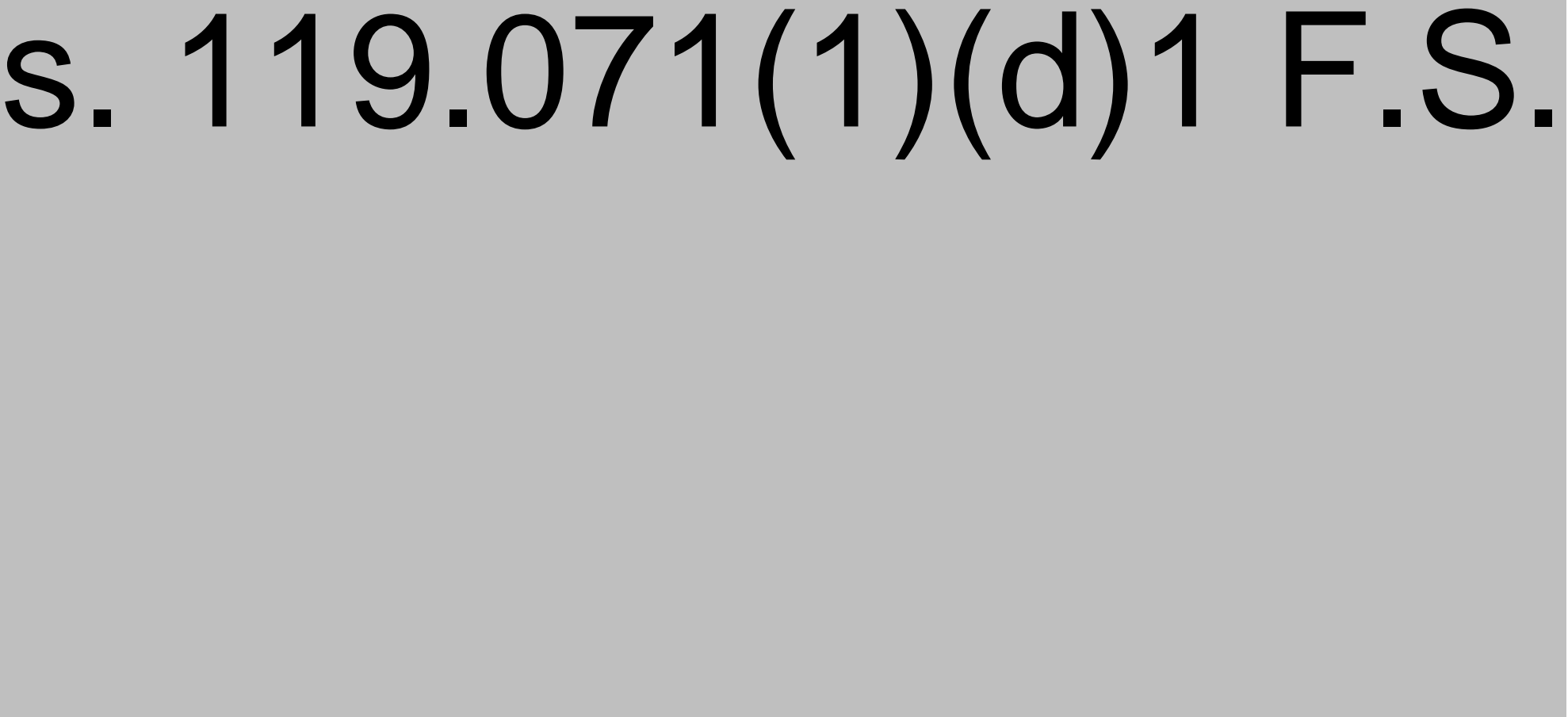
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From: [LUSHENKO Frances * GOV](#)
To: [Smith, Susan](#)
Subject: RE: NAE0 Board - Contact information for Millennium Hotel Contact as discussed during 2011 and 2012 Conference.
Date: Tuesday, July 10, 2012 12:10:49 PM

I thought I send McQuaid/Staudt's out and then got this email. No problem. I will send them again.
Fran

Frances Lushenko
Director of Extradition Services
State of Oregon Governor's Office
Telephone: (503) 373-0140
Fax: (503) 373-0386

From: Smith, Susan [mailto:Susan.Smith@eog.MyFlorida.com]
Sent: Tuesday, July 10, 2012 9:10 AM
To: LUSHENKO Frances * GOV
Subject: RE: NAE0 Board - Contact information for Millennium Hotel Contact as discussed during 2011 and 2012 Conference.

I thought you were because you could sign them and send on to Peter. I do not mind doing it. Just let me know. I sent you an example. Do we know where we might be headed this fall for mid-year? I will send the first 6 boxes to you on Friday. They are already packaged (you had sent them to me originally and I did not open them) so I am not quite sure what is in them. Must be historical information because I have not needed them ☺

Susan L. Smith

Criminal Justice Liaison &
Victims' Rights Coordinator
Executive Office of Governor Rick Scott
The Capitol, Suite 209
Tallahassee, FL 32399-0001
Phone: 850.717.9310
Direct: 850.717.9311
Fax: 850.488.9810

From: LUSHENKO Frances * GOV [mailto:frances.lushenko@state.or.us]
Sent: Tuesday, July 10, 2012 11:48 AM
To: Smith, Susan
Cc: 'Wendy L. Livermore'
Subject: FW: NAE0 Board - Contact information for Millennium Hotel Contact as discussed during 2011 and 2012 Conference.

Importance: High

Susan, hi there. I am ready to receive the boxes if you want to start shipping. Also, did you send certificates out to McQuaid and Staudt? Was I suppose to? How are things going? Fran
Wendy, did the updated list of the attendees get emailed? I thought so. If so could you resent to McQuaid and Staudt?

Thanks. Fran

Frances Lushenko
Director of Extradition Services
State of Oregon Governor's Office
Telephone: (503) 373-0140
Fax: (503) 373-0386

From: Thomas Mcquaid (Sheriff) [mailto:Thomas.Mcquaid@cookcountyil.gov]
Sent: Tuesday, July 10, 2012 8:10 AM
To: WLIVERMORE@AG.NV.GOV; MEIERS@NJDCJ.ORG
Cc: CEASON@NCDOJ.GOV; PETER.SMITH@DOJ.CA.GOV; SUSAN.SMITH@EOG.MYFLORIDA.COM;

ROBERT.JIBSON@DOJ.CA.GOV; FRANCES.LUSHENKO@STATE.OR.US; NAEO@AOL.COM;
dmass@mill-USA.com

Subject: NAEO Board - Contact information for Millennium Hotel Contact as discussed during 2011 and 2012 Conference.

Importance: High

NAEO Board -

As discussed with Wendy, Sue etc..... Contact information for Millennium Hotel Contact as discussed during 2011 and 2012 Conference. Possibly use our contact to work out a "nationwide" deal with Millennium to use them as our Hotel chain for future conferences: (50th???) Chicago, Nashville, Phoenix, Boston, NY etc.

Director of Security David Mass

Millennium Maxwell House Hotel Nashville, TN

2025 Rosa L. Parks BLVD. Nashville, TN 37228

TX 615 313 1303 FAX 615 259 4343 CELL 615 207 2861

dmass@mill-USA.com

Hope all is well with everyone. Did we ever print off Cook Counties Certificates (McQuaid / Staudt)? We haven't received them yet. Also did we send out a finalized contact list for the attendees, if so, didn't receive it.

Thanks.

Tom

From: [Steinkuehler, Eric](#)
To: [OPB Committee Coverage Group](#)
Subject: Senate - Appropriations Subcomm on General Government 2-13-13
Date: Friday, February 15, 2013 1:55:34 PM
Attachments: [Senate - Appropriations Subcomm on General Government - 2-12-13.pdf](#)

Committee Meeting Notes (2013)

Meeting Logistics:

Chamber: **Committee:**

Senate Appropriations Subcommittee on General Government

Chairman:

Hays, Alan (S, 11, R)

Date:

2/12/2013

OPB Unit:

GGU

Vice Chairman:

Thompson, Geraldine (S, 12, D)

Time:

2:00 PM

Analyst(s):

Frankel, Danielle

Location:

Members / Attended:

Bradley, Rob (S, 7, R)	<input checked="" type="checkbox"/>	110 - SOB
Braynon, Oscar (S, 36, D)	<input checked="" type="checkbox"/>	
Bullard, Dwight (S, 39, D)	<input checked="" type="checkbox"/>	
Dean, Charlie (S, 5, R)	<input checked="" type="checkbox"/>	
Detert, Nancy (S, 28, R)	<input checked="" type="checkbox"/>	
Hays, Alan (S, 11, R)	<input checked="" type="checkbox"/>	
Joyner, Arthenia (S, 19, D)	<input checked="" type="checkbox"/>	
Latvala, Jack (S, 20, R)	<input checked="" type="checkbox"/>	
Legg, John (S, 17, R)	<input checked="" type="checkbox"/>	
Simpson, Wilton (S, 18, R)	<input checked="" type="checkbox"/>	
Soto, Darren (S, 14, D)	<input checked="" type="checkbox"/>	
Stargel, Kelli (S, 15, R)	<input checked="" type="checkbox"/>	
Thompson, Geraldine (S, 12, D)	<input type="checkbox"/>	

Objective:

Chairman Hays

- All members present except for Senator Thompson
- Agenda:
 - Base budget review and agency legislative budget request for the following agencies: Department of Citrus, Division of Administrative Hearings, and the Office of Financial Regulation.
 - Presentations by the Department of Management Services (DMS) on the Florida State Owned Lands Records Information System and Florida Facilities Pool Overview and the Office of Insurance Regulation on the 2012 Workers' Compensation Annual Report and FSU Catastrophic Storm Risk Management Center

Attached is the meeting packet which includes the agency presentations.

Department of Citrus, Douglas Ackerman, Executive Director

Discussed the department's base budget, performance evaluations on recurring local funding initiatives, and legislative budget request in addition to overview of agency and organizational structure

Sen. Bullard: Has the citrus industry tied themselves to individuals who are living a healthier lifestyle, such as juicing, etc.?

- **Mr. Ackerman:** We have approached the grocery chains to get fresh processing products available. But when there are limited resources and limited crops you have to get everyone together and figure out what is the best way to target and get the message out there. There are ongoing conversations with the juicing companies to take that approach.

Sen. Joyner: Who is your advertising agency?

- **Mr. Ackerman:** BBDO from Atlanta. We have a five year contract and we are three years into that contract. The goal is to attract the millennium generation; we also have an aggressive public relations campaign.

Sen. Joyner: Made a suggestion that the Department of Citrus should plant an orange tree at every school and to include the local community members as well. Sen. Joyner had visited several schools that have their own gardens and the students take great pride in growing their own fruits and vegetables.

- **Mr. Ackerman** agreed that this was a great idea but the department has a school-friendly character called Captain Citrus that teaches students the importance of healthy eating and an active lifestyle.

Sen. Soto: Now that the citrus industry is a \$9B industry, what do you anticipate it to be in one year from now as far as total revenue, including the diseases impacting the crops?

- **Mr. Ackerman:** I haven't made a projection but what we are seeing is of great concern. We were forecasting 157M boxes and we are already down to 140M boxes and we haven't even started harvesting Valencia oranges yet. A cold snap now would crush the industry. An exact number is unknown at this time, but I will follow up with you off line.

Office of Insurance Regulation 2012 Workers' Compensation Annual Report

Kevin McCarty, Insurance Commissioner

Chairman Hays: Why is there a 3.8 percent difference in Florida and the national average on repackaged drugs?

- **Mr. McCarty:** There are a number of explanations which I will get into later; however, Florida has seen an explosion in the amount of drug repackaging and drugs being dispensed by physicians.

Chairman Hays: Is something similar to that in hospital outpatient fees?

- **Mr. McCarty:** Florida uses a traditional way of reimbursing hospitals' inpatient fees. They are based on a per diem and we charge about \$3K a day. Once you exceed the \$51K stop-log, you move to a percent of charges which you are basically paying a percentage of what the hospital bills you.

Sen. Latvala: When we do cost studies is there any factor for the additional medical expense incurred by those injured workers who can't get prescriptions in a timely manner at pharmacies? Going to the physician the medicine is available right then and there versus the wait time, etc, that you have to deal with when going to a pharmacy.

- **Mr. McCarty:** The information is based upon information we received from the National Council on Compensation Insurance (NCCI) which has done a cost estimate if we were to compensate at the same amount. We are not suggesting that physicians be prohibited from dispensing drugs, but there needs to be an equalizer in terms of the cost of that drug whether it is dispensed at a pharmacy or at a physician's office. If that were the case, that simply alone would reduce the cost in Florida by \$25M. According to the Workers Compensation Research Institute (WCRI), Florida has the second highest number of prescriptions in total payment and a disproportionate amount of premium dollars is going to physician dispensed drugs.

Division of Administrative Hearings, Robert Cohen, Chief Judge

Discussed the division's base budget, performance evaluations on recurring local funding initiatives, and legislative budget request in addition to overview of agency and organizational structure

Chairman Hays: Commended the Division of Administrative Hearings on operating on a 5 percent administrative base budget.

Office of Financial Regulation (OFR), Drew Breakspear, Commissioner

Discussed the office's base budget, performance evaluations on recurring local funding initiatives, and legislative budget request in addition to overview of agency and organizational structure

Sen. Joyner: Were the FTE reductions due to attrition, retirement or layoffs?

- **Mr. Breakspear:** A combination of attrition, layoffs and retirements. We closed four of our nine offices as well.

Sen. Joyner: Were those laid off offered employment within the state government?

- **Mr. Breakspear:** I don't know the answer to that as that was before my time but I do know that we offered employment to some people when there were vacancies available in OFR.

Florida State Owned Lands Records Information System and Florida Facilities Pool

Rick Mercer – Department of Environmental Protection (DEP)

Tom Berger – Department of Management Systems

Sen. Detert: I worked on this a few years ago to identify buildings sitting empty around the state and the results were very disappointing. Is there anything different now with DEP versus DMS?

- **Mr. Berger:** You are correct; there was a problem - we didn't know what we had or who owned what. That data now exists in one place. The sale process belongs to DEP, Division of State Lands. The Governor and Cabinet determine if we actually sell a piece of land. If any agency has a facility that they declare a surplus, they are responsible to tell DEP to start the process. It is a bit of a long process. Statutorily they have to offer it to state agencies, universities systems, colleges, local governments, etc. We have been working very closely with DEP on some language in a bill to streamline the process.

Sen. Detert: Wanted to see a more expedited process in this area and is supportive of a bill that would do as such.

Sen. Joyner: Do you all have a small business enterprise?

- **Mr. Berger:** Specifically no, but the Office of Supplier Diversity (OSD) is within DMS and we work closely with them on getting vendors qualified to work on state projects.

Sen. Joyner: So you wouldn't be able to tell me the percentage of construction business that has gone to

women, blacks, or veterans?

- **Mr. Berger:** We do not track that information.

Chair Hays responded that OSD might track that information.

Sen. Joyner: Why don't you all track that information?

- **Mr. Berger** stated that there was not a requirement to do so.
- **Secretary Nichols** spoke to clarify that OSD does have that data. Confirmed that they do track the spending and can get that information to the Sen. Joyner.

Sen. Bullard: Have you all done any studies on retro-fitting existing buildings for solar paint or solar paneling front end investment versus how much cost savings it would be long term for energy consumption?

- **Mr. Berger:** We have an analysis on the existing solar project on the capital circle office complex site and how it compares with other energy savings. The focus is on life cycle cost and how much energy is used.

FSU Catastrophic Storm Risk Management Center, Patrick Maroney, Director

Sen. Joyner: The partners that were listed. How did you go about selecting them..was it competitive?

- **Mr. Maroney:** We looked at folks that had a common interest.

Sen. Soto: Are you all evolving your models to deal with storm surges?

- **Mr. Maroney:** The storm surge project also incorporates rising sea levels. We are looking at that. This is an unknown cost at this point.

Attachments:

Email Notification:

<input checked="" type="checkbox"/>	Notified Chief Analyst	02/14/13 2:54 PM
<input checked="" type="checkbox"/>	Notified Policy Coordinator	02/15/13 1:53 PM
<input checked="" type="checkbox"/>	Notified Director	02/15/13 1:53 PM

From: ABID.QURESHI@LW.com
To: Allen.Winsor@myfloridalegal.com; [Heekin, Jack](#); [Cerio, Tim](#); Jon.Glogau@myfloridalegal.com; Osvaldo.Vazquez@myfloridalegal.com; [Varn, Craig](#); Heather.Chapman@dep.state.fl.us
Cc: John.Cooper@lw.com; Philip.Perry@lw.com; Claudia.O'Brien@lw.com; PAUL.SINGARELLA@LW.com; Gregory.Garre@lw.com; tom@aqualawyers.com; CKise@foley.com; don@aqualawyers.com; ALosey@foley.com; McKee, Jim; vanessa@aqualawyers.com
Subject: Supplemental Interrogatory Responses and Cover Letter
Date: Thursday, October 01, 2015 4:41:26 PM
Attachments: s. 119.071(1)(d)1 F.S. [REDACTED]

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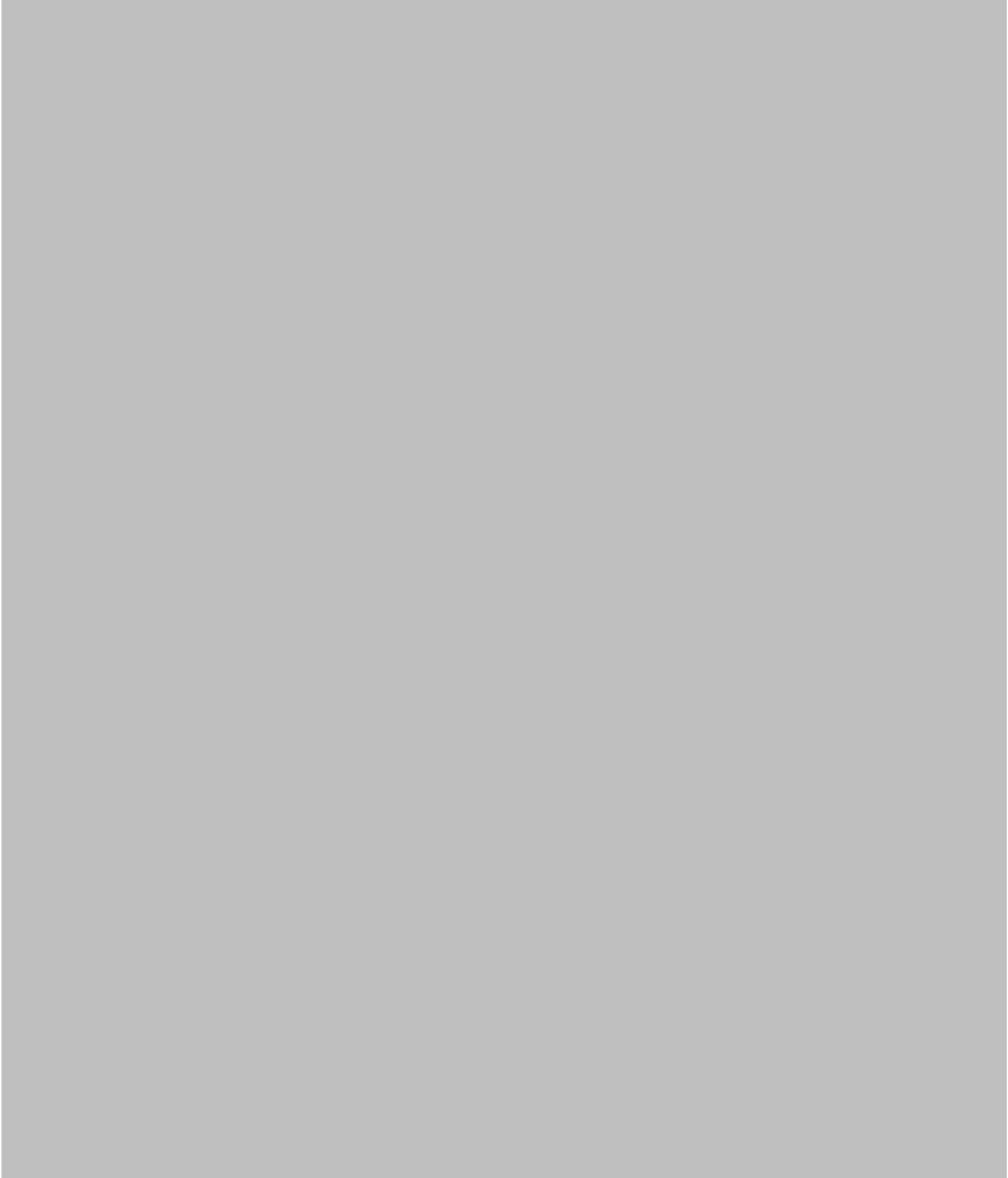
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