



CIVIC LEAGUE For New Castle County

Informed Citizens for Sound County Growth

P.O. Box 11523 - Wilmington, DE 19850

PLEASE ADVISE ADDRESS CORRECTIONS
WWW.CivicLeagueforNCC.Org

PERMIT STD
U.S. POSTAGE PAID
NEWARK, DE
PERMIT NO. 208



**JANUARY
2010**

STATEMENT OF PRINCIPLE

Monitor and selectively evaluate government actions including laws, regulations and policy.

Provide appropriate forums for informing as well as soliciting input from the public.

Establish positions based on responsible studies and consistent with the aims and purpose of the organization.

Advocate these positions.

Founded in 1962, the Civic League is non-profit volunteer organization, which studies and illuminates County and State government actions concerning comprehensive developments and the quality of life and is a vocal advocate of relevant positions.

County Comments is the official publication of the Civic League for New Castle County.

Dan Bockover,
President

WWW.
CivicLeagueforNCC.ORG

PO Box 11523
Wilmington, DE 19850
302-529-1529

Content may be reproduced.

COUNTY COMMENTS

CIVIC LEAGUE FOR NEW CASTLE COUNTY
Informed Citizens for Sound County Growth

MEETING

Tuesday, January 19, 2010

7:00 PM at the Paul Sweeney Public Safety Building
3601 N. duPont Hwy
(Rte 13 South of DMV, North of Gracelawn Cemetery)

AGENDA

THE LAW AND RESPONSIBILITIES OF
NEW CASTLE COUNTY MAINTENANCE CORPORATIONS
Guest Speaker: Former Senator Steven H. Amick, Esq., of
the Law Firm of Conaty, Curran, and Sisk in Newark

Impact of the Delaware Uniform Common Interest Ownership Act on Maintenance Corporations

At the January 19, 2010 Civic League Meeting former Senator Steve Amick will address the impact of this new section of the Delaware Code on Maintenance Corporations. Senator Amick served in the Delaware Legislature for 22 years and was the prime motivator for this legislation. While it was aimed primarily at the operation of Condominium Communities, it also defines specific responsibilities and obligations for Maintenance Corporations.

The legislation was adopted by the General Assembly in 2008 and its requirements became effective on September 30, 2009, but most Maintenance Corporations did not become aware of it until November 2009 and many probably still are not aware of it. Steve will explain the impact of the Act on the operation and responsibilities of the Maintenance Corporations and answer questions about this. After an initial reading it appears that the Act primarily affects those corporations with annual assessments of more than \$500 per household and has minimal impact on smaller corporations, but this will be an opportunity to clearly understand those impacts.



(Continued)

conveyed to the media and the membership differs substantially from what was conveyed to the politicians. Those who read only the press release - - or the resulting news media coverage - - remain completely blind to what AARP REALLY said where it counts.

That many were betrayed is undeniable. Who participated in the betrayal is yours to decide. And whether the betrayal was out of malice or just ignorance - - inability to do simple arithmetic - - is also yours to decide.

by Victor Singer

¹ The letter: http://www.aarp.org/health/articles/b_rand_letter_to_chairman_waxman.html

² The press release: http://aarp.org/aarp/presscenter/pressrelease/articles/rand_medicare_statement.html

Cost of Accurate Snowfall Measurement

A lot of dollars - for Civics, for Snowplowers, and for the State are riding on the measurement of how much snow falls during a storm. The Civics and Snowplowers are out with their yardsticks and the State is out with its electronic device. Usually all parties are pretty much in agreement but this was not the case Christmas Eve when there was a wide discrepancy in the various amounts of snowfall claimed. The culprit turned out to be Old Man Winter bringing in bands of snow, rather than a uniform coverage. Linda Stump, DeIDOT's snow measuring specialist, reports a compromise was reached by averaging measurements taken in three adjoining measurement areas. See for yourself, go to: www.deos.udel.edu (Delaware Environmental Observing System); scroll down to Real Time Snow Conditions, then to Community Programs and Services - Snow Removal Reimbursement Program, and select New Castle County. You'll have an opportunity discuss this further at our January 19th meeting.

A NON-EXCLUSIVE SUMMARY OF NEEDED UDC UPDATES

It's tempting to say something mundane and pretend it's profound. On that premise, recent events teach that another update of the Unified Development Code -- UDC -- is timely. It was well-recognized at its adoption and at each prior update that it was far from perfect, though the best we could agree on. We knew that time would illuminate problems, and that fixes would be thrashed out and enacted into our law. The following refinements (in no particular order) are timely and should be part of the next update.

Numerous UDC Articles authorize density bonuses, in some instances on a "Not To Exceed X%" basis and in other instances on an "All Or Nothing" basis, with no clear reason for the distinction. Further, there appears to be no limit on how much stacking of such bonuses is permissible. Preferably, all the bonuses should be on a "Not To Exceed" basis unless a clear reason for the other approach is provided, and a ceiling on bonus stacking should be specified.

Definitions should be refined to clarify that "redevelopment" (presently defined) and "expansion" (presently undefined) are not synonymous. Nor is "redevelopment" synonymous with "extension" or "enlargement." Expansions, extensions and enlargements are required to be UDC compliant. But in some respects and under some circumstances redevelopment may fall short of full UDC compliance, without affecting eligibility for density bonuses and other incentives. Since clear distinctions among these terms are absent, the redevelopment bonuses and incentives have occasionally been sought for simple expansions, extensions or enlargements.

In meeting the infamous 400% cumulative improvement requirement for noncompliant "design elements" of a redevelopment project, the developer sometimes gets as much credit for providing a bicycle storage rack as for a buffer-yard expansion, a heroic storm water flow volume and quality improvement, or a substantial contribution to offsite transportation system improvements. An approach is already provided for quantifying the percent improvement for individual design elements. Multipliers should be provided reflecting relative values for the several design elements, along with a minimum proportion of the total number of such noncompliant elements that must be improved under the 400% rule.

UDC Article 10 includes a provision regarding aboveground storage tanks for hazardous substances and petroleum products. It requires design to fully contain all spills within a secondary containment facility to prevent contamination of soils, surface waters and sewers. There are so many such tanks in Delaware that a 40 year life assumption leads to one tank replacement every month on average for tanks larger than 12,500 gallons, one every four months for tanks larger than a million gallons, for hazardous materials only.

State requirements for such containments around multiple tanks demand a volume barely larger than the largest of the several tanks within. That's sufficient for rupture of a full tank on a cold winter night -- the worst "natural" event. But terrorism is REAL; shattering of such a tank could easily result from a high powered rifle or Bazooka projectile. The terrorists on 9/11 attacked with FOUR airplanes; those on 4/11 in Spain attacked FOUR trains; and those in London attacked FOUR subway trains.

A terrorist attacking a hazardous material tank farm is hardly likely to forget his goal after shattering the first tank. The containment for all new hazardous material tank installations should be sufficient for the cumulative volume of ALL the tanks within. When approached to impose such a requirement, DNREC insisted it doesn't have statutory authority. Existing law -- the UDC -- already reflects the County's authority to deal with the issue. It just needs some further refinement.

by Victor Singer

THE ANATOMY OF A BETRAYAL

Pending legislation will impose an undue share of the burden of meeting the health care needs of 31 million uninsured Americans on Medicare beneficiaries. From the outset, the plan has been to fund a third of the cost over the first ten years -- \$450 Billion -- with Medicare expenditure reductions. The premise: Government employees now monitoring Medicare expenditures will somehow see and eliminate waste that's been invisible to them so far. What's more likely: Medicare payments for services rendered will be reduced and health care providers will bill beneficiaries for what Medicare won't cover. Service providers may even stop accepting Medicare patients altogether; the Mayo Clinic has already done that in its Glendale Arizona primary care facility, because today's Medicare payments fall far short of the costs of the services rendered. Beneficiaries will pay or do without. The \$450 Billion Medicare share of the costs over the first decade translates to an average additional cost of \$1000 per year for each of nearly 45 million Medicare beneficiaries.

The other two thirds of the cost -- \$900 Billion over the first ten years -- is to be carried without increasing the national debt. That means it's new revenue. Spread over our population of 300 million, that's \$300 per year per capita. But fewer than half the population are taxpayers. So it's \$600 pre year average per taxpayer. The revenue part starts immediately or ASAP, but the new coverage starts in the latter half of the first decade. After the 10th year, the annual revenue will have to cover the annual cost. So the per taxpayer cost will double, but only if the \$450 Billion burden on Medicare beneficiaries also doubles. So each average taxpayer will be thereafter burdened at \$1200 per year and each average Medicare beneficiary will be burdened at \$2000 per year. Medicare beneficiaries who also are taxpayers will be burdened at \$3200 per year on average -- \$6400 per husband and wife -- before paying for THEIR OWN health care or supplementary insurance costs.

Even with the two tricks built into the original strategy to hide its true cost -- using ten years of revenue for five years of coverage and saddling Medicare beneficiaries with an undue share -- the plan wouldn't have been marketable at all unless the population could be lulled to sleep until the mischief could be finished. It was therefore essential to get a no opposition commitment from an influential entity with a stand-up-for-the-little-guy reputation -- something like AARP.

The carrot on the stick for AARP may well have been keeping the government out of the single payer business for the 31 million uninsured. The prospect of the opportunity to compete for subsidized health insurance premiums seems to have been enough to seal AARP's lips and take the lead out of its pencils. But that's merely surmise. Let's look at a few facts.

On July 29, 2009, AARP CEO Barry Rand wrote ¹ to House Energy and Commerce Committee Chairman Henry Waxman. He said: "AARP cannot support any efforts to target Medicare beneficiaries for increased cost-sharing or other benefit cuts. In addition, we cannot support backdoor attempts to finance health care reform through increases of beneficiary costs or reductions in benefits..." He also listed AARP's top priorities: #1: Retaining a 2 to 1 limit on how much more insurers can charge older Americans for premiums; #2: Providing sliding scale subsidies for those with incomes up to 400% of the federal poverty level; #3: Holding the line on targeting any more than \$500 Billion in Medicare savings over the ten year budget window; and #4: No targeting of Medicare beneficiaries for increased cost-sharing or other benefit cuts beyond the \$500 Billion regarded in Priority #3 as acceptable.

The evident contradiction between the quoted sentences and Priorities #3 and #4 is particularly noteworthy because of AARP's July 30, 2009 press release ² on the Rand letter. The headline: "AARP to Congress: Don't Make Medicare More Expensive." Then the press release repeats the quoted sentences. But it doesn't mention Priorities #3 and #4. The semantics are also noteworthy. "AARP cannot support..." (which is what the letter said) is far different from "AARP will oppose..." (which the letter DID NOT say). Evidently to assure that Mr. Waxman and others would understand that "AARP cannot support" means "AARP will not oppose", the letter lists the priorities, particularly #3 and #4, which the press release ignores completely. The meaning

(Continued on back page)