# HOUSE OF REPRESENTATIVES
# FINAL BILL ANALYSIS

**BILL #:** HB 3

**SPONSOR(S):** Powell and others

**COMPANION BILLS:** SB 94

**FINAL HOUSE FLOOR ACTION:**

115 **Y's** 0 **N's**

**GOVERNOR'S ACTION:** Pending

## SUMMARY ANALYSIS

HB 3 passed the House on April 9, 2015, as SB 94.

The Department of Health Office of Minority Health administers multiple health promotion programs including the "Closing the Gap" grant program. The grant program was created by the Legislature in 2000 to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.

The bill allows the grant program to fund projects directed at decreasing racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease.

The bill appears to have no fiscal impact on state or local governments.

Subject to the Governor's veto powers, the effective date of the bill is July 1, 2015.

# I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

**Current Situation**

Closing the Gap Program

The Department of Health (DOH) Office of Minority Health (Office) is the coordinating office for consultative services in the areas of cultural and linguistic competency, partnership building, and program development and implementation to address the heath needs of Florida's minority and underrepresented populations statewide. The Office administers multiple health promotion programs including the "Closing the Gap" (CTG) grant program.[1] In 2000, the Legislature created the CTG grant program to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.[2]

*Grant Proposals*

Grants are awarded for 1 year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes.[3] Proposals for grants must identify:

- The purpose and objectives of the proposed project, including the particular racial or ethnic disparity the project will address from one of the following priority areas:
  - Increasing adult and child immunization rates in certain racial and ethnic populations; or
  - Decreasing racial and ethnic disparities in:
    - Maternal and infant mortality rates;
    - Morbidity and mortality rates relating to cancer;
    - Morbidity and mortality rates relating to HIV/AIDS;
    - Morbidity and mortality rates relating to cardiovascular disease;
    - Morbidity and mortality rates relating to diabetes; or
    - Oral health care;
- The target population and its relevance;
- Methods for obtaining baseline health status data and assessment of community health needs;
- Mechanisms for mobilizing community resources and gaining local commitment;
- Development and implementation of health promotion and disease prevention interventions;
- Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes;
- A proposed work plan, including a timeline for implementing the project; and
- The likelihood that project activities will occur and continue in the absence of funding.[4]

*Grant Funding*

Projects receiving grants are required to provide local matching funds of 1 dollar for every 3 dollars awarded, except for grants awarded to Front Porch Florida communities.[5] In counties with populations greater than 50,000, up to 50 percent of the local matching funds may be in-kind in the form of free

[1] Florida Dep't of Health, *Minority Health*, available at http://www.floridahealth.gov/%5C/programs-and-services/minority-health/index.html (last accessed April 23, 2015).
[2] Sections 381.7353 to 381.7356, F.S.
[3] Section 381.7356(4), F.S.
[4] Section 381.7355, F.S.
[5] The Front Porch Florida Initiative is administered by the Office of Urban Opportunity within the Department of Economic Opportunity's Division of Community Development and encourages revitalization and redevelopment projects in urban communities. Twenty percent of CTG grant program funds are used for this program. Section 20.60(5)(b)2.g., F.S.

services or human resources. In counties with populations of 50,000 or less, local matching funds may be provided entirely through in-kind contributions.[6]

In Fiscal Year 2014-2015, the Legislature appropriated $3.2 million in general revenue for minority health initiatives, including the CTG grant program. Seventeen grants have been awarded under the CTG, ranging from $125,000 to a maximum of $200,000. The appropriation also included specific funding of $100,000 for a program in the Tampa Bay area to screen and educate high school athletes about sickle cell trait.[7]

Sickle Cell Disease

Sickle cell disease (SCD) is a group of inherited red blood cell disorders.[8] Those with SCD have an abnormal type of hemoglobin[9] that causes irregular shaped red blood cells that are fragile and die earlier than healthy cells.[10] These irregular shaped "sickle" cells can slow or block blood flow and oxygen to parts of the body. People with SCD usually begin to show signs of the disease during the first 5 months of life. SCD is diagnosed with a blood test, most often during a routine newborn screening test.[11] Symptoms and complications of SCD are different for each person, can range from mild to severe, and can include:

- Episodes of severe pain;
- Jaundice;
- Infections;
- Kidney problems;
- Leg sores and ulcers;
- Swollen limbs;
- Vision problems;
- Acute chest syndrome; and
- Stroke.[12]

SCD is a genetic disorder that occurs when a child inherits the sickle cell gene from both parents. People who inherit one sickle cell gene and one normal gene have sickle cell trait (SCT). People with SCT usually do not have any of the symptoms associated with SCD but they can pass the trait on to their children.[13]

SCD and SCT occur in high frequency among people of African-American and Hispanic descent.[14] SCD occurs in approximately 1 out of every 500 African American births and approximately 1 out of every 36,000 Hispanic American births.[15] Approximately 70,000 to 100,000 persons in the United States have SCD and 3 million have SCT.[16]

*Treatment Costs*

[6] Section 381.7356(2)(b), F.S.
[7] Chapter 2014-51, Laws of Florida, line-item 443 and Closing the Gap 2014-2015 Awards Report from House Health Care Appropriations Committee (on file with committee staff).
[8] Centers for Disease Control and Prevention, *Facts About Sickle Cell Disease,* available at http://www.cdc.gov/ncbddd/sicklecell/facts.html (last visited April 23, 2015).
[9] Hemoglobin is a protein in red blood cells that carries oxygen. National Institutes of Health, Medline Plus, *Hemoglobin,* available at http://www.nlm.nih.gov/medlineplus/ency/article/003645.htm (last visited April 23, 2015).
[10] University of Maryland Medical Center, *Sickle Cell Disease,* available at http://umm.edu/health/medical/reports/articles/sickle-cell-disease (last visited April 23, 2015).
[11] *Id.*
[12] *Id.*
[13] *Id.*
[14] Sickle Cell Disease Association of America, *Sickle Cell Trait and Athletics,* available at http://www.sicklecelldisease.org/index.cfm?page=sickle-cell-trait-athletics (last visited April 23, 2015).
[15] National Institutes of Health, *Who Is at Risk for Sickle Cell Anemia*, available at http://www.nhlbi.nih.gov/health/health-topics/topics/sca/atrisk (last visited April 23, 2015).
[16] Sickle Cell Disease Association of America, *Sickle Cell Disease Global,* available at http://www.sicklecelldisease.org/index.cfm?page=scd-global (last visited April 23, 2015).

There is no cure for SCD other than experimental transplant procedures. People with SCD require ongoing treatments that vary from person to person and aim to relieve pain, prevent infections, and manage complications.[17] Management of SCD complications can be very costly requiring surgical procedures, recurring hospital admissions, medications, and diagnostic tests.[18] People with SCD are prone to infections, therefore, vaccines are highly recommended to prevent infections and resulting treatments.[19]

The University of Florida found that total annual health care costs for SCD-related treatments ranged from $10,000 for children aged 9 years old and under up to $34,000 in adults aged 30 to 39. For an average patient reaching the age of 45, lifetime health care costs totaled approximately $900,000. Seventy percent of patients in the University of Florida's study were of African American decent.[20]

In Fiscal Year 2013-2014, there were 5,749 Florida Medicaid recipients who received treatment for sickle cell disease, which cost approximately $97 million dollars.[21]

**Effect of Proposed Changes**

HB 3 allows the CTG grant program to fund projects directed at decreasing racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

[17] *Id.*
[18] *Id.*
[19] University of Florida Health, *Sickle Cell Anemia*, available at https://ufhealth.org/sickle-cell-anemia (last visited April 28, 2015).
[20] Kauf, T., Coates, T., Huazhi, L., Mody-Patel, N., & Abrahman, H. (2009). The Cost of Health Care for Children and Adults with Sickle Cell Disease. *American Journal of Hematology, 84*(6), 323-327. available at http://onlinelibrary.wiley.com/doi/10.1002/ajh.21408/abstract (last visited April 23, 2015).
[21] Email correspondence with Agency for Health Care Administration staff on February 9, 2015 (on file with committee staff).

D. FISCAL COMMENTS:

None.