

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

The effect of this bill is of a technical, non-substantive nature. This bill deletes outdated or obsolete language relating to various health care provisions as follows:

Separate Male and Female Restrooms

Created in 1977, section 381.0091, F.S., authorizes private businesses to designate separate restroom and separate dressing room for males and females, and to prohibit any female from using a restroom or dressing room designated for males and likewise for females. In addition, if more than one restroom is provided that has occupant capacity for more than one person in any building or facility operated by the state, the restrooms must be separate for males and females and designated as such by appropriate signage. In 1991, this section was amended to transfer and renumber s. 381.523, F.S., to s. 381.0091, F.S., when the Department of Health and Rehabilitative Services was created.

The provision related to private businesses is merely permissive and appears to have little effect. The provision related to government buildings and facilities is outdated and no longer appears to be necessary. In addition, the section does not provide any enforcement provision nor inspection requirements for the Department of Health ("department"). Currently, the department does not inspect entities for compliance with this provision.¹

The bill repeals s. 381.0091, F.S. The repeal will have no impact on the ability of private businesses and government buildings to designate separate male and female restrooms or dressing rooms.

Florida Healthy People 2010 Program

Section 381.736, F.S., requires the department, within existing resources, to monitor and report Florida's status on the Healthy People 2010 goals and objectives currently tracked and available to the Department of Health. The department is required to submit an annual report to the Legislature on the status of health disparities among minorities and non-minorities, using health indicators consistent with those identified by Healthy People 2010. Furthermore, the provision directs the department to work with minority physician networks² to develop programs to educate health care professionals about the

¹ Per telephone conversation with Department of Health staff on February 22, 2010.

² A "minority physician network" is a network of primary care physicians with experience managing Medicaid or Medicare recipients that is predominantly owned by minorities as defined in s. 288.703, F.S., which may have a collaborative partnership with a public college or university and a tax-exempt charitable corporation. See s. 409.901, F.S.

importance of culture in health status.³ Moreover, the provision directs the department to promote research on methods to reduce disparities by encouraging local minority students enrolled at colleges and universities⁴ to pursue professions in health care.

Healthy People 2010 is a set of federal health core public health indicators used for priority-setting and decision-making that reflect major health concerns and that provide guidance to help states, local governments and private organizations improve the health status of their communities. The Healthy People 2010 program has two major program goals: increase quality and years of healthy life; and eliminate health disparities.⁵ There are 28 different focus areas in the 2010 program that include:⁶

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| 1. <i>Access to Quality Health Services</i> | 15. <i>Injury and Violence Prevention</i> |
| 2. <i>Arthritis, Osteoporosis, and Chronic Back Conditions</i> | 16. <i>Maternal, Infant, and Child Health</i> |
| 3. <i>Cancer</i> | 17. <i>Medical Product Safety</i> |
| 4. <i>Chronic Kidney Disease</i> | 18. <i>Mental Health and Mental Disorders</i> |
| 5. <i>Diabetes</i> | 19. <i>Nutrition and Overweight</i> |
| 6. <i>Disability and Secondary Conditions</i> | 20. <i>Occupational Safety and Health</i> |
| 7. <i>Educational and Community-Based Programs</i> | 21. <i>Oral Health</i> |
| 8. <i>Environmental Health</i> | 22. <i>Physical Activity and Fitness</i> |
| 9. <i>Family Planning</i> | 23. <i>Public Health Infrastructure</i> |
| 10. <i>Food Safety</i> | 24. <i>Respiratory Diseases</i> |
| 11. <i>Health Communication</i> | 25. <i>Sexually Transmitted Diseases</i> |
| 12. <i>Heart Disease and Stroke</i> | 26. <i>Substance Abuse</i> |
| 13. <i>HIV</i> | 27. <i>Tobacco Use</i> |
| 14. <i>Immunization and Infectious Diseases</i> | 28. <i>Vision and Hearing</i> |

The Healthy People program goals and objectives are updated every 10 years, thus the existing 2010 goals are obsolete. In 2009, the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention launched the Healthy People 2020 framework.⁷ The Healthy People 2020 objectives will be released in 2010 along with guidance for achieving the new 10-year targets.⁸

Currently, the Florida Healthy People 2010 program duplicates other department programs and is not treated as a separate program. Therefore, the intent is being achieved through other statutory directives. This program is not specifically funded. The last annual report was published in December 2008.⁹ The department complies with the reporting requirements of this section by reporting on other programs that receive funding.¹⁰

For example, a Healthy People 2010 goal is to eliminate health disparities. The department's Office of Minority Health ("office") addresses health disparities through the Reducing Racial and Ethnic Health Disparities, Closing the Gap Program that disperses funding for community-based initiatives that focus on seven priority areas that include: maternal and infant mortality; cancer; cardiovascular disease; diabetes; adult and child immunizations; oral health; and HIV/AIDS. In addition, the office has developed statewide recommendations for a culturally competent curriculum for department staff and employees, plus training in health disparity education, health literacy, and culturally and linguistically

³ Minority physician networks will not be impacted by repealing this section of law. The Agency for Health Care Administration oversees services provided by the Minority Physician Networks. According to the 2008 Healthy People 2010 Annual Report, minority physician networks serve a small subset of Florida's Medicaid population and are not expected to significantly impact disparate health outcomes at the state level.

⁴ The statute references colleges and universities that have historically large minority enrollments to include centers of excellence that are identified by the National Center on Minority Health and Disparities.

⁵ Section 381.736, F.S.

⁶ In addition, these focus areas are broken down into 467 specific objectives.

⁷ Centers for Disease Control and Prevention, CDC Helps Launch Healthy People 2020 Collaboration, *available at*: <http://www.cdc.gov/news/2008/03/HealthyPeople2020.html> (last viewed February 21, 2010).

⁸ *Ibid.*

⁹ Department of Health, Office of Minority Health, Florida Healthy People 2010, Reports, *available at*: <http://www.doh.state.fl.us/Minority/HealthyPeople.htm> (last viewed February 22, 2010).

¹⁰ Per telephone call with Department of Health staff on February 22, 2010.

appropriate services.¹¹ Similarly, the department's Bureau of Chronic Disease Prevention and Health Promotion, address health disparities through the following funded programs: Heart Disease and Stroke Prevention program; Breast and Cervical Cancer Early Detection program; Comprehensive Cancer Control program; Diabetes Prevention and Control program; Arthritis Prevention and Education program; and the Epilepsy program.¹² None of these programs were created pursuant to the Healthy People 2010 goals contained in s. 381.736, F.S. These are just a few examples, and are not a complete compilation of all funded programs within the department that may address the Healthy People 2010 goals.

The bill repeals s. 381.736, F.S., the Florida Healthy People 2010 goals and reporting. Repealing this provision will only affect the requirement for submitting the annual report to the Legislature, and information available in the annual report will still be collected by the department and made available thru other programs. No funding to any existing programs will be affected.

MedAccess Program

Sections 408.90-408.908, F.S., create the MedAccess program.¹³ MedAccess was intended to be a state-subsidized program to provide certain health care services to low-income uninsured Floridians who are ineligible for Medicaid or Medicare. The program excludes coverage for preexisting conditions under certain circumstances. The Agency for Health Care Administration ("agency") is the fiscal agent for the program, and is required to develop the provider network, collect premiums and deductibles from enrollees, and make claims payments at Medicaid rates to providers. The program is not subject to state insurance regulation.

The MedAccess program encompasses nine statutory provisions that provide: Legislative findings and intent; definitions; program creation and title; eligibility; benefits; limitations and exclusions; collection of premiums; and administration. The program was created in 1993 and only the benefits provision¹⁴ was amended since adoption. In 2000, the amount of hospital outpatient services provided to a member was increased from \$1000 to \$1,500 per calendar year per member and an obsolete cross-reference to licensed abuse treatment centers was deleted.¹⁵

According to the agency, the program was never funded or implemented. The bill repeals ss. 408.90-408.908, F.S., the MedAccess Program.

B. SECTION DIRECTORY:

Section 1. Repeals s. 381.0091, F.S., relating to separate restrooms and separate dressing rooms for males and females.

Section 2. Repeals s. 381.736, F.S., relating to the Florida Healthy People 2010 Program.

Section 3. Repeals s. 408.90, F.S., relating to legislative findings and intent.

Section 4. Repeals s. 408.901, F.S., relating to definitions.

Section 5. Repeals s. 408.902, F.S., relating to MedAccess program creation and title.

Section 6. Repeals s. 408.903, F.S., relating to eligibility.

Section 7. Repeals s. 408.904, F.S., relating to benefits.

Section 8. Repeals s. 408.905, F.S., relating to limitations and exclusions.

Section 9. Repeals s. 408.906, F.S., relating to payment of claims.

Section 10. Repeals s. 408.907, F.S., relating to collection of premiums.

Section 11. Repeals s. 408.908, F.S., relating to administration.

Section 12. Provides an effective date of July 1, 2010.

¹¹ Office of Minority Health, Florida Healthy People 2010 Program Annual Report, December 2008, *available at*: <http://www.doh.state.fl.us/Minority/HealthyPeople.htm> (last viewed February 22, 2010).

¹² Florida Department of Health, Resource Manual, A Compilation of the Department of Health's Offices and Programs for State Fiscal Year 2007-2008 (January 2008).

¹³ 1993-129, L.O.F.

¹⁴ Section 408.904, F.S.

¹⁵ 2000-256, L.O.F. and 2000-153, L.O.F.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:
Not applicable.
2. Expenditures:
Not applicable.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:
Not applicable.
2. Expenditures:
Not applicable.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Not applicable.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to: require counties or municipalities to spend funds or take an action requiring the expenditure of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No rule-making authority is provided in the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES