

## **FINAL BILL ANALYSIS**

**BILL #:** HB 4027

**FINAL HOUSE FLOOR ACTION:**

117 Y's      0 N's

**SPONSOR:** Rep. Horner

**GOVERNOR'S ACTION:** Approved

**COMPANION BILLS:** SB 548

---

### **SUMMARY ANALYSIS**

HB 4027 passed the House on April 20, 2011, and subsequently passed the Senate on May 3, 2011. The bill was approved by the Governor on June 17, 2011, chapter 2011-176, Laws of Florida, and takes effect July 1, 2011.

The bill deletes the following outdated or obsolete provisions:

- Separate restrooms and separate dressing rooms for males and females;
- Florida Healthy People 2010 Program; and
- MedAccess Program

The bill will not affect the funding to any existing programs.

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

## I. SUBSTANTIVE INFORMATION

### A. EFFECT OF CHANGES:

The effect of this bill is technical and non-substantive. This bill deletes outdated or obsolete language relating to various health care provisions.

#### Separate Male and Female Restrooms

Created in 1977, section 381.0091, F.S., authorizes private businesses to designate separate restrooms and separate dressing rooms for males and females, and to prohibit any female from using a restroom or dressing room designated for males and vice versa. 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 The provision related to government buildings and facilities is outdated and no longer appears to be necessary.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.<sup>1</sup>

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 networks<sup>2</sup> to develop programs to educate health care professionals about the importance of culture in health status.<sup>3</sup> Moreover, the provision directs the department to promote research on methods to reduce

---

<sup>1</sup> Per telephone conversation with Department of Health staff on February 22, 2010.

<sup>2</sup> 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.

<sup>3</sup> 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. Effective January 1, 2010, minority physician networks were transitioned to health maintenance organizations, thus minority physician networks will no longer be included in the Florida Healthy People 2010 Program report. See Florida Healthy People 2010 Program Report: 2009 Office of Minority Health, Executive Summary, available at: <http://www.doh.state.fl.us/Minority/HealthyPeople.htm> (last viewed January 28, 2011).

disparities by encouraging local minority students enrolled at colleges and universities<sup>4</sup> to pursue professions in health care.

Healthy People 2010 is a set of federal 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 of their communities. The Florida Healthy People 2010 program has two major program goals: increase quality and years of healthy life; and eliminate health disparities.<sup>5</sup> There are 28 different focus areas in the federal Healthy People 2010 program:<sup>6</sup>

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

The federal Healthy People program goals and objectives are updated every 10 years, thus the existing 2010 goals are obsolete. In December 2010, the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention unveiled Healthy People 2020 program and objectives.<sup>7</sup>

Currently, the Florida Healthy People 2010 program duplicates other department programs and is not treated as a separate program. Therefore, the intent is achieved through other statutory directives. This program is not specifically funded. Section 381.736, F.S., requires that the annual report be submitted to the Legislature by December 31 of each year. The last annual report was published in December 2009.<sup>8</sup> The department complies with the reporting requirements of this section by reporting on other programs that receive funding.<sup>9</sup>

---

<sup>4</sup> 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.

<sup>5</sup> S. 381.736(1), F.S.

<sup>6</sup> In addition, these focus areas are broken down into 467 specific objectives.

<sup>7</sup> U.S. Health and Human Services, About Healthy People 2020, available at:

<http://www.healthypeople.gov/2020/about/default.aspx> (last viewed January 28, 2011).

<sup>8</sup> 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 January 28, 2011).

<sup>9</sup> Per telephone call with Department of Health staff on February 22, 2010.

The bill repeals s. 381.736, F.S., the Florida Healthy People 2010 goals and reporting requirements. 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 through other programs. No funding to any existing programs will be affected.

#### MedAccess Program

Sections 408.90-408.908, F.S., create the MedAccess program.<sup>10</sup> 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 program was created in 1993 and only the benefits provision<sup>11</sup> 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.<sup>12</sup> 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.

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

## **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.

---

<sup>10</sup> Ch. 1993-129, L.O.F.

<sup>11</sup> S. 408.904, F.S.

<sup>12</sup> Ch. 2000-256, L.O.F. and ch. 2000-153, L.O.F.

2. Expenditures:

Not applicable.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Not applicable.

D. FISCAL COMMENTS:

None.