SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below.)

SB 1908				
Senator Dawson-V	White and Senator Meek			
HIV/AIDS Preven	tion			
April 15, 1999	REVISED: <u>4/21/99</u>			
ANALYST	STAFF DIRECTOR Wilson	REFERENCE HC FP	ACTION Fav/1 amendment	
	Senator Dawson-V HIV/AIDS Preven April 15, 1999 ANALYST	Senator Dawson-White and Senator Meek HIV/AIDS Prevention April 15, 1999 REVISED: 4/21/99 ANALYST STAFF DIRECTOR	Senator Dawson-White and Senator Meek HIV/AIDS Prevention April 15, 1999 REVISED: 4/21/99 ANALYST STAFF DIRECTOR REFERENCE Wilson HC	Senator Dawson-White and Senator Meek HIV/AIDS Prevention April 15, 1999 REVISED: 4/21/99 ANALYST STAFF DIRECTOR REFERENCE ACTION Fav/1 amendment

I. Summary:

The bill establishes the Minority HIV and AIDS Task Force within the Department of Health for the purpose of developing recommendations on ways to strengthen HIV and AIDS prevention and treatment programs in minority communities. The bill provides requirements for the appointment of members to the task force, responsibilities of the task force, and meeting frequency. The bill requires the task force to develop and implement a statewide HIV and AIDS prevention campaign that is directed to minorities and provides requirements for the campaign. The bill creates additional positions within the department for regional and statewide coordinators to assist with the HIV and AIDS prevention efforts. The bill requires the department to conduct a Black Leadership Conference on HIV and AIDS by January, 2000. The bill abolishes the task force on July 1, 2001 and provides a \$500,000 appropriation.

This bill creates three sections that have not been designated within the Florida Statutes.

II. Present Situation:

Acquired Immune Deficiency Syndrome (AIDS) is a physical disorder that results in the loss of cell-mediated immunity in affected persons. It is caused by a retrovirus known as human immunodeficiency virus (HIV). The virus attacks the body's immune system, leaving an infected person vulnerable to a variety of life-threatening infections and tumors.

The United States Department of Health and Human Services (HHS) reports that AIDS is a leading cause of death for all persons 25 to 44 years of age. The Centers for Disease Control and Prevention (CDC) estimates that there are 650,000 to 900,000 Americans living with HIV infection. The United States Department of Health and Human Services further identifies that AIDS has disproportionately affected minority populations. Racial and ethnic minorities constitute approximately 25 percent of the total United States population, yet account for nearly 54 percent of all AIDS cases. While the epidemic is decreasing in some populations, the number of new AIDS cases among blacks is now greater than the number of new AIDS cases among whites.

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According to HHS, there are several different HIV epidemics occurring in the United States. Although the number of AIDS diagnoses among gay and bisexual men has decreased among white men since 1989, the number of AIDS diagnoses among heterosexual black men have increased. In addition, AIDS cases and new infections related to injecting drug use appear to be increasingly concentrated in minorities; of these cases, almost 75 percent were among minority populations (56 percent black and 20 percent Hispanic). Of the cases reported among women and children, more than 75 percent are among racial and ethnic minorities.

Additionally, HHS reports that during 1995 and 1996, AIDS death rates declined by 23 percent for the total United States population. AIDS death rates declined by 13 percent for blacks and 20 percent for Hispanics. The United States Department of Health and Human Services attributes the mortality disparities to late identification of the disease and lack of health insurance to pay for drug therapies. The United States Department of Health and Human Services indicates that inadequate recognition of risk, detection of infection, and referral to follow-up care are major issues affecting high-risk populations and that about one-third of persons who are at risk of HIV/AIDS have never been tested.

According to the Florida Department of Health, Florida has the third highest number of reported AIDS cases and the second highest number of reported pediatric AIDS cases in the nation. As of January 1999, there were 70,881 Floridians over age 13 with AIDS. There were 1,331 children under age 13 with AIDS. Further review of the statistics reveal that approximately 59 percent of the reported AIDS cases occur among blacks, Hispanics, and other minority groups. There are a total of 31,822 black persons and a total of 10,796 Hispanic persons with AIDS in Florida.

The Department of Health reports that from July 1997 to January 1999, there were 9,675 reported new cases of HIV infection. Seventy-five percent of these cases occurred among blacks, Hispanics, and other minority groups; 5,643 black persons and 1,401 Hispanic persons are reported to have been infected with HIV. Black women who are heterosexually infected with HIV are the fastest growing group of infected persons. Furthermore, members of the black community tend to develop AIDS within one month of being diagnosed with HIV. Commensurate with national data outlined above, the Department of Health identifies that the black community fails to receive early testing for HIV and subsequent lifesaving treatment for this condition.

The Florida Department of Health estimates the medical and related costs for a person infected with HIV can reach \$175,000 over the person's lifetime. At the same time, studies reveal that sustained, comprehensive prevention efforts can have a significant impact on slowing the course of the HIV/AIDS epidemic.

III. Effect of Proposed Changes:

The bill creates the Minority HIV and AIDS Task Force within the Department of Health to develop and provide specific recommendations to the Governor, the Legislature, and the Department of Health on ways to strengthen HIV and AIDS prevention programs and early intervention and treatment efforts in the state's black, Hispanic and other minority communities, as well as ways to address the many needs of the state's minorities infected with AIDS and their families. The bill provides legislative findings. The bill requires the Secretary of the Department of Health to appoint at least 15 members to the task force. The task force members must include:

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persons infected with HIV or AIDS; minority community-based support organizations; minority treatment providers; the religious community within groups of persons infected with HIV or AIDS; and the Department of Health. The task force must meet as often as necessary to carry out its duties and responsibilities and the Department of Health must provide support services to the task force. The members of the task force must serve without compensation.

The task force must prepare and submit a report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by February 1, 2001. The report must include: specific strategies for reducing the risk of HIV and AIDS in the state's minority communities; a plan for establishing mentor programs and exchanging information and ideas among minority community-based organizations that provide HIV and AIDS prevention services; specific strategies for ensuring that minority persons who are at risk of HIV and AIDS are provided with access to treatment and secondary prevention services; specific strategies to help reduce or eliminate high-risk behaviors; a plan to evaluate the implementation of the recommendations of the task force. The task force is abolished on July 1, 2001.

The bill requires the Department of Health to develop and implement a statewide HIV and AIDS prevention campaign that is directed towards minorities who are at risk of HIV infection. The campaign shall include television, radio, and outdoor advertising; public service announcements; and peer-to-peer outreach. The campaign must use culturally sensitive literature and educational materials and promote the development of individual skills for behavior modification.

The bill requires the Department of Health to establish four positions within the department for HIV and AIDS regional minority coordinators and one position for a statewide HIV and AIDS minority coordinator who must report directly to the chief of the Bureau of HIV and AIDS within the department. The coordinators must facilitate statewide efforts to implement and coordinate HIV and AIDS prevention programs. The department must, with the assistance from the Minority HIV and AIDS task force and the statewide coordinator, plan and conduct a statewide Black Leadership Conference on HIV and AIDS by January 2000. The conference must provide workshops for minority organizations in building skills and improving an organization's capacity to conduct HIV and AIDS prevention and treatment programs. The bill provides a \$500,000 appropriation from the General Revenue fund to the Department of Health for implementing the requirements of bill during fiscal year 1999-2000.

The bill will take effect July 1, 1999.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

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B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Subsections 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Health indicated that the minority prevention campaign was included as a part of a comprehensive HIV/AIDS prevention legislative budget request by the department. The department will incur costs to implement the bill's requirements for a comprehensive HIV/AIDS prevention campaign that targets minorities and estimates that it will need \$750,000. The bill appropriates \$500,000 from the General Revenue Fund to the Department of Health to implement the bill.

VI. Technical Deficiencies:

On page 3, line 14 of the bill, there is a reference to persons "infected with AIDS." A more accurate reference is persons "infected with HIV and those with AIDS." There are several other places in the bill with similar incorrect references to infection with AIDS.

VII. Related Issues:

None.

VIII. Amendments:

#1 by Health, Aging and Long-Term Care: Corrects terminology relating to infection with HIV.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.