

STORAGE NAME: h1469a.hp.doc
DATE: February 21, 2002

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH PROMOTION
ANALYSIS**

BILL #: HB 1469
RELATING TO: Arthritis Prevention and Control
SPONSOR(S): Representative(s) Littlefield

TIED BILL(S):

ORIGINATING COMMITTEE(S)/COUNCIL(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH PROMOTION YEAS 9 NAYS 0
 - (2) HEALTH AND HUMAN SERVICES APPROPRIATIONS
 - (3) COUNCIL FOR HEALTHY COMMUNITIES
 - (4)
 - (5)
-

I. SUMMARY:

THIS DOCUMENT IS NOT INTENDED TO BE USED FOR THE PURPOSE OF CONSTRUING STATUTES, OR TO BE CONSTRUED AS AFFECTING, DEFINING, LIMITING, CONTROLLING, SPECIFYING, CLARIFYING, OR MODIFYING ANY LEGISLATION OR STATUTE.

HB 1469 establishes the arthritis prevention and control program in the Department of Health. The bill:

- Provides a short title: the "Arthritis Prevention and Control Act."
- Provides legislative findings, describing the need for the arthritis prevention and control program.
- Specifies that program purposes include: promoting public awareness of arthritis, developing and utilizing available resources effectively, coordinating ongoing research efforts, evaluating need for improving delivery of existing services in communities, and improving the quality of life for those with arthritis.
- Establishes the Arthritis Prevention and Control Program under the direction of the Department of Health (department) to carry out the purposes of the Act.
- Directs the department to conduct a needs assessment.
- Directs the department to establish and coordinate an advisory panel on arthritis. Members on the panel are to represent various nongovernmental entities, including individuals with arthritis and persons knowledgeable of arthritis and health promotion.
- Directs the department to raise public awareness through strategies consistent with the National Arthritis Action Plan and existing state efforts.
- Authorizes the Secretary of Health to accept contributions from specified sources, and directs the secretary to seek necessary federal waivers to implement the program.

The bill becomes effective upon becoming law.

The bill does not specify any appropriations for the program.

On February 21, 2002, the Committee on Health Promotion adopted a strike-everything amendment, which is explained in Section VI of the analysis.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|---|--|---|
| 1. <u>Less Government</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

For any principle that received a "no" above, please explain:

Less Government: The bill requires the Department of Health to establish, promote, and maintain an arthritis prevention and control program, thereby increasing the responsibility of the state with regard to raising public awareness, education, and research on arthritis.

B. PRESENT SITUATION:

Arthritis

Arthritis encompasses over 100 diseases and conditions that affect joints, surrounding tissues, and/or connective tissues. These diseases include rheumatoid arthritis, juvenile rheumatoid arthritis, osteoarthritis, fibromyalgia, gout, bursitis, rheumatic fever, scleroderma, and lupus. The most common forms are osteoarthritis, rheumatoid arthritis, and fibromyalgia.

Arthritis and other rheumatic conditions are the leading cause of disability in the US, limiting the activities of nearly 7 million people. Risk factors include: female gender, increasing age, genetic predisposition, overweight and obesity, joint injuries, infections, and certain occupations.

In 2000 in Florida, according to data collected through the Department of Health's Florida Behavioral Risk Factor Surveillance System, the prevalence of arthritis/chronic joint symptoms among adults was 31.5 percent. The prevalence of arthritis/chronic joint symptoms increases with age from 13.6 percent among those aged 18-44 years and 39.6 percent among those aged 45-64 years, to 58.2 percent among those aged 65 years and older. Applying these age-specific prevalences to the population, an estimated 3.9 million adults in Florida, or nearly 1 in 3 adults, have arthritis/chronic joint symptoms.

Although arthritis disproportionately affects people over the age of 65 years, more than half of all arthritis/chronic joint symptoms cases occur in persons under the age of 65 years. Women are more likely than men to have arthritis/chronic joint symptoms. In 2000, among females, the prevalence of arthritis/chronic joint symptoms was 34.4 percent compared with 28.5 percent among males.

In 1997 in the US, there were 44 million arthritis related ambulatory care visits, including 39 million arthritis-related physician visits, and 744,000 arthritis-related hospitalizations. In 1992 in the US,

arthritis and other rheumatic conditions cost \$15 billion in direct medical costs and an additional \$50 billion in lost productivity.¹

Primary prevention includes weight control, occupational injury prevention, sports injury prevention, and infectious disease control (i.e., Lyme disease). Secondary prevention includes early diagnosis and medical treatment. Tertiary prevention includes self-management, such as weight control and physical activity, and education, such as the Arthritis Self-Help Course (developed by the Arthritis Foundation).

The Public Health Approach – National Perspective

In November 1998, the first comprehensive public health approach to reducing the burden of arthritis in the United States was jointly released by the Arthritis Foundation, the Centers for Disease Control and Prevention (CDC), and the Association of State and Territorial Health Officials. The National Arthritis Action Plan: A Public Health Strategy proposed strategies in three major areas:

- Surveillance, epidemiology, and prevention research;
- Communication and education; and
- Programs, policies, and systems.

An important goal of the strategy is to ensure that public health, arthritis, and other interested organizations work together at the national, state, and local levels.

Developed with the input of more than 90 other public and private organizations, the National Arthritis Action Plan (NAAP) shifts the traditional emphasis on treating individuals with arthritis to a public health approach that emphasizes identifying arthritis at its earliest stage and initiating prompt, appropriate management; reducing the consequences of arthritis once it has developed; and preventing arthritis whenever possible.

In response to NAAP recommendations, CDC's National Center for Chronic Disease and Prevention and Health Promotion provided grants to state health departments beginning in 1999 to develop and enhance state-based programs that will decrease the burden of arthritis and improve the quality of life among people with arthritis.

The Florida Department of Health's Arthritis Prevention and Education Program

A new initiative, arthritis prevention and education, began in the Florida Department of Health through a four-year cooperative agreement with the Centers for Disease Control and Prevention in September 1999. Florida is one of eight core states funded to implement an arthritis program. This program marked the first time in history that the Florida Department of Health has dedicated a program specifically to arthritis. Through this program, Florida receives core funding to train staff, expand partnerships, increase public awareness, strengthen surveillance, establish advisory bodies, coordinate statewide arthritis activities, and test interventions.

Currently the Department of Health receives base funding plus special project funds from the Centers for Disease Control to develop and enhance a state-based program on arthritis prevention and education. The base award for years one and two of the program was approximately \$318,000 per year, with special project funds in the amount of \$32,000 in year two. In year three, the base award went up to \$338,000, with special project funds of \$41,000. The special project budget for

¹ Arthritis Foundation, ASTHO, CDC, 1999. National Arthritis Action Plan. Atlanta, GA.

year two funded two projects entitled, "Determinants of physical activity among the Hispanic population in Florida," and "Communication plan for the development of low literacy materials on arthritis for the Hispanic." The special project budget for year three will fund a project entitled, "Arthritis Clinical Care Collaborative Improvement Project."

Services provided by the Arthritis Prevention and Education Program include:

- Collection of data through the Behavioral Risk Factor Surveillance System (BRFSS), County Health Departments (CHD's), Arthritis Foundation branch offices, health maintenance organizations (HMO's) to determine prevalence, occurrence, impairment, activity limitations, and self-management behaviors. Staff in the Bureau of Epidemiology analyzes data.
- Technical assistance and free educational and promotional resources to all county health departments.
- Development of a statewide arthritis steering committee and partnership to develop and implement efforts to increase mobility, and self-management behaviors, improve quality of life, decrease pain and disability, and reduce occurrence, impairment, limitations and restrictions due to arthritis and other rheumatic conditions.
- Strategic planning to develop a statewide Arthritis Plan that includes population based strategies and health system approaches, and that identifies gaps and health disparities, increases awareness, and addresses resources, services, and support for people living with arthritis.
- Integration of arthritis into departmental programs through an Arthritis Internal Advisory Workgroup.
- Development and management of contracts to review and develop or revise low literacy educational materials targeting minority populations; to identify the determinants of physical activity among Hispanics and African Americans with arthritis; to develop a training program targeting managed care staff to incorporate the Arthritis Self-Help Course as a standard of care for subscribers; and to implement a demonstration project targeting Hispanic populations in South Florida identified with arthritis.
- Ongoing evaluation of program's effectiveness and quality.

Florida Arthritis Partnership

The Florida Arthritis Prevention and Education Steering Committee was created as a joint effort between the Arthritis Foundation, Florida Chapter and the Florida Department of Health, Arthritis Prevention and Education Program. The Steering Committee began meeting in June of 2000 and included approximately 23 individuals representing a variety of organizations around that state, as well as people with arthritis. The Committee's primary purpose has been to develop a statewide strategic plan for arthritis prevention and education. With this task well underway, the transformation from a smaller group of individuals (Steering Committee) into a larger group of individuals (Florida Arthritis Partnership) is now taking place. The Partnership will guide the implementation of the Arthritis Strategic Plan activities throughout Florida. Committee members work to recruit partnership members who share an interest in arthritis issues.

C. EFFECT OF PROPOSED CHANGES:

HB 1469 establishes the arthritis prevention and control program in the Department of Health. See the SECTION-BY-SECTION ANALYSIS which follows for additional details.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Creates s. 385.210, F.S., to provide for the arthritis prevention and control program as follows:

Subsection (1) provides a short title: the "Arthritis Prevention and Control Act."

Subsection (2) provides the following legislative findings: arthritis encompasses more than 100 diseases and conditions; it is the leading cause of disability in the U.S.; it has a significant impact on quality of life for individuals, families and caregivers; there are enormous economic and social costs associated with treating arthritis and its complications; necessary interventions are often underutilized; information about arthritis is inadequately disseminated; a National Arthritis Plan exists to address these concerns; and educating the public and health care community about this disease is of paramount importance.

Subsection (3) provides the following purposes of the bill: to create and foster a statewide program that promotes awareness and increases knowledge about arthritis; to develop knowledge and enhance understanding of arthritis through dissemination of information; to establish a scientific base of knowledge on prevention of arthritis; to utilize available existing arthritis education and training resources; to evaluate the need for improving quality & accessibility of existing community-based arthritis services; to heighten awareness of arthritis among health officials and professionals; to implement and coordinate state and local programs to reduce the public health burden caused by arthritis; and to provide lasting improvements in the delivery of care to individuals with arthritis.

Subsection (4) directs the Department of Health to establish, promote and maintain an arthritis prevention and control program to carry out the purposes of the bill. It directs the department to conduct a needs assessment to identify: ongoing research efforts; available technical assistance; level of public and professional awareness of arthritis; needs of those with arthritis; needs of health care professionals; and existence of education programs on arthritis. It requires the department to establish an advisory panel and specifies membership to include: persons with arthritis, public health educators, medical experts on arthritis, providers of arthritis health care, persons knowledgeable in health promotion and education, and representatives of the local chapters of national arthritis organizations. Finally, the department is directed to raise public awareness regarding arthritis, using strategies consistent with the National Arthritis Action Plan and existing state planning efforts.

Subsection (5) authorizes the Secretary of Health to accept contributions from specified sources, and directs the Secretary to seek available federal waivers necessary to maximize funds from the Federal Government.

Section 2. Provides that the bill becomes effective upon becoming law.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

N/A

2. Expenditures:

An appropriation for purposes of this program is not specified in the bill. The bill authorizes the Secretary of Health to accept contributions in the form of grants, services and property from specified sources.

Even though the bill specifies no appropriation, and even though the department currently has federal arthritis funding, the department indicates a need for the following funds to fully implement the bill:

The Department of Health estimates the following non-recurring expenditures:

<u>Expense</u>	<u>Amount Year 1</u>	<u>Amount Year 2</u>
Needs Assessment	\$100,000	
Total Non-Recurring Expenditures	\$100,000	

The department estimates the following recurring expenditures:

<u>Expense</u>	<u>Amount Year 1</u>	<u>Amount Year 2</u>
Travel expenses for advisory committee	\$18,600	\$18,600
Radio – airtime & production costs	\$1,580,000	\$1,580,000
Billboards – all costs	\$500,000	\$500,000
Outdoor storefront placards	\$450,000	\$450,000
Market Testing	\$50,000	\$50,000
Total Recurring Expenditures	\$2,598,600	\$2,598,600
Sub-Total Non-Recurring Expenditures	\$100,000	
Sub-Total Recurring Expenditures	\$2,598,600	\$2,598,600
Total Expenditures	\$2,698,600	\$2,598,600

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

N/A

2. Expenditures:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Those in need of increased awareness of issues relating to arthritis prevention and control will benefit to the extent that implementation of the program achieves its expectations.

D. FISCAL COMMENTS:

According to the Department of Health, although the existing arthritis prevention and education program currently receives funding from the CDC, the program is not funded to conduct the needs assessment as described in the bill, nor is it funded to conduct a media campaign to raise public awareness and knowledge regarding arthritis.

The existing Florida Arthritis Prevention and Education Steering Committee and Florida Arthritis Partnership currently have both governmental and nongovernmental representation. However, the department envisions the bill requiring a new advisory body to be put in place in order to provide the required nongovernmental input, thereby necessitating additional travel dollars.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that municipalities or counties have to raise revenue in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

N/A

B. RULE-MAKING AUTHORITY:

N/A

C. OTHER COMMENTS:

In its review of the bill, the Department of Health recommended a series of revisions, including:

- Referring to the program as arthritis prevention and education, rather than arthritis prevention and control, consistent with the existing federally funded program.
- Clarifying available public and professional education information regarding arthritis.
- Specifying that the program only be implemented to the extent funded.
- Specifying that professional education and support services address the needs of "other health care providers."

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On February 21, 2002, the Committee on Health Promotion adopted a strike-everything amendment, which incorporated the following revisions:

- Refers to the program as arthritis prevention and education, rather than arthritis prevention and control.
- Clarifies available public and professional education information regarding arthritis.
- Specifies that the program only be implemented to the extent funded.
- Specifies that professional education and support services address the needs of "other health care providers."

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VII. SIGNATURES:

COMMITTEE ON HEALTH PROMOTION:

Prepared by:

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