

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

BILL: CS/SB 2372

SPONSOR: Health, Aging and Long-Term Care Committee and Senator Klein

SUBJECT: Arthritis

DATE: March 6, 2002

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HC	Favorable/CS
2.			GO	
3.			AHS	
4.			AP	
5.				
6.				

I. Summary:

The bill creates the “Arthritis Prevention and Education Act.” Legislative findings outlining the need for the arthritis prevention and education program are specified: promoting public awareness of arthritis, developing and utilizing available resources effectively, coordinating ongoing research efforts, evaluating the need for improving delivery of existing services in communities, and improving the quality of life for those with arthritis. To the extent that funds are specifically made available, the bill requires the Department of Health to establish, promote and maintain an arthritis prevention and education program to implement the purposes of the act. The department must conduct a needs assessment to identify: research efforts; available technical assistance; the level of public and professional awareness of arthritis; the needs of persons with arthritis; the needs of health care providers; the existence of education programs on arthritis; and the existence of rehabilitative services for people with arthritis.

The Department of Health must establish and coordinate an advisory panel on arthritis and specifies membership of the panel. The department must raise public awareness through strategies consistent with the National Arthritis Action Plan and existing state efforts. The bill authorizes the Secretary of Health to accept contributions from specified sources. The Secretary of the Department of Health must seek any federal waiver or waivers that are necessary to maximize funds from the federal government to implement this program.

This bill creates section 385.210, Florida Statutes.

II. 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 United States, 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.

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 in 2000 in Florida, 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.

In 1997 in the United States, 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 United States, arthritis and other rheumatic conditions cost \$15 billion in direct medical costs and an additional \$50 billion in lost productivity.

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 CDC 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 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, and health maintenance organizations (HMO's) to determine prevalence, occurrence, impairment, activity limitations, and self-management behaviors. Staff in the Bureau of Epidemiology analyzes the 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 the 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 the 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.

III. Effect of Proposed Changes:

The bill creates the "Arthritis Prevention and Education Act" and states legislative findings regarding arthritis. The bill notes that the purposes of the act are: 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 arthritis education and training resources; to evaluate the need for improving quality and accessibility of existing community-based arthritis services; to heighten awareness of arthritis among health officials, professionals and policymakers; 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.

To the extent that funds are made available, the Department of Health must establish, promote and maintain an arthritis prevention and education program to implement the purposes of the act. The department must conduct a needs assessment to identify: research efforts; available technical assistance; the level of public and professional awareness of arthritis; the needs of persons with arthritis; the needs of healthcare providers; the existence of education programs on arthritis; and existence of rehabilitation services for people with arthritis. The Department of Health must establish and coordinate an advisory panel on arthritis and specifies membership of the panel to include persons who have arthritis, public health educators, medical experts on arthritis,

providers of arthritis health care, persons knowledgeable in health promotion and education, and representatives of national arthritis organizations and their local chapters.

The Department of Health must use strategies that are consistent with the National Arthritis Action Plan and existing state planning efforts to raise public awareness of issues relating to arthritis. The Secretary of the Department of Health may accept grants, services, and property from the federal government, foundations, organizations, and from other specified sources for purposes of fulfilling the obligations of the arthritis program established under the bill. The Secretary of the Department of Health must seek any federal waiver or waivers that are necessary to maximize funds from the federal government to implement this program.

The bill takes effect upon becoming a law.

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 Art. VII, s. 18 of the Florida Constitution.

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 Art. I, s. 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 Art. III, s. 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 bill does not specify an appropriation. The department currently receives federal arthritis funding, and 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	
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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
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Sub-Total Non-Recurring Expenditures	\$100,000	
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Sub-Total Recurring Expenditures	\$2,598,600	\$2,598,600
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Total Expenditures	\$2,698,600	\$2,598,600
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VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

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