

# 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 1898

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

SUBJECT: Arthritis Prevention and Education

DATE: March 19, 2004 REVISED: \_\_\_\_\_

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

## I. Summary:

The bill creates the “Arthritis Prevention and Education Act,” to require the Florida Department of Health to (DOH) establish an arthritis prevention and education program and to conduct a needs assessment to identify research on arthritis, the needs of persons with arthritis, and services available to persons with arthritis. The department must establish and coordinate an advisory panel on arthritis, and use strategies consistent with existing national and state efforts to raise public knowledge on the causes and nature of arthritis, personal risk factors, the value of prevention and early detection, ways to minimize preventable pain, and options for diagnosing and treating the disease. The department must establish, promote, and maintain an arthritis prevention and education program and carry out other related duties, to the extent that funds are specifically made available to implement the bill. The bill authorizes the Secretary of Health to accept grants, services, and property from various sources to fulfill the obligations of the program and to seek any federal waiver that may be necessary to maximize funds from the federal government.

This bill creates section 385.210, Florida Statutes.

## II. Present Situation:

Arthritis is a chronic disease or condition that affects joints and connective tissue. Some common forms of arthritis include: osteoarthritis, rheumatoid arthritis, Lyme disease, scleroderma, gout, ankylosing spondylitis, systemic lupus erythematosus, and fibromyalgia. According to the United States Centers for Disease Control and Prevention (CDC), nearly 70 million Americans, or about one of every three adults in the United States, are affected by arthritis and chronic joint

symptoms.<sup>1</sup> Although early diagnosis and medical treatment may reduce the debilitating effects of arthritis, it is the leading cause of disability in the United States.<sup>2</sup>

In 2001 in Florida, the prevalence of arthritis/chronic joint symptoms among adults was nearly 1 in 3 adults, estimated to be 33.8 percent, according to the DOH. Although arthritis affects many individuals regardless of their age, the prevalence of the disease is highest among persons aged 65 years and older. DOH reports that about 57.4 percent of persons aged 65 years and older have arthritis or chronic joint symptoms. Arthritis cost an estimated \$1.27 billion in direct medical costs and an additional \$3.78 billion in lost productivity in Florida in 1999.

Since 1999, the National Center for Chronic Disease Prevention and Health Promotion within the United States Centers for Disease Control and Prevention (CDC) has established cooperative agreements with state health departments to develop and enhance state-based programs that aim to decrease the burden of arthritis and improve the quality of life among people with arthritis. Twenty-eight state health departments receive from the CDC an average award amount of \$120,000 to lay the groundwork for arthritis activities by building partnerships and establishing surveillance and planning processes. Eight state health departments with existing arthritis activities receive from the CDC an average award amount of \$300,000 additional funds to train staff, expand partnerships, increase public awareness, strengthen surveillance, establish advisory bodies, coordinate statewide arthritis activities, and test interventions.

The Florida Department of Health (DOH) has an arthritis prevention and education program that is funded through a cooperative agreement with the CDC. The Florida-based program is in its fifth year of operation. The program staffs work closely with the Florida chapter of the Arthritis Foundation, a national not-for-profit organization that supports arthritis and related conditions with advocacy, programs, services and research, and has established a statewide partnership (Florida Arthritis Partnership) with over 100 members. The coordinating council of the Florida Arthritis Partnership leads the strategic planning effort for arthritis activities in Florida, and assists members in creating an annual action plan. DOH program provides limited funding to county health departments and other organizations to implement arthritis evidence-based interventions. In addition, data from the Behavioral Risk Factor Surveillance System is analyzed and compiled into a report to determine prevalence, occurrence, impairment, activity limitations, and self-management behaviors from arthritis. The arthritis prevention and education program maintains a web-page with up-to-date information on program activities and available materials.<sup>3</sup>

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<sup>1</sup> See “Prevalence of Self-Reported Arthritis of Chronic Joint Symptoms Among Adults –United States”, 2001 Morbidity and Mortality Weekly Report 2002;51(42):948-950, as cited by the National Center for Chronic Disease Prevention and Health Promotion, U.S. Centers for Disease Control and Prevention at <http://www.cdc.gov/nccdphp/arthritis/index.html>.

<sup>2</sup> See “Prevalence of Disabilities and Associated Health Conditions Among Adults — United States,” 1999. *Morbidity and Mortality Weekly Report* 2001;50(7):120–5, as cited by the National Center for Chronic Disease Prevention and Health Promotion, U. S. Centers for Disease Control and Prevention at <http://www.cdc.gov/nccdphp/arthritis/index.html>.

<sup>3</sup> See <http://www.doh.state.fl.us/family/arthritis/>.

### III. Effect of Proposed Changes:

The bill creates s. 385.210, F.S., to be cited as the “Arthritis Prevention and Education Act” and provides legislative findings relating to arthritis prevention and education. The purposes of the act are to:

- Create and foster a statewide program that promotes public awareness and increases knowledge concerning the causes of arthritis, the importance of early diagnosis and appropriate management;
- Develop knowledge and enhance understanding of arthritis by dissemination of education materials and strategies to patients, health professionals, and the public;
- Establish a solid scientific base of knowledge concerning the prevention of arthritis and related disabilities through surveillance, epidemiology, and prevention research;
- Use educational and training resources and services developed by organizations with appropriate expertise and knowledge of arthritis and to use available technical assistance;
- Evaluate the need for improving the quality and accessibility of existing community-based arthritis services;
- Heighten awareness among state and local health and human services officials, health professionals and providers, and policymakers about the prevention, detection, and treatment of arthritis;
- Implement and coordinate state and local programs and services to reduce the burden of arthritis; and
- Provide lasting improvements in the delivery of health care for individuals with arthritis and their families.

The bill provides that, to the extent that funds are specifically made available for this purpose, DOH must establish, promote, and maintain an arthritis prevention and education program to raise public awareness, educate consumers, and educate and train health professionals, teachers, and human service providers, and to complete other related initiatives. The department must conduct a needs assessment to identify: epidemiological and other research on arthritis being conducted in Florida; available technical assistance and educational materials and programs on arthritis; the level of public and professional awareness of arthritis; the needs of persons with arthritis and available services; the educational and support needs of health care providers relating to arthritis; the existence of arthritis treatment, self-management, physical activity, and other education programs; and the existence of rehabilitation services for people with arthritis.

The department is required to establish and coordinate an advisory panel on arthritis to provide nongovernmental input regarding the arthritis prevention and education program. Membership on the panel should 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 national arthritis organizations and their local chapters. The department must use strategies consistent with the National Arthritis Action Plan<sup>4</sup> and existing

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<sup>4</sup> *The National Arthritis Action Plan* was prepared under the leadership of the Arthritis Foundation, the Association of State and Territorial Health Officials, and the U.S. Centers for Disease Control and Prevention. The 1999 report focuses on surveillance, epidemiology, and prevention research; communication and education; and programs, policies, and systems that

state planning efforts to raise public awareness and knowledge on the causes and nature of arthritis, personal risk factors, the value of prevention and early detection, ways to minimize preventable pain, and options for diagnosing and treating arthritis. The Secretary of Health may accept grants, services, and property from the federal government, foundations, organizations, medical schools, and other entities as may be available for the purposes of fulfilling the obligations of the arthritis prevention and education program. The Secretary of Health must seek any federal waiver or waivers that may be necessary to maximize funds from the federal government to implement the arthritis prevention and education program.

The bill provides an effective date 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 Article 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 Article 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 Article III, Subsection 19(f) of the Florida Constitution.

#### **V. Economic Impact and Fiscal Note:**

##### **A. Tax/Fee Issues:**

None.

##### **B. Private Sector Impact:**

Persons with arthritis may benefit from the additional information and resources that would become available under DOH's arthritis prevention and education program.

##### **C. Government Sector Impact:**

The bill does not provide any funding for activities that DOH must implement relating to arthritis prevention and education. The department currently receives funding from the CDC to implement an Arthritis Prevention and Education Program, and is in the first year of a five-year cooperative agreement. In the 2003-2004 fiscal year, DOH received

\$309,083 from the CDC. Activities included in the bill, but not in the CDC cooperative agreement are: a needs assessment and an advisory committee which will require travel expenses and meeting costs (20 individuals @ \$500 each twice each year). Funds are needed for these activities as they are currently not funded. In addition, the CDC grant provides limited funding for public awareness. To implement a public awareness campaign, additional funding is needed. The department estimates to implement its duties under the bill that it will incur expenditures during fiscal year 2004-2005 equal to \$2.75 million and during fiscal year 2005-2006, it will incur costs equal to \$2.6 million.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Amendments:**

None.

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

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