

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 51 Transitional Services for Adolescents and Young Adults with Disabilities
SPONSOR(S): Healthcare Council; Davis and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 394

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Committee on Health Quality</u>	<u>9 Y, 0 N</u>	<u>Guy</u>	<u>Lowell</u>
2) <u>Healthcare Council</u>	<u>13 Y, 0 N, As CS</u>	<u>Guy</u>	<u>Gormley</u>
3) <u>Policy & Budget Council</u>	<u></u>	<u></u>	<u></u>
4) <u></u>	<u></u>	<u></u>	<u></u>
5) <u></u>	<u></u>	<u></u>	<u></u>

SUMMARY ANALYSIS

CS/HB 51 creates the Health and Transition Services Program in the Children's Medical Services program within the Department of Health. This program is authorized to serve 14-26 year old persons with chronic health-related or developmental conditions in transitioning from children's health and education services to adult health care and employment. The bill authorizes the department to contract with local health and transition services programs to provide participants with specified services and referral information. The department's authority to enter into contracts with local providers is contingent upon a specific appropriation in the General Appropriations Act.

The House of Representatives proposal for general appropriations provides \$500,000 non-recurring tobacco settlement trust funds to implement the provisions in the bill.

The bill provides for an effective date of July 1, 2007.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government – this bill will create the Health and Transition Services Program within the Department of Health to assist young adults with chronic health-related or developmental conditions IN transitioning from pediatric to adult health care, education and vocational programs.

B. EFFECT OF PROPOSED CHANGES:

Present Situation

Children with special health care or educational needs face significant obstacles as they age out of child health care and educational service programs. Many states, universities, organizations, and health care providers are developing plans to assist youth with special health care and educational needs to successfully transition into multiple aspects of adult life.

Transitioning into adulthood is a difficult process for all adolescents, but the transition presents additional challenges for young people with health care and educational disabilities. “Transition services” is the term used to describe a set of services and supports designed to assist adolescents in adjusting to the change from the home and school environment to independent living and meaningful employment. Students with health or educational disabilities often face this transition unprepared for further vocational training, post secondary education, gainful employment, or the ability to navigate the non-pediatric health care system.

Children’s Medical Services

Chapter 391, Florida Statutes, governs the Children's Medical Services (“CMS”) program within the Department of Health (“department”). CMS provides children with special health care needs with a managed system of care. CMS serves children under age 21 whose serious or chronic physical, developmental, behavioral or emotional conditions require extensive preventive and maintenance care beyond that required by typically healthy children.¹

CMS provides a comprehensive continuum of medical and supporting services to medically and financially eligible children and high-risk pregnant women. The continuum of care includes prevention and early intervention programs, primary care, medical and therapeutic specialty care and long-term care. Services are provided through an integrated statewide system that includes local, regional, and tertiary care facilities and providers.

The CMS website does contain some information regarding transition into adult health care services.² However, the CMS only provides services for enrollees from birth to 21 years of age.

Health Care Transitioning

Persons with special health care needs or disabilities are more than twice as likely to postpone needed health care because they cannot afford it. Furthermore, people with disabilities are four times more likely to have special needs that are not covered by their health insurance. Children and adolescents with special health care needs face significant challenges in transitioning into the adult health care system. Primarily, this is because of the complexity of their health care needs and their high utilization of medical services relative to other adults.

¹ Section 391.029, F.S.

² <http://www.cms-kids.com/CMSNTTransition.htm>

Currently, in Florida, there are a number of initiatives that conduct research and provide information to patients and their families on how to transition children and adolescents into the non-pediatric health care system. These initiatives include the following:

- Health Care Transitions—The Promising Practices in Health Care Transition Project is a research and training initiative of the Institute for Child Health Policy at the University of Florida. The website includes tools, resources, and links that deal with transition issues and how other youth and families are meeting this goal. It is also the site of a Transition Listserv that provides international communication for youth, families, and professionals who would like to communicate and share ideas and resources with each other.³
- The Transition Center—The Transition Center, located at the University of Florida in Gainesville, aims to enrich the lives of students through self-advocacy, access to contacts, proper resources, and by providing an opportunity for students to interact with one another as they make decisions and discover what they want out of life. They are also a resource for family members and professionals.⁴
- The Jacksonville Health and Transition Services (“JaxHATS”) program, based at the University of Florida Shands-Jacksonville campus, serves young adults age 14-25 in Northeast Florida with chronic medical or developmental disabilities. The program provides a “medical home” for health care services and has collaborative agreements with many providers in the area. JaxHATS also provides staff and referral information for other transition services issues.⁵ For FY 2006-2007, the program was funded through CMS within the department.⁶

Educational and Vocational Transitioning

Advocates for persons with disabilities emphasize that education is the key to independence and future success, is critical to obtaining work, and affects how much money an individual can earn. Recently, there have been several statewide initiatives focused on helping to identify challenges faced by young adults with disabilities as they transition from high school to adult life and to develop strategies to create an effective transition system. The state agencies involved in these interagency activities include the Agency for Persons with Disabilities, the Department of Education, the Department of Children and Family Services, the Department of Health, the Agency for Health Care Administration, and the Department of Juvenile Justice.

A variety of private organizations and individuals have also been involved in these activities, including the Able Trust, the Advocacy Center for Persons with Disabilities, Inc., the ADA Working Group, Center for Autism and Related Disabilities at the University of South Florida, Family Network on Disabilities of Florida, Inc., the Florida Developmental Disabilities Council, Inc., the Florida Independent Living Council, Inc., the Florida Institute for Family Involvement, the Florida Recreation and Parks Association, the Florida Rehabilitation Council, the Florida Schools Health Association, the Transition Center at the University of Florida, the Transition to Independence Process Project, Workforce Florida, Inc., parents, self-advocates, and teachers from throughout the state.⁷

Effect of Proposed Changes

The bill creates the Health and Transition Services Program (“program”) in CMS within the department. The program is for 14-26 year old persons with chronic health-related or developmental conditions. The department is authorized to contract with local health and transition services programs to assist young

³ http://hctransitions.ichp.edu/about_us.html

⁴ <http://www.thetransitioncenter.org/mission.htm>

⁵ <http://www.jaxhats.ufl.edu/about.php>

⁶ The FY 2006-2007 \$300,000 appropriation was funded through Line Item 623.

⁷ <http://www.partnersintransition.org/members>

adults with special health care, educational and vocational needs in transitioning from the child health care and education system to adult health care and employment. Local health and transition services programs should provide services that facilitate the transition from pediatric to adult health care providers, including:

- A consultative partnership between adult and pediatric health care providers in either a major medical health care center or an academic medical setting for training and transferring adolescents to adult health care services;
- A primary care clinic in a major medical health care organization to foster the partnership between pediatric and adult health care providers;
- Community-based health care services, provided by either a major medical health care center or an academic medical center, that provide consultation regarding special needs health care management; and
- Community-based support services to provide assistance with supported living and employment.

The bill authorizes local health and transition services programs to offer the following services to participants:

- An assessment of health, educational, and vocational needs and health insurance status;
- A transition plan that includes health care, health insurance, living, and employment items;⁸
- A “medical home” that provides multidisciplinary care and focuses on engaging adult health care providers in the care and treatment of young adults; and
- Disease self-management programs.

The bill requires local programs to have at least two staff members: a medical director, who has experience in adolescent health, and a project coordinator who assists the medical director in developing and implementing the program.

The bill authorizes up to 11 sites statewide that provide the above-referenced services. The bill requires the Jacksonville program (JaxHATS) to be the first program and those subsequent local programs be organized in a substantially similar manner. The bill provides for flexibility to local programs in rural areas when implementing the (JaxHATS) organizational components.

The bill requires an evaluation of local provider programs to be performed by an organization or university that has expertise in evaluating health care programs. The bill authorizes evaluation results to be used to improve and develop other local health and transition services programs.

C. SECTION DIRECTORY:

Section 1. Creates an unnumbered section of Florida Statute which creates the Health and Transition Services Program within the Department of Health.

Section 2. Provides for an effective date of July 1, 2007.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

⁸This service must be developed in coordination with education and vocational systems and community-based organizations.

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill encourages the participation of community-based organizations in order to ensure a successful Health and Transition Services Program, and thus, may provide potential income for organizations that decide to participate. In addition, the bill will extend health care services to enrolled CMS individuals between 22-26 years of age.

D. FISCAL COMMENTS:

The House of Representatives proposal for general appropriations provides \$500,000 non-recurring tobacco settlement trust funds to implement the provisions in the bill.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No additional rule-making authority is required as a result of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

D. STATEMENT OF THE SPONSOR

HB 51 expands the existing Jax Health & Transition Program (Jax Hats) to a statewide program which establishes a medical home providing primary care for all youth/young adults with chronic medical or developmental problems in Florida. It will adapt current transition services to meet the needs of local communities and develop a reliable referral network of adult medical and surgical specialists.

IV. AMENDMENTS/COUNCIL SUBSTITUTE CHANGES

On March 20, 2007, the Health Quality Committee adopted one amendment to the bill. The amendment authorizes the department to contract, subject to a specific appropriation in the General Appropriations Act, with local health and transition services programs for up to 11 sites statewide.

The bill was reported favorably with a Recommended Council Substitute.

On March 27, 2006, the Healthcare Council adopted one technical amendment.

The bill was reported favorably with a Council Substitute.