

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Health and Human Services Appropriations Committee

BILL: CS for SB 1856

INTRODUCER: Committee on Health and Human Services Appropriations and Senator Peaden

SUBJECT: Comprehensive Statewide Tobacco Education and Use Prevention Program

DATE: April 2, 2008 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Peters	Peters	HA	Fav/CS
2.				
3.				
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

- | | | |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

The bill deletes a provision that limited, to Fiscal Years 2007-2008 and 2008-2009 only, the statewide expansion of the Area Health Education Center (AHEC) network smoking-cessation initiative. The bill also deletes a provision that limited, to Fiscal Years 2007-2008 and 2008-2009 only, the award of a contract or grant to the AHEC network and increases the amount of the award from \$10 million to \$11 million.

This bill amends s. 381.84, Florida Statutes

II. Present Situation:

Amendment 4

On November 7, 2006, the people of the State of Florida adopted Amendment 4, creating the Comprehensive Statewide Tobacco Education and Prevention Program. Under the amendment, the state is required to create a comprehensive, statewide program consistent with the CDC's 1999 best practices, as amended. The program must include the following minimum components and may include additional components that are also contained in the CDC *Best Practices*.

- An advertising campaign to discourage the use of tobacco, funded by at least one-third of the required annual appropriation;
- Evidence-based curricula and programs to educate youth about tobacco and discourage their use of it;
- Programs of local community-based partnerships;
- Enforcement of laws, regulations, and policies against the sale or other provision of tobacco to minors, and the possession of tobacco by minors; and
- Publicly-reported annual evaluations to ensure that moneys appropriated for the program are spent properly.

The amendment specifies that the Legislature must appropriate 15 percent of the total gross funds that tobacco companies paid to the State of Florida in 2005 under the Tobacco Settlement. This amount must be adjusted annually for inflation using the Consumer Price Index.

Best Practices for Comprehensive Tobacco Control Programs

In August of 1999, the United States Department of Health and Human Services, Centers for Disease Control and Prevention (“CDC”) published *Best Practices for Comprehensive Tobacco Control Programs* (“best practices”). The best practices were developed from analyses of programs in California and Massachusetts, as well as from the CDC’s involvement in providing technical assistance to Florida, Maine, Minnesota, Mississippi, Oregon, and Texas. The best practices are designed to help states develop comprehensive tobacco control programs and evaluate funding priorities. The CDC recommended the following components within each state’s tobacco control program:

- Community programs to reduce tobacco use
- Chronic disease programs to reduce the burden of tobacco-related diseases
- School programs
- Enforcement
- Statewide programs
- Counter-marketing
- Cessation programs
- Surveillance and evaluation
- Administration and management.
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The United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), released an amended best practices document last year. The *Best Practices for Comprehensive Tobacco Control Programs—October 2007* (2007 Best Practices) . The update consolidates the nine prior components into five. None of the elements from the 1999 *Best Practices* have been eliminated, but the Enforcement and School Programs components are now present in the State and Community Interventions component as a broader “youth” category.

Comprehensive Statewide Tobacco Education and Use Prevention Program

Section 381.84, F.S., implement s. 27, Art. X of the State Constitution and requires the funding of a statewide tobacco education and use prevention program that focuses on tobacco use by youth. The primary goals of the program are to reduce the prevalence of tobacco use among youth, adults, and pregnant women; reduce per capita tobacco consumption; and reduce exposure

to environmental tobacco smoke. The Department of Health is responsible for implementation of the program consistent with the recommendations for effective program components contained in the 1999 Best Practices for Comprehensive Tobacco Control Programs of the CDC, as amended by the CDC.

III. Effect of Proposed Changes:

The bill deletes a provision that limited, to Fiscal Years 2007-2008 and 2008-2009 only, the statewide expansion of the Area Health Education Center (AHEC) network smoking-cessation initiative. The bill also deletes a provision that limited to Fiscal Years 2007-2008 and 2008-2009 only, the award of a contract or grant to the AHEC network and increases the amount from \$10 million to \$11 million.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The private sector will directly benefit from any contracts awarded from the department or the area health education centers.

C. Government Sector Impact:

The bill increases the appropriation to the Area Health Education Center network from \$10 million to \$11 million for the purposes of expanding the AHEC smoking cessation initiative statewide and performing other activities as determined by the department.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Committee on Health and Human Services Appropriations on April 2, 2008:

Senate Bill 1856 was originally filed as a shell bill expressing legislative intent to revise laws relating to health care. The Health and Human Services Appropriations Committee adopted the committee substitute as described in this bill analysis.

- B. **Amendments:**

None.