

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 Children, Families, and Elder Affairs Committee

BILL: CS/SB 988

INTRODUCER: Health Policy Committee and Senator Wise

SUBJECT: Transitional Services for Young Adults with Disabilities

DATE: April 6, 2008 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Garner</u>	<u>Wilson</u>	<u>HP</u>	<u>Fav/CS</u>
2.	<u>Toman</u>	<u>Jameson</u>	<u>CF</u>	<u>Favorable</u>
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:

Committee Substitute for Senate Bill 988 establishes the Health Care Transition Services Task Force for Young Adults with Disabilities. The bill directs the Department of Health (DOH or the department) to create this statewide task force. The task force is to be composed of 14 individuals with expertise in youth transitional needs. The director of DOH's Children's Medical Services Network (CMSN) or his or her designee will be the chairperson of the task force, and the department will provide staff support to the task force.

The task force must convene by August 31, 2008, to obtain input from key stakeholders and youth who have chronic special health care needs and disabilities and to develop a statewide plan to:

- Promote the development of health care transition services;
- Identify common or comparable performance measures for the program;
- Collect and disseminate information concerning best practices in health care transition services; and
- Identify existing and potential funding sources.

The task force shall present a final report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2009.

This bill creates an undesignated section of law.

II. Present Situation:

Transitioning into adulthood is a difficult process for all adolescents, but the transition presents additional challenges for young people with special health care needs. The term “health care transition” is defined as the “purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from [a] child-centered to [an] adult-oriented healthcare system.”¹

Among the factors that have a significant impact on the health care transition process are service needs (such as a young adult’s desire for developmentally appropriate services that address changing and maturing needs), structural issues (such as insurance policies that preclude reimbursement for certain services over a particular age, the licensing and practice limitations of practitioners, and the stated mission of particular facilities such as children’s hospitals) and personal preferences (such as a young person’s desire for privacy that may not be available in a pediatric unit, even though pediatric care is required).²

Health care transition can be challenging for all young people, but the challenges are more apparent for adolescents who have chronic or disabling conditions, many of which were once considered to be confined to childhood (e.g., cystic fibrosis).³

Recognizing the importance of health care transitions for young people with special health care needs, the Jacksonville Health and Transition Services (JaxHATS) was established in 2005. The JaxHATS clinic is a medical home for youth (ages 14-25) who live in Duval, Nassau, Baker, Clay, and St. Johns counties and who have chronic medical or developmental problems.

JaxHATS has a multi-disciplinary staff that includes a pediatrician, adult internal medicine specialist, nurse care coordinators and a transition specialist. The JaxHATS team works with youth over time, to help them gain the knowledge and skills they need to achieve their long term life goals. Services provided by JaxHATS are covered by Medicaid, CMS and most other health insurance plans.⁴ JaxHATS was funded in FY 2006-2007 and FY 2007-2008 by appropriation to CMSN, which was required to administer the program.⁵

JaxHATS staff estimates that between 87,000 and 121,000 adolescents and young adults in Florida have chronic medical or developmental conditions, although very few have access to programs such as JaxHATS. JaxHATS has served 350 individuals since its inception, and

¹ See Russell Viner, *Transition from paediatric to adult care. Bridging the gaps or passing the buck?* Archives of Disease in Childhood, 81:271 (1999).

² John Reiss and Robert Gibson, *Health Care Transition: Destinations Unknown*, Pediatrics, Vol. 110, Issue 6 (December 2002) at p. 1310.

³ *Id.*

⁴ See <http://jaxhats.ufl.edu/about.php> (last visited on April 2, 2008).

⁵ DOH, *Bill Analysis, Economic Statement and Fiscal Note SB 988* (January 18, 2007).

currently serves 240 patients. The following is a list of the number and kinds of health conditions of the patients enrolled in the JaxHATS program:⁶

Type of Condition	Number of Enrollees
Developmental/Intellectual Disability	45
Cerebral palsy	33
Emotional Disorders	29
Type I & Type II Diabetes	23
Autism, Down syndrome, Prader-Willi	15
Seizure Disorder	14
Asthma	14
Sickle Cell Anemia	18
Endocrine Disorders/Tumors	12
Recovering From Cancer	8
Spina Bifida	8
Cardiac Disease	7
Pulmonary Conditions/Cystic Fibrosis	3
Transplant	6
Brain/Spinal Cord Injury	5
Total	240

III. Effect of Proposed Changes:

The bill creates an undesignated section of law to establish the Health Care Transition Services Task Force for Young Adults with Disabilities. The bill directs DOH to create this statewide task force and specifies legislative intent for the task force. The task force is to be composed of 14 individuals, including:

- The director of the CMSN within DOH or his or her designee;
- A representative from the children’s health care medical community;
- A representative from the adult health care medical community;
- The director of the Agency for Persons with Disabilities or his or her designee;
- Two representatives of associations that advocate for persons who have chronic medical conditions or disabilities, such as the American Diabetes Association, the Sickle Cell Foundation, the Cystic Fibrosis Foundation, United Cerebral Palsy, the Spina Bifida Association, or the Down Syndrome Association;
- Two young adults who have chronic health problems or developmental disabilities or a family member;
- The deputy commissioner of the Division of Vocational Rehabilitation within the Department of Education or his or her designee;
- The Commissioner of Education or his or her designee;
- The Secretary of Health Care Administration or his or her designee;
- The Secretary of Children and Family Services or his or her designee;

⁶ E-mail from Dr. David Wood, Associate Professor of Pediatrics, University of Florida, JaxHATS program administrator (March 28, 2008).

- A person appointed by the President of the Senate; and
- A person appointed by the Speaker of the House of Representatives.

The director of the CMSN or his or her designee will be the chairperson of the task force. The department will provide staff support to the task force. Task force members shall serve without compensation, but are entitled to reimbursement for per diem and travel expenses incurred as provided in s. 112.061, F.S., in carrying out their duties. Members who are public officers or employees shall be reimbursed through the budget entity through which they are compensated.

The task force must convene by August 31, 2008, to:

- Obtain input from key stakeholders, community stakeholders, public agencies, the medical practice community, and youth who have chronic special health care needs and disabilities and their families to assess the need for health care transition services and to identify barriers that impede access to comprehensive medical treatment and health care for youth and young adults who have chronic special health care needs and disabilities.
- Develop a statewide plan to promote the development of health care transition services. The plan should put forth different models that accommodate the geographic and cultural diversity in the state and that are adapted to the local needs of communities and to local health services delivery systems. Furthermore, the plan should promote the integration of health care transition services with transition programs for education, vocation, and independent living.
- Identify common or comparable performance measures for all entities that serve the needs for health care transition services of youth and young adults who have chronic special health care needs and disabilities.
- Collect and disseminate information concerning best practices in health care transition services for youth and young adults who have chronic special health care needs and disabilities.
- Identify existing and potential funding sources to create health care transition services within communities.

The task force must present a final report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2009, at which time the task force will expire.

The bill provides that the bill takes effect July 1, 2008.

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, Section 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, Section 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. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None

C. Government Sector Impact:

During the 2007 legislative session, a non-recurring appropriation of \$300,000 was provided to develop a transition for adolescents and young adults with disabilities pilot project in Jacksonville covering Duval, Baker, Clay, Nassau and St. Johns counties. These funds were contracted to the JaxHATS program via the CMSN in DOH.⁷

This bill requires the CMSN to chair and staff a task force. Members of the task force who are not public officers or employees shall serve without compensation, but are entitled to reimbursement for per diem and travel expenses in accordance with s. 112.061, F.S. These expenses are to be paid by DOH.

Task force members who are public officers or employees are to be reimbursed through the budget entity through which they are compensated.

According to estimates provided by the Executive Office of the Governor, a task force member may accrue the following costs:

Hotel (per day)	\$135
Food (per day)	\$ 36
Rental Car (per day)	\$ 75

The bill provides that the task force must include 14 members. Using the estimates above, the approximate reimbursable cost for a meeting would be \$3,444 per day. This estimate does not factor in air travel which would add approximately \$300 for each member required to travel by air to attend the meeting.

⁷ DOH, *Bill Analysis, Economic Statement and Fiscal Note SB 988* (January 18, 2007).

The bill does not specify how many meetings the task force is required to hold. However, if the task force held a minimum of four one-day meetings in a year and every member attended all four meetings, the cost would be \$ 13,776, plus airfare as required.

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 Health Policy on April 1, 2008:

- Adds the Secretary of Children and Family Services or his or her designee to the task force;
- Eliminates the establishment of the transitional program for youths in the original bill; and
- Removes appropriations.

B. Amendments:

None.