

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 Committee on Health Policy

BILL: SB 1412

INTRODUCER: Senator Joyner

SUBJECT: Closing the Gap Grant Program

DATE: March 25, 2014

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Peterson	Stovall	HP	Favorable
2.			AHS	
3.			AP	

I. Summary:

SB 1412 expands the potential focus of Closing the Gap projects to include sickle cell disease. Projects receive Closing the Gap grants for activities that reduce racial and ethnic health disparities.

II. Present Situation:

Closing the Gap Grant Program

In 2000, the Legislature created the Reducing the Racial and Ethnic Health Disparities: “Closing the Gap” grant program, to stimulate the development of community and neighborhood-based projects to improve health outcomes of racial and ethnic populations.¹ The program is administered by the Department of Health (DOH). Grants are awarded for 1 year, but may be renewed annually, subject to available funds, if the funded project has achieved its quality standards, objectives, and outcomes.² Grants require a local match of one dollar for every three dollars awarded, although a portion³ of the match may be in kind, in the form of free services or human resources.⁴

Applications must address each of the following required items:⁵

- The purpose and objectives of the project and which of the following required racial or ethnic disparities it addresses:
 - Decreasing racial and ethnic disparities in maternal and infant mortality rates or oral health care;

¹ Section 381.7352, F.S.

² Section 381.7355(4), F.S.

³ Up to 50% in counties over 50,000 in population and 100% in counties of 50,000 or less. (s. 381.7355(2)(a), F.S.)

⁴ Section 381.7356(2), F.S.

⁵ Section 381.7355(2), F.S.

- Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer, HIV/AIDS, cardiovascular disease, or diabetes; or
- Increasing adult and child immunization rates in certain racial and ethnic populations.
- Identification and relevance of the target population.
- Methods for obtaining baseline health status data and assessment of community health needs.
- Mechanisms for mobilizing community resources and gaining local commitment.
- Development and implementation of health promotion and disease prevention interventions.
- Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes.
- A proposed work plan, including a timeline for implementing the project.
- Likelihood that project activities will occur and continue in the absence of funding.

In the 2013-2014 fiscal year, the program received \$3.1 million in state funding and awarded 15 grants averaging between \$150,000 and \$200,000.⁶

Sickle Cell Disease

Sickle Cell Disease (SCD) is a group of inherited red blood cell disorders. Healthy red blood cells are round. In someone who has SCD, the red blood cells become hard, sticky, and C (or sickle)-shaped. The sickle cells die early, which causes a constant shortage of red blood cells, and the cells clog blood flow in small blood vessels, which can cause pain and other serious problems such as infection, acute chest syndrome, and stroke.⁷

Sickle Cell Disease is diagnosed with a blood test, most often at birth during routine newborn screening tests.⁸ It is a genetic disorder, inherited when a child inherits the gene from both parents. The only cure is bone marrow or stem cell transplant.

The exact number of persons with SCD is not known. The Centers for Disease Control and Prevention estimates that:⁹

- SCD affects 90,000 to 100,000 Americans.
- SCD occurs among about 1 out of every 500 Black or African-American births.
- SCD occurs among about 1 out of every 36,000 Hispanic-American births.

In 2005, medical expenditures for children with SCD averaged \$11,702 for children with Medicaid coverage and \$14,772 for children with employer-sponsored insurance. About 40 percent of both groups had at least one hospital stay.¹⁰

⁶ Conversation with Mike Mason, Director, Office of Minority Health, Florida Dept. of Health (Mar. 21, 2014).

⁷ Centers for Disease Control and Prevention, *Facts About Sickle Cell Disease*, <http://www.cdc.gov/ncbddd/sicklecell/facts.html> (last visited Mar. 22, 2014).

⁸ Florida's newborn screening program includes sickle cell among the genetic disorders that are tested in newborns.

⁹ Centers for Disease Control and Prevention, *Sickle Cell Disease, Data and Statistics*, <http://www.cdc.gov/ncbddd/sicklecell/data.html> (last visited Mar. 22, 2014).

¹⁰ *Id.*

III. Effect of Proposed Changes:

SB 1412 adds decreasing racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease to the priority areas that a project receiving a Closing the Gap grant may address.

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:

SB 1412 expands the types of community-based projects that may receive state funding. Actual amounts will result from the award of available funds and are unknown at this time.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 381.7355 of the Florida Statutes.

IX. Additional Information:

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

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
