

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 306

INTRODUCER: Senator Braynon

SUBJECT: Community Health Workers

DATE: February 7, 2014

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Peterson	Stovall	HP	Pre-meeting
2.			ED	
3.			CA	
4.			RC	

I. Summary:

SB 306 directs the Department of Health (DOH) to create the Community Health Worker (CHW) Task Force within a state college or university. The task force consists of 12 members, with representation from the Senate, the House of Representatives, the executive branch, and community health workers.

The task force is charged with developing recommendations for including CHWs in efforts to enroll residents in health care programs or to help residents navigate available health care services, and to be part of the safety net health care delivery team. The task force must also collaborate with other statewide stakeholders, such as universities, to devise a process that leads to the standardization of qualifications and skills of CHWs who are employed in state-supported health care programs.

The report of the task force is due to the Governor, the President of the Senate, and the Speaker of the House of Representatives by June 30, 2015.

The section of law created by the bill is repealed December 1, 2015.

II. Present Situation:

Community Health Workers

Community health workers are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments. Typically they share ethnicity, language, socioeconomic status, and life experiences with the communities they serve. CHWs have been identified by many titles, such as community health advisors, lay health advocates, “promotores(as),” outreach educators, community health

representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening.¹

References in U.S. literature to CHWs begin in the mid-‘60s when attempts to engage CHWs in low-income communities were experimental responses to the persistent problems of the poor and related more to antipoverty strategies than to specific models of intervention for disease prevention and health care. The documented CHW activities evolved in the subsequent years from special projects funded by short-term public and private grants to a period reflecting discussions of standardized training for CHWs to a period where legislation specifically addressing CHWs—their use and certification—passed in a number of states.² By the end of 2013, fifteen states and the District of Columbia had enacted laws addressing CHW infrastructure, professional identity, workforce development, or financing.³

In 2009, the Agency for Healthcare Research and Quality (AHRQ) conducted a systematic review of the evidence on CHW interventions, outcomes of such interventions, costs and cost-effectiveness of CHW interventions, and characteristics of CHW training. The report concluded that CHWs can serve as a means to improving outcomes for underserved populations for some health conditions. The effectiveness of CHWs in numerous areas, however, requires further research that addresses the methodological limitations of prior studies.⁴

The first federal effort authorizing CHW programs—the Patient Navigator Outreach and Chronic Disease Prevention Act—passed in 2005. The legislation authorized \$25 million in HRSA-administered grants for patient navigator (a type of CHW) programs to coordinate health care services, provide health screening and health insurance information, conduct outreach to medically underserved populations, and perform other duties common to CHWs.⁵ This program was reauthorized in 2010 under the Patient Protection and Affordable Care Act.

In 2000, there were an estimated 86,000 CHWs nationwide. Florida had 2,650 paid and 1,556 volunteer CHWs, which ranked Florida fourth in the nation for the most CHWs in the

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, *Community Health Worker National Workforce Study*, iii-iv (March 2007), available at <http://bhpr.hrsa.gov/healthworkforce/reports/chwstudy2007.pdf> (last visited Jan. 23, 2014).

² *Id.* at iv.

³ Centers for Disease Control and Prevention, *A Summary of State Community Health Worker Laws* (July 2013), available at http://www.cdc.gov/2Fdhdsp%2Fpubs%2Fdocs%2FCHW_State_Laws.pdf&ei=1ThUq-IB7jKsQSzoCICg&usg=AFQjCNEud90XB-Dxd9c95sYOnoOijIAkrA (last visited Jan. 23, 2014).

⁴ Agency for Healthcare Research and Quality, *Outcomes of Community Health Worker Interventions* (June 2009), available at <http://www.ahrq.gov/research/findings/evidence-based-reports/comhwork-evidence-report.pdf> (last visited Jan. 29, 2014).

⁵ Pub. Law No. 109-18, H.R. 1812, 109th Cong. (June 29, 2005).

workforce.⁶ In 2010, the U.S. Department of Labor included Community Health Workers in the Standard Occupational Classification (SOC).⁷

Florida Community Health Worker Coalition

In October 2010, the DOH received a grant from the Centers for Disease Control to assist cancer coalitions in improving outcomes through policy, environment, or system change. The Cancer Control and Research Advisory Council (CCRAB)—the statewide cancer council—opted to use the funds to develop and promote the work of CHWs in the state. The DOH convened a task force which became the Florida Community Health Worker Coalition (Coalition). The Coalition is a statewide partnership housed within the University of Florida College of Pharmacy dedicated to the support and promotion of the CHW profession.⁸ The Coalition has identified six key issues of interest:

- Institute a standard definition of CHW in Florida⁹
- Establish a database of CHWs
- Standardize training and curriculum standards for CHWs
- Pursue passage of legislation that recognizes the efforts of CHWs throughout Florida
- Continue recruiting membership and stakeholder support
- Pursue reimbursement for CHWs through Medicaid and private insurance¹⁰

Medically Underserved in Florida

Medically underserved areas or populations are those areas or populations designated by the Health Resources Services Administration as having too few primary care providers, high infant mortality, high poverty, and/or high elderly population.¹¹ Medically underserved areas may consist of a whole county or group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services.

⁶ *Supra* note 1 at 14.

⁷ The 2010 SOC system is used by federal statistical agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of 840 detailed occupations according to their occupational definition.

⁸ University of Florida, College of Pharmacy, *Florida Community Health Worker Coalition* <http://floridachwn.pharmacy.ufl.edu/> (last visited Jan. 23, 2014).

⁹ The coalition has adopted the following definition: “A CHW is a frontline health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. Some activities performed by the CHW include providing information on available resources, providing social support and informal counseling, advocating for individuals and community health needs, and providing services such as first aid and blood pressure screening. They may also collect data to help identify community health needs.” Florida Cancer Coalition Goal III Sub Committee [sic], *Community Health Worker Initiative A Year in Review 2011* (March 2012), available at http://floridachwn.pharmacy.ufl.edu/files/2012/03/CHW-Year-In-Review-Final_3-8-122.pdf (last visited Jan. 29, 2014).

¹⁰ Florida Cancer Coalition Goal III Sub Committee Community Health Worker Initiative A Year in Review 2011, available at <http://floridachwn.pharmacy.ufl.edu/coalition-2/final-product/> (last visited Jan. 23, 2014).

¹¹ HRSA, *Find Shortage Areas: MUA/P by State and County*, available at: <http://muafind.hrsa.gov/> (last visited Jan. 23, 2014).

Medically underserved populations may include groups of persons who face economic, cultural, or linguistic barriers to health care.¹² Medically underserved areas and populations are found in every county in Florida.¹³

For the period 2011-12, twenty-one percent of Floridians, or 3,940,700 people, had no form of health insurance.¹⁴ This is the third-highest uninsured rate among all states, tied with New Mexico and surpassed only by Texas and Nevada.¹⁵

The federal poverty level for the continental U.S. is currently \$23,550 for a family of four; 185 percent of this is \$43,567.50.¹⁶

Statutory Creation of Advisory Bodies, Commissions, or Boards

The statutory creation of any collegial body to serve as an adjunct to an executive agency is subject to certain provisions in s. 20.052, F.S. Such a body may only be created when it is found to be necessary and beneficial to the furtherance of a public purpose, and it must be terminated by the Legislature when it no longer fulfills such a purpose. The Legislature and the public must be kept informed of the numbers, purposes, memberships, activities, and expenses of any collegial or advisory bodies.

A committee or task force is defined in statute to mean “an advisory body created without specific statutory enactment for a time not to exceed 1 year or created by specific statutory enactment for a time not to exceed 3 years and appointed to study a problem and recommend a solution or policy alternative with respect to that problem. Its existence terminates upon the completion of its assignment.”¹⁷

Private citizen members of any advisory body (with exceptions for members of commissions or boards of trustees) may only be appointed by the Governor, the head of the executive agency to which the advisory body is adjunct, the executive director of the agency, or a Cabinet officer. Private citizen members of a commission or a board of trustees may only be appointed by the Governor, must be confirmed by the Senate, and are subject to the dual-office-holding prohibition of Art. II, s. 5(a) of the State Constitution.

Members of agency advisory bodies serve for 4-year staggered terms and are ineligible for any compensation other than travel expenses, unless expressly provided otherwise in the State Constitution. Unless an exemption is specified by law, all meetings are public, and records of minutes and votes must be maintained.

¹² HRSA, *Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations*, <http://www.hrsa.gov/shortage/> (last visited Jan. 23, 2014).

¹³ *Supra* note 11.

¹⁴ Kaiser Family Foundation, *Florida: Health Insurance Coverage of the Total Population*, (2011-2012), available at: <http://kff.org/other/state-indicator/total-population/?state=FL> (last visited Jan. 29, 2014).

¹⁵ Kaiser Family Foundation, *Health Insurance Coverage of the Total Population* (2011), available at: <http://www.statehealthfacts.org/comparetable.jsp?typ=2&ind=125&cat=3&sub=39&sortc=6&o=a> (last visited Jan. 29, 2014).

¹⁶ U.S. Department of Health and Human Services, *2013 Poverty Guidelines*, <http://aspe.hhs.gov/poverty/13poverty.cfm#guidelines> (last visited Jan. 23, 2014).

¹⁷ Section 20.03(8), F.S.

III. Effect of Proposed Changes:

Section 1 provides definitions for various terms and describes the duties of CHWs.

This section also directs the DOH to create, and provide administrative support to, a Community Health Worker Task Force within a state college or university. The task force will be comprised of the following 12 members:

- One member of the Senate, appointed by the President of the Senate.
- One member of the House of Representatives, appointed by the Speaker of the House of Representatives.
- One state official, appointed by the Governor.
- Six culturally and regionally diverse community health workers, appointed by the State Surgeon General.
- Three representatives of the coalition, appointed by the chair of the coalition.

The task force is charged with developing recommendations for:

- Including CHWs in the development of proposals for health care or Medicaid reform in the state as part of the outreach efforts for enrolling residents of this state in Medicaid managed care programs or other health care delivery services;
- Including CHWs in providing assistance to residents in navigating the health care system and providing information and guidance regarding preventive health care; and,
- Providing support to community health centers and other safety net providers through the integration of CHWs as part of health care delivery teams.

The task force must also collaborate with other statewide stakeholders, such as universities, to devise a process that leads to the standardization of qualifications and skills of CHWs who are employed in state-supported health care programs.

The members of the task force will elect a chair and a vice chair, meet at least quarterly with a quorum of seven members, and are not entitled to compensation or reimbursement of travel expenses. The task force will submit a report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by June 30, 2015.

The section of law creating the task force is repealed effective December 1, 2015.

Section 2 provides that the bill will take effect upon becoming a law.

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:

Members of the CHW Task Force will be responsible for their own travel expenses.

C. Government Sector Impact:

The DOH analyzed a similar bill last year (CS/SB 894) and determined that the required duties could be performed within existing resources.

VI. Technical Deficiencies:

Section 20.052(5)(a), F.S., requires that private citizen members of advisory bodies that are adjunct to an executive agency be appointed by the Governor, a member of the Cabinet, or the head of the agency. SB 308 authorizes the chair of the Florida Community Health Worker Coalition to appoint three members. The technical problem can be addressed by increasing the number of appointments made by the State Surgeon General to nine community health workers, at least three of whom are representatives of the Coalition recommended by its chair.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates an unnumbered section 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.
