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 Fiscal Policy

BILL:	SB 94
INTRODUCER:	Senator Joyner
SUBJECT:	Closing the Gap Grant Program
DATE:	February 18, 2015
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	**Favorable**
2.	Brown	Pigott	AHS	**Favorable**
3.	Pace	Hrdlicka	FP	**Favorable**

I. Summary:

SB 94 expands the list of priority health areas under the "Closing the Gap" grant program to include sickle cell disease. The Closing the Gap grant program provides funding for activities designed to reduce racial and ethnic health disparities in priority health areas.

The bill has no fiscal impact.

II. Present Situation:

The "Closing the Gap" Grant Program

In 2000, the Legislature created the Reducing 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).

Closing the Gap grants are funded for one year and may be renewed annually through an application process, subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes.[2] Projects receiving grants are required to provide local matching funds of one dollar for every three dollars in state funds awarded. A portion of a required local match may be in-kind in the form of free services or human resources.[3] Projects in certain communities may be exempt from match requirements.[4]

[1] *See* s. 381.7352, F.S.
[2] *See* s. 381.7356(4), F.S.
[3] *See* s. 381.7356(2)(a)-(b), F.S.
[4] *See* s. 381.7356(2)(c), F.S.

Applications for grants must address each of the following required items:[5]

- The purpose and objectives of the proposal, including identification of the particular racial or ethnic disparity the project will address, which must include one or more of the following priority areas:
  - Decreasing racial and ethnic disparities in maternal and infant mortality rates;
  - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer;
  - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS;
  - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease;
  - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to diabetes;
  - Increasing adult and child immunization rates in certain racial and ethnic populations; and
  - Decreasing racial and ethnic disparities in oral health care;
- 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; and
- The likelihood that project activities will occur and continue in the absence of funding.

In FY 2014-2015, the Legislature appropriated $3.1 million in general revenue for the program.[6] Seventeen grants have been awarded, ranging from $125,000 to a maximum of $200,000.[7] The appropriation also included specific funding of $100,000 for a program in the Tampa Bay area to screen and educate high school athletes about sickle cell trait.[8]

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 shaped like a sickle. The sickle cells die early, which causes a constant shortage of red blood cells. 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.[9]

[5] *See* s. 381.7355(2), F.S.
[6] *See* line-item 443, ch. 2014-51, L.O.F.
[7] Conversation between Mike Mason, Director, Office of Minority Health, Florida Dept. of Health, and staff of the Senate Committee on Health Policy (Dec. 16, 2014).
[8] *See* line-item 443, ch. 2014-51, L.O.F.
[9] Centers for Disease Control and Prevention, *Facts About Sickle Cell Disease*, *http://www.cdc.gov/ncbddd/sicklecell/facts.html* (last visited Feb. 6, 2015).

SCD is diagnosed with a blood test, most often at birth during routine newborn screening tests.[10] It is a genetic disorder, inherited when a child inherits the sickle cell gene from both parents. When a person inherits the gene from only one parent, that person will not develop sickle cell disease but instead has sickle cell trait. People with sickle cell trait usually do not have any of the symptoms of SCD, but they can pass the trait on to their children.[11] An estimated two million Americans have sickle cell trait.[12]

People at the highest risk for inheriting the gene for sickle cell are descendants of people originally from Africa or parts of India and the Mediterranean. The sickle cell gene can also occur in people from South and Central America, the Caribbean, and the Middle East. The higher prevalence of the sickle cell gene in these regions of the world is due to the ability of a person with sickle cell trait to make red blood cells resistant to the malaria parasite, which is most prevalent in those regions.[13]

There is no cure for SCD other than experimental transplantation procedures.[14]

The exact number of persons with SCD is not known. The federal Centers for Disease Control and Prevention (CDC) estimates that:[15]

- SCD affects 90,000 to 100,000 Americans;
- SCD occurs among approximately 1 out of every 500 black or African-American births; and
- SCD occurs among approximately 1 out of every 36,000 Hispanic-American births.

States such as Florida that conduct newborn screenings detect both the sickle cell trait and SCD. A review of 2010 newborn screening data from 44 states showed a higher incidence rate of sickle cell trait in Florida than in the overall sample.[16]

Incidence of Sickle Cell Trait – 44 U.S. States, 2010			
State	**Infants Screened**	**Positive Test Results**	**Incidence Per 1,000**
Florida	214,948	5,564	25.9
National (among 44 states)	3,576,297	55,258	15.5

The 2010 review collected race specific newborn screening data from 13 states, not including Florida, on the incidence rate of sickle cell trait. The overall incidence rate for sickle cell trait

[10] Baby's First Test, *Conditions Screened by State - Florida,* http://www.babysfirsttest.org/newborn-screening/states/florida (last visited Feb. 6, 2015).
[11] Centers for Disease Control and Prevention, *Sickle Cell Trait,* http://www.cdc.gov/ncbddd/sicklecell/traits.html (last visited Feb. 6, 2015).
[12] University of Maryland Medical Center, *Sickle Cell Disease,* http://umm.edu/health/medical/reports/articles/sickle-cell-disease (last visited Feb. 6, 2015).
[13] *Id.*
[14] *Id.*
[15] Centers for Disease Control and Prevention, *Sickle Cell Disease, Data and Statistics,* http://www.cdc.gov/ncbddd/sicklecell/data.html (last visited Feb. 6, 2015).
[16] Jelili Ojodu, MPH, et al., "Incidence of Sickle Cell Trait – United States, 2010," *Morbidity and Mortality Weekly Report,* Centers for Disease Control and Prevention, Dec. 12, 2014, v. 63, no. 49, p. 1156, http://www.cdc.gov/mmwr/pdf/wk/mm6349.pdf (last visited Feb. 2, 2015).

was 2.2 cases per 1,000 Asian, Native Hawaiian, or other Pacific Islander infant screened; 73.1 cases per 1,000 black or African American infants screened; and 3.0 cases per 1,000 white infants screened.[17]

Data from 2010 specific to the Hispanic ethnicity are available for Florida and 12 other states. These data show that in 2010, the incidence rate of sickle cell trait for Hispanic newborns in Florida was 9.7 per 1,000 while the Hispanic incidence rate for the overall sample was 6.9 per 1,000.[18]

The CDC web site contains other data on race and ethnicity for certain states concerning SCD.[19] The table below displays the racial and ethnic break-outs for children born with SCD during one or more years ranging from 2004 to 2008, as reported by various states. (Some rows total more than 100 percent due to overlap among race and ethnicity categories.)

State	Black	Hispanic	Other
California	89%	8%	5%
Georgia	97%	2%	1%
Michigan	96%	not reported	4%
North Carolina	95%	2%	5%

In a study using a large, multi-state, multi-payer patient sample, SCD-attributable medical expenditures for children were conservatively estimated at $335 million for 2005.[20] The study found that children with SCD incurred medical expenditures that were $9,369 and $13,469 higher than those of children without SCD enrolled in Medicaid and private insurance, respectively.[21]

III. Effect of Proposed Changes:

The bill adds "decreasing racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease" to the list of priority areas that Closing the Gap grant proposals may address, under the current-law requirement that at least one priority area must be addressed.

[17] *Id.*, p. 1157.
[18] *Id.*, p. 1156.
[19] In 2010, the CDC, in partnership with the National Institutes of Health, launched the Registry and Surveillance System for Hemoglobinopathies (RuSH), a pilot project to collect initial, state-specific information on people with SCD and other red blood cell disorders. (*See* http://www.cdc.gov/ncbddd/hemoglobinopathies/rush.html (last visited Feb. 13, 2015.)) The pilot project enlisted seven states, including Florida, California, Georgia, Michigan, New York, North Carolina, and Pennsylvania. State-specific fact sheets with SCD data gathered by the pilot project are available on the CDC web site for five of the seven states, not including Florida. (*See* http://www.cdc.gov/ncbddd/sicklecell/freematerials.html (last visited Feb. 13, 2015.))
[20] Djesika D. Amendah, Ph.D., et al., "Sickle Cell Disease-Related Pediatric Medical Expenditures in the U.S.," *American Journal of Preventive Medicine,* April 2010, v. 38, no. 4, p. S554, http://www.ajpmonline.org/article/S0749-3797(10)00014-0/pdf (last visited Feb. 3, 2015, 2015).
[21] *Id.*, p. S552.

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 94 expands the types of projects that are eligible to receive grants under the Closing the Gap program.

C. Government Sector Impact:

None known.

VI. Technical Deficiencies:

None.

VII. Related Issues:

According to the federal Centers for Disease Control and Prevention (CDC), there are currently no data systems in the United States to accurately determine the number of people who have SCD and other disorders affecting red blood cells, nor to fully describe how these conditions affect an individual's health.[22] This lack of data includes a lack of accurate mortality statistics.[23] Given this general lack of reliable data and the lack of mortality data specifically, it is unclear how grant proposals related to decreasing racial and ethnic disparities in SCD morbidity and mortality rates will meet the statutory requirements to include methods for obtaining baseline health status data and mechanisms for evaluating outcomes when a project seeks to address the goal of decreasing racial and ethnic disparities in SCD morbidity and mortality rates.

[22] Centers for Disease Control and Prevention, *Conversations with the Director*, March 13, 2013, http://www.cdc.gov/about/cdcdirector/conversations/grant.html (last visited Feb. 9, 2015).
[23] *Id.*

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.