

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 94

INTRODUCER: Senator Joyner

SUBJECT: Closing the Gap Grant Program

DATE: December 23, 2014

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	Favorable
2.			AHS	
3.			FP	

I. Summary:

SB 94 expands the focus of Closing the Gap projects to include sickle cell disease. The “Closing the Gap” program provides grants for activities designed to reduce racial and ethnic health disparities.

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). Grants are awarded through an application process for one year, but may be renewed annually, subject to the availability of funds and the grantee’s achievement of quality standards, objectives, and outcomes.²

The DOH awards grants on a matching funds basis, except those to Front Porch Communities. Grants require a local match of one dollar for every three dollars awarded, although a portion of the match may be in-kind,³ in the form of free services or human resources.⁴

¹ Section 381.7352, F.S.

² Section 381.7356(4), F.S.

³ The proportion of services that may be in-kind varies based on population size. For counties with a population of over 50,000, 50% of the match may be in-kind; for those with less than 50,000, in-kind may be 100% of the match. *See* s. 381.7355(2)(a), F.S.

⁴ Section 381.7356(2), F.S.

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

- The purpose and objectives of the project and which of the following racial or ethnic disparities will be addressed:
 - Decreasing racial and ethnic disparities in maternal and infant mortality rates or oral health care;
 - 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; and
- The likelihood that project activities will occur and continue in the absence of funding.

In the 2014-2015 fiscal year, the program received \$3.1 million in state funding and awarded 17 grants ranging from \$125,000 to a maximum of \$200,000.⁶ 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 the sickle cell trait.⁷

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, or the letter “C.” 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.⁸

Sickle cell disease is diagnosed with a blood test, most often at birth during routine newborn screening tests.⁹ It is a genetic disorder, inherited when a child inherits the gene from both parents. The only cure is a bone marrow or stem cell transplant.

The exact number of persons with SCD is not known. The Center for Disease Control and Prevention estimates that:¹⁰

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

⁵ Section 381.7355(3), F.S.

⁶ Conversation with Mike Mason, Director, Office of Minority Health, Florida Dept. of Health (Dec. 16, 2014).

⁷ See Ch. 2014-51, Laws of Fla., line item 443.

⁸ Centers for Disease Control and Prevention, *Facts About Sickle Cell Disease*, <http://www.cdc.gov/ncbddd/sicklecell/facts.html> (last visited Dec. 23, 2014).

⁹ Baby’s First Test, *Conditions Screened by State - Florida*, <http://www.babysfirsttest.org/newborn-screening/states/florida> (last visited Dec. 23, 2014).

¹⁰ Centers for Disease Control and Prevention, *Sickle Cell Disease, Data and Statistics*, <http://www.cdc.gov/ncbddd/sicklecell/data.html> (last visited Dec. 23, 2014).

States such as Florida that conduct newborn screenings detect both the sickle cell trait (SCT) (carries one gene) and the SCD as part of its program. State screening programs collected information in 2010 to review incidence of both SCT and SCD.¹¹

Incidence of Sickle Cell Trait - 44 U.S. States, 2010¹²			
State	# Infants Screened	# With Positive Result	Incidence Per 1,000
Florida	214,948	5,564	25.9
National (44 States with Screening Program)	3,576,297	55,258	15.5

In 2005, medical expenditures for children with SCD averaged \$9,369 and \$13,469 higher for children with Medicaid coverage and private insurance, respectively, than those of children without SCD.¹³ In a study using a large, multi-state, multipayor patient sample, SCD attributable medical expenditures for children were conservatively estimated at \$335 million for 2005.¹⁴

III. Effect of Proposed Changes:

The bill adds projects with the goal of decreasing ethnic and racial disparities in morbidity and mortality rates relating to sickle cell disease to the list of priority areas that the “Closing the Gap” program may address.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

¹¹ Centers for Disease Control, *Incidence of Sickle Cell Trait - United States, 2010*, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6349a3.htm?s_cid=mm6349a3_w#Tab1 (last visited Dec. 23, 2014).

¹² *Id.*

¹³ Djesika D. Amendah, Ph.D., et al., *Sickle Cell Disease-Related Pediatric Medical Expenditures in the U.S.*, *Am J Prev Med* 2010; 38, 38 (2010). [http://www.ajpmonline.org/article/S0749-3797\(10\)00014-0/pdf](http://www.ajpmonline.org/article/S0749-3797(10)00014-0/pdf) (last visited Dec. 23, 2014).

¹⁴ *Id.*

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

SB 94 expands the types of community-based projects that may receive state funding. Actual award amounts will vary based on the availability of 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.