

**HOUSE OF REPRESENTATIVES
FINAL BILL ANALYSIS**

BILL #:	HB 1009	FINAL HOUSE FLOOR ACTION:		
SUBJECT/SHORT TITLE	Closing Gap Grant Program	112	Y's 0	N's
SPONSOR(S):	Brown	GOVERNOR'S ACTION:	Approved	
COMPANION BILLS:	SB 1184			

SUMMARY ANALYSIS

HB 1009 passed the House on February 14, 2018, and subsequently passed the Senate on March 8, 2018.

The Department of Health Office of Minority Health administers multiple health promotion programs including the "Closing the Gap" grant program. The grant program was created by the Legislature in 2000 to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes. The Office outlines required criteria for a grant proposal, including the selection of a priority area that will be addressed by the proposed project. The proposal must identify one of the following priority areas:

- Increasing adult and child immunization rates in certain racial and ethnic populations.
- Improving neighborhood social determinates of health, such as transportation, safety, and food access.
- Decreasing racial and ethnic disparities in maternal and infant mortality rates, oral health care, or morbidity and mortality rates related to cancer, HIV/AIDS, cardiovascular disease, diabetes, and sickle cell disease.

The bill allows the "Closing the Gap" grant program to fund projects directed at decreasing racial and ethnic disparities in morbidity and mortality rates relating to lupus.

The bill has no fiscal impact on state or local governments.

The bill was approved by the Governor on April 6, 2018, ch. 2018-157, L.O.F., and will become effective on July 1, 2018.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Present Situation

Closing the Gap Program

The Department of Health (DOH) Office of Minority Health (Office) is the coordinating office for consultative services in the areas of cultural and linguistic competency, partnership building, and program development and implementation to address the health needs of Florida's minority and underrepresented populations statewide. The Office administers multiple health promotion programs including the "Closing the Gap" grant program.¹ In 2000, the Legislature created the "Closing the Gap" grant program to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.²

Grant Proposals

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes.³ Proposals for grants must identify the purpose and objectives of the proposed project, including the particular racial or ethnic disparity the project will address from one of the following priority areas:⁴

- Increasing adult and child immunization rates in certain racial and ethnic populations.
- Improving neighborhood social determinates of health, such as transportation, safety, and food access, as outlined by the Centers for Disease Control and Prevention (CDC).
- Decreasing racial and ethnic disparities in maternal and infant mortality rates, oral health care, or morbidity and mortality rates related to cancer, HIV/AIDS, cardiovascular disease, diabetes, and sickle cell disease.

Grant proposals must also identify:⁵

- The target population and its relevance;
- 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.⁶

Grant Funding

Projects receiving grants must provide local matching funds of one dollar for every three dollars awarded, except for grants awarded to Front Porch Florida communities.⁷ In counties with populations greater than 50,000, up to 50 percent of the local matching funds may be in-kind in the form of free

¹ Florida Dep't of Health, *Minority Health*, available at <http://www.floridahealth.gov/%5C/programs-and-services/minority-health/index.html> (last visited January 15, 2018).

² Sections 381.7353 to 381.7356, F.S.

³ Section 381.7356(4), F.S.

⁴ Section 381.7355, F.S.

⁵ *Id.*

⁶ *Id.*

⁷ s. 381.7356(2), F.S.; see also s. 20.60(5)(b)2.g., F.S. The Front Porch Florida Initiative is administered by the Office of Urban Opportunity within the Department of Economic Opportunity's Division of Community Development and encourages revitalization and redevelopment projects in urban communities. Twenty percent of CTG grant program funds go towards this program.

services or human resources.⁸ In counties with populations of 50,000 or less, local matching funds may be provided entirely through in-kind contributions.⁹

Social Determinants of Health

Healthy People 2020 is an initiative of the U.S. Department of Health and Human Services that provides 10-year national objectives for improving the health of Americans.¹⁰ This initiative highlights the importance of social determinants of health as one of its overarching goals.¹¹ Social determinants of health refer to the conditions in the places where people live, learn, and play that have an effect on health risks outcomes.¹² Examples of social determinants include social norms and attitudes, public safety, access to health care services, and access to educational, economic, and job opportunities.¹³ Healthy People 2020's five key areas of social determinants of health are:

- Economic stability;
- Education;
- Social and community context;
- Health and health care; and
- Neighborhood and built environment.¹⁴

The CDC has developed a web-based toolkit to help practitioners recognize the root causes that can affect the health of a population.¹⁵

Lupus

Lupus is a chronic autoimmune disease that triggers inflammation in different bodily tissues.¹⁶ Autoimmune diseases occur when the body's immune system creates antibodies that attack the body's tissues.¹⁷ There are four different forms of lupus; systemic (70% of cases), cutaneous (10% of cases), drug-induced (10% of cases), and neonatal (rare and usually does not last more than six months).¹⁸ The Lupus Foundation of America estimates that at least 1.5 million Americans have some type of lupus¹⁹ and there are an estimated 16,000 new cases of lupus each year.²⁰ Lupus strikes mostly women of childbearing ages (15-44 years), but men, children, and teenagers also develop Lupus.²¹

The most common and severe type of lupus is Systemic Lupus Erythematosus (SLE). SLE affects different parts of the body including the joints, skin, brain, lungs, kidneys, and blood vessels. There is no cure for SLE, but medical interventions and lifestyle changes can help control its symptoms. A conservative estimate by the CDC states that there are 161,000 people with definite SLE and 322,000

⁸ s. 381.7356(2)(a), F.S.

⁹ s. 381.7356(2)(b), F.S.

¹⁰ U.S. Dep't of Health and Human Services, Office of Disease Prevention and Health Promotion, *About Healthy People*, available at <http://www.healthypeople.gov/2020/About-Healthy-People> (last visited January 15, 2018).

¹¹ U.S. Dep't of Health and Human Services, Office of Disease Prevention and Health Promotion, *Social Determinants of Health*, (rev. Jan. 11, 2018), available at <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> (last visited on Jan. 11, 2018).

¹² Centers for Disease Control and Prevention, *Social Determinants of Health: Know What Affects Health* (rev. Jul. 28, 2017), available at <http://www.cdc.gov/socialdeterminants/index.htm> (last visited January 15, 2018).

¹³ *Supra* note 110.

¹⁴ *Id.*

¹⁵ CDC, *Tools for Putting Social Determinants of Health into Action*, (Feb. 22, 2017), available at <http://www.cdc.gov/socialdeterminants/tools/index.htm> (last visited January 15, 2018).

¹⁶ Centers for Disease Control and Prevention, *Lupus Detailed Fact Sheet*, <https://www.cdc.gov/lupus/facts/detailed.html> (last visited January 15, 2018).

¹⁷ *Id.*

¹⁸ The Lupus Foundation of America National Resource Center on Lupus, *Lupus Facts and Statistics*, available at <https://resources.lupus.org/entry/facts-and-statistics> (last visited March 7, 2018).

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Supra* n. 16.

with probable SLE in the United States. Estimates show that for every man affected by SLE, 4 to 12 women are affected.²²

Causes

The causes of lupus are unknown, but genetic and hormonal factors appear to play a role.²³ Certain ethnic groups (people of African, Asian, Hispanic/Latino, Native American, Native Hawaiian, or Pacific Islander descent) have a greater risk of developing lupus, suggesting that prevalence may be related to genes.²⁴ However, the link between genetic causes and lupus appears to be limited.²⁵ Only 10% of lupus patients have a close relative (parent or sibling) who already has or may develop lupus.²⁶ Studies of twins show that the chance of lupus occurring in both identical twins is 30%.²⁷ The increase of symptoms before menstrual cycles and/or during pregnancy supports the belief that hormones (particularly estrogen) play some role in lupus, but the cause of the greater prevalence in women is unknown.²⁸

Environmental factors such as a virus or a chemical randomly encountered by a genetically susceptible individual may also trigger lupus.²⁹ Suspected environmental factors are: infections, antibiotics (especially those in the sulfa and penicillin groups), ultraviolet light, extreme stress, and certain drugs.³⁰ Exposure to silica dust in agricultural or industrial settings may also be a trigger.³¹

Symptoms, Diagnosis and Treatment

Symptoms of SLE include fatigue, skin rashes, fevers, and pain or swelling in the joints. More serious symptoms may include sun sensitivity, oral ulcers, arthritis, lung problems, heart problems, kidney problems, seizures, psychosis, and blood cell and immunological abnormalities. These symptoms may be periodic with extended periods of remission.³²

Lupus can be difficult to diagnose because its symptoms mimic other illnesses and can be intermittent. Diagnosis usually involves a careful review of the patient's entire medical history, a physical exam, and an analysis of the results of tests related to immune status. The American College of Rheumatology has identified 12 symptoms or signs to assist health care practitioners with distinguishing lupus from other diseases. Any person displaying 4 or more of these symptoms is considered to potentially have lupus.³³

Treatment can minimize symptoms, reduce inflammation, and maintain normal bodily functions.³⁴ Treatment primarily consists of immunosuppressive drugs that inhibit activity of the immune system.³⁵ Medications may include:³⁶

- Non-steroidal Anti-inflammatory Drugs (NSAIDS);
- Acetaminophen;

²² *Id.*

²³ *Id.*

²⁴ The Lupus Foundation of America National Resource Center on Lupus, *What causes lupus?*, <https://resources.lupus.org/entry/what-causes-lupus> (last visited Jan 15, 2018).

²⁵ *Id.*

²⁶ Lupus International, *What is Lupus?*, available at <http://www.lupusinternational.com/About-Lupus-1-1/What-is-Lupus-.aspx> (last visited Jan 15, 2018).

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

³⁰ *Supra* n. 26.

³¹ *Supra* n. 24.

³² *Supra* n. 16.

³³ *Supra* n. 26.

³⁴ *Id.*

³⁵ *Supra* n. 16.

³⁶ *Supra* n. 26.

- Corticosteroids;
- Antimalarials;
- Immunomodulating Drugs;
- Biological agents like Rituximab, or;
- Anticoagulants.

Prevention efforts can also reduce the risk of becoming symptomatic. For example, photosensitive patients should avoid excessive sun exposure and/or regularly apply sunscreen to prevent rashes. Additionally, regular exercise helps prevent muscle weakness and fatigue, and immunization protects against specific infections.³⁷

Early diagnosis and effective treatments can help reduce the damaging effects of SLE and improve the quality of life of those effected.³⁸ However, poor access to care, late diagnosis, less effective treatments, and poor adherence to therapeutic regimens may increase the damaging effects of SLE and lead to more complications and an increased risk of death.³⁹

Lupus is not generally a fatal disease.⁴⁰ With current methods of therapy, deaths from lupus are uncommon, and people without an organ-threatening disease will likely have a normal lifespan if they receive and follow a proper treatment plan and seek help when they encounter unexpected side-effects.⁴¹ Causes of premature death associated with SLE include active disease, organ failure (e.g., kidneys), infection, or cardiovascular disease from atherosclerosis.⁴² The CDC identified SLE as the underlying cause of death for an estimated 1,034 deaths and a contributing cause of another 1,803 deaths from 2010-2014.⁴³

Effects on Health and Wellbeing

The symptoms of SLE, especially fatigue, can limit a person's physical, mental, and social functioning. For example, SLE has been shown to affect employment. A 2012 membership survey by the Lupus Foundation of America found that two out of three lupus patients reported a complete or partial loss of their income because they could not work full time due to lupus complications. A 2008 study published in *Arthritis & Rheumatology* found that the mean annual productivity costs (in hours of lost productive work) for participants of employment age was \$8,659.⁴⁴

Impact of Lupus in Racial and Ethnic Minority Populations

Racial and ethnic minority populations (African Americans, Hispanics/Latinos, Asians, and American Indians/Alaska Natives) are more affected by lupus than Non-Hispanic whites.⁴⁵ In fact, women in racial and ethnic minority populations are two to three times more likely to develop lupus than Non-Hispanic white women.⁴⁶

African-Americans have the worst prognosis among SLE patients, including more organ damage.⁴⁷ The Lupus in Minority Populations: Nature vs. Nurture (LUMINA) study reported that African Americans are more likely to have organ system involvement and a more active disease. The LUMINA study found that African Americans are more likely to have lower levels of social support compared to white lupus

³⁷ *Id.*

³⁸ *Supra* n. 16.

³⁹ *Id.*

⁴⁰ *Supra* n. 26.

⁴¹ *Id.*

⁴² *Supra* n. 16.

⁴³ *Id.*

⁴⁴ *Supra* n. 18.

⁴⁵ *Supra* n. 16.

⁴⁶ *Supra* n. 18.

⁴⁷ *Id.*

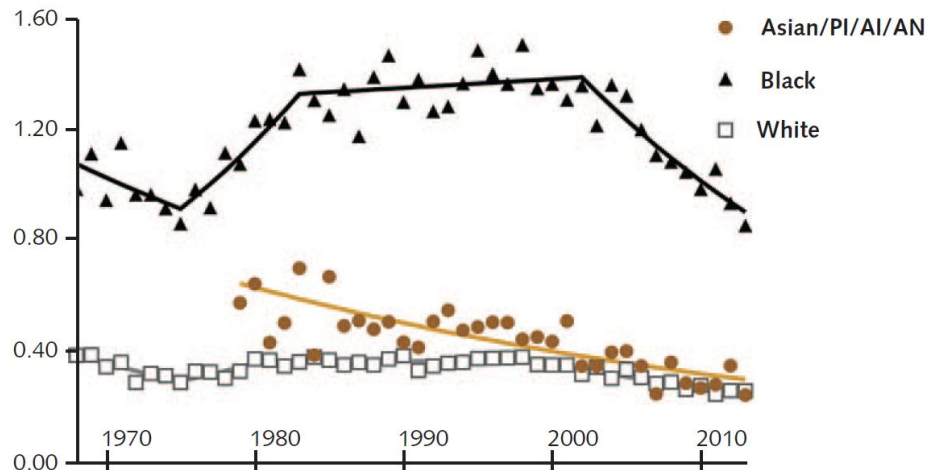
patients, which can also cause disparities.⁴⁸ Trust may also play a role in poorer healthcare outcomes for African Americans.⁴⁹ African Americans with lupus were less willing than whites to receive potent immunosuppressive medications for renal disease.⁵⁰

Racial and ethnic minority groups also have a higher mortality rate from lupus than Non-Hispanic whites. African-American lupus patients have higher mortality rates than white lupus patients.⁵¹ However, the data on Hispanic and Asian populations with SLE living in the United States are inconclusive.⁵²

The graph below shows the age-standardized mortality rate (per 100,000 people) of Americans with SLE in different racial groups. Although lupus is usually a contributing factor to mortality and not the cause, this graph shows deaths where the underlying cause of death (which is defined as “the disease or injury that initiated the events resulting in death”) was attributed to SLE. The “Asian/PI/AI/AN” category includes people who are Asian, Pacific Islanders, American Indians, and Alaskan Natives.⁵³

This data shows that African Americans have a much higher mortality rate from SLE than the other two racial groups. Where mortality rates for the white and Asian/PI/AI/AN groups decreased slightly over time, the mortality rates for African Americans actually increased from the mid-1970s to early 2000s, and are still about twice as high as the other two groups.

Trends in Systemic Lupus Erythematosus (SLE) Mortality Rates from 1968 to 2013 (per 100,000 Americans)⁵⁴



Effect of Proposed Changes

HB 1009 allows the “Closing the Gap” grant program to fund projects directed at decreasing racial and ethnic disparities in morbidity and mortality rates relating to lupus.

The bill provides an effective date of July 1, 2018.

⁴⁸ *Id.*

⁴⁹ The Lupus Initiative, *Health Disparities in SLE*, p. 29, (citing Vina ER, Masi CM, Green SL, Utset TO. *Rheumatology (Oxford)*. 2012;51(9):1697-1706.), available at http://thelupusinitiative.org/slides/pdf/PP_HealthDisparities.pdf (last visited January 15, 2018).

⁵⁰ *Id.*

⁵¹ Center for Disease Control and Prevention, *Trends in Deaths from Systemic Lupus Erythematosus --- United States, 1979—1998*, available at <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5117a3.htm> (last visited January 15, 2018).

⁵² Gomez-Puerta & Vasquez, *What impact do race and ethnicity have on lupus mortality?*, *International Journal of Clinical Rheumatology* (2015), available at <http://www.openaccessjournals.com/articles/what-impact-do-race-and-ethnicity-have-on-lupus-mortality.pdf> (last visited January 15, 2018).

⁵³ Eric Y. Yen, et. al. *46-Year Trends in Systemic Lupus Erythematosus Mortality in the United States, 1968 to 2013*, 167 *Annals of Internal Medicine* 11, 777-78 (Dec. 5, 2017).

⁵⁴ *Id.* at Appendix Figure 1.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

While the bill authorizes the use of grant funds for projects related to lupus, it neither makes nor requires an appropriation. Lupus-related proposals will compete with other proposals for existing grant funds.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.