

**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.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 404

INTRODUCER: Senator Rouson

SUBJECT: Office of Minority Health and Health Equity

DATE: March 2, 2021

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	<b>Pre-meeting</b>
2.			AHS	
3.			AP	

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**I. Summary:**

SB 404 creates s. 381.735, F.S., to assign duties and responsibilities to the Office of Minority Health and Health Equity (office) within the Department of Health (DOH), which currently administers the Closing the Gap grant program. The bill requires the office to develop and promote the statewide implementation of policies, programs, and practices that increase health equity in this state, including increased access to and quality of health care services for racial and ethnic minority populations.

The bill provides that a representative from each county health department will serve as a liaison to the office and that the office will serve as a liaison to the federal Offices of Minority Health and Regional Health Operations.

The bill requires the office to gather and analyze certain data and to develop mechanisms to improve the dissemination of educational information. The bill requires the office to update information on its website at least annually and to use all available resources and pursue opportunities for increased funding to implement its duties and responsibilities. The bill authorizes the DOH to adopt rules to implement the provisions of the bill.

The DOH estimates a negative fiscal impact of \$5.7 million in recurring general revenue to implement the bill. *See* Section V of this analysis.

The bill provides an effective date of July 1, 2021.

## II. Present Situation:

### History of the Office of Minority Health and Health Equity

In 1993, Florida's Minority Health Improvement Act authorized the Minority Health Commission. In 1995, the Commission was sunset.<sup>1</sup> In 1998, the DOH established the Office of Equal Opportunity and Minority Health.<sup>2</sup> In 2004, the Legislature established the Office of Minority Health within the DOH, pursuant to s. 20.43(9), F.S.<sup>3</sup> In 2016, the Legislature renamed it as the Office of Minority Health and Health Equity (office).<sup>4</sup>

Currently, under s. 20.43, F.S., the office must be headed by a senior health equity officer who administers the Closing the Gap grant program in a manner that maximizes the impact of the grants in achieving health equity. The senior health equity officer must evaluate the grants awarded by the program and assess the effectiveness and efficiency of the use of funds to determine best practices. The senior health equity officer is also responsible for disseminating information on best practices to stakeholders and for ensuring that the assessments inform future grant award decisions.

The office currently has five full time equivalent (FTE) staff positions: one senior health equity officer, one grants administrator, two Florida-certified contract managers, and one administrative assistant. The office also has four other personal services (OPS) staff positions: one program evaluator, two program analysts, and one senior clerk.

### *Closing the Gap Grant Program*

In 2000, the Florida Legislature created the Reducing the Racial and Ethnic Health Disparities: "Closing the Gap" (CTG) grant program.<sup>5</sup> The program is administered through the office and its implementation is subject to a specific appropriation in the General Appropriations Act.<sup>6</sup> The purposes of the grant program is to improve health outcomes of racial and ethnic populations and promote disease prevention activities in the following priority areas:

- Maternal and infant mortality;
- Cancer;
- HIV/AIDS;
- Cardiovascular disease;
- Diabetes;
- Adult and child immunization;
- Oral health care;
- Sickle cell disease;
- Lupus; and

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<sup>1</sup> Florida Department of Health, History of the Office of Minority Health and Health Equity, *available at* <http://www.floridahealth.gov/programs-and-services/minority-health/about-us.html> (last visited Feb. 2, 2021).

<sup>2</sup> *Id.*

<sup>3</sup> Chapter 2004-350, s. 2, Laws of Fla.

<sup>4</sup> Chapter 2016-230, Laws of Fla.

<sup>5</sup> Chapter 2000-256, ss. 31-32, Laws of Fla.

<sup>6</sup> Section 381.7356(7), F.S.

- Alzheimer’s disease and dementia.<sup>7</sup>

Closing the Gap grants are intended to stimulate the development of community and neighborhood-based projects that impact health outcomes of racial and ethnic populations and stimulate partnerships between state and local governments, faith-based organizations, private sector organizations, and other non-traditional partners.<sup>8</sup> Priority is given to grant proposals that:

- Represent areas with the greatest documented ethnic and racial health status disparities;
- Exceeded the statutory local match requirement;<sup>9</sup>
- Demonstrate broad-based local community support from entities representing racial and ethnic populations;
- Demonstrate high levels of participation by the health care community in clinical preventive services and health promotion activities;
- Have been submitted by counties with high levels of residents living in poverty and with poor health status indicators;
- Demonstrate a coordinated community approach to addressing racial and ethnic health disparities within existing publicly financed health care programs;
- Incorporate intervention mechanisms that have a high probability of improving the targeted populations health status;
- Demonstrate a commitment to quality management in all aspects of project administration and implementation; and
- Incorporate policy approaches that will lead to long-term sustainability and improvement.<sup>10</sup>

The office is responsible for:

- Publicizing the availability of funds and establishing an application process for submitting a grant proposal;
- Providing technical assistance and training, including a statewide meeting promoting best practice programs, as requested, to grant recipients;
- Developing uniform data reporting requirements for the purpose of evaluating the performance of the grant recipients and demonstrating improved health outcomes;
- Developing a monitoring process to evaluate progress toward meeting grant objectives; and
- Coordinating with existing community-based programs, such as chronic disease community intervention programs, cancer prevention and control programs, diabetes control programs, the Healthy Start program, the Florida Kidcare Program, the HIV/AIDS program, immunization programs, and other related programs at the state and local levels, to avoid duplication of effort and promote consistency.<sup>11</sup>

### III. Effect of Proposed Changes:

**Section 1** of the bill creates s. 381.735, F.S., which assigns duties and responsibilities to the Office of Minority Health and Health Equity (office) within the DOH. The bill specifies that one

<sup>7</sup> Section 381.7355(2)(a), F.S.

<sup>8</sup> Section 381.7352, F.S.

<sup>9</sup> Section 381.7356, F.S.

<sup>10</sup> Section 381.7355(3), F.S.

<sup>11</sup> Department of Health, *Senate Bill 404 Fiscal Analysis* (Jan. 25, 2021) (on file with the Senate Committee on Health Policy).

representative from each county health department will serve as a minority health liaison to assist the office. The bill tasks the office with:

- Developing and promoting the statewide implementation of policies, programs, and practices that increase health equity in this state, including increased access to and quality of health care services for racial and ethnic minority populations.
- Coordinating with agencies, organizations, and providers across the state to:
  - Gather and analyze data regarding disparities in health status, quality of care, and access to services;
  - Develop mechanisms to improve information dissemination and education;
  - Support minority health liaisons in their outreach endeavors;
  - Promote the use of community health workers;
  - Gather and analyze data regarding the prevalence of racial and ethnic minority populations at risk of involvement with the criminal justice system, the juvenile justice system, and the foster care system or at risk for homelessness; and any disparities in access to behavioral health services by those populations;
  - Ensure the availability of quality behavioral health services to those population;
  - To promote the creation of participation in programs that divert individuals with mental health and substance use disorders from the criminal justice system; and
  - Develop and implement programs that improve access to health care services for individuals with limited proficiency in English by providing access to bilingual providers or interpretive services. This is already required by Title IV of the Civil Rights Act of 1964, the Americans with Disabilities Act, and the Patient Protection and Affordable Care Act.<sup>12</sup>
- Maintaining on its website, which must be updated annually:
  - Data on health disparities and issues affecting racial and ethnic minority populations in Florida;
  - Information about racial and ethnic minority populations in Florida and links to resources;
  - Resources for health care providers to improve cultural competency, understand health disparities, and increase access to and the quality of care provided to racial and ethnic minority populations in Florida. These resources must include literature, research, referrals, capacity-building and technical assistance services, and training materials for implementing nationally recognized evidence-based best practices for culturally and linguistically appropriate health care services; and
  - Contact information for local minority health liaisons.
- Serving as a liaison to and assist the federal Offices of Minority Health and Regional Health Operations, as appropriate. There is an Office of Regional Operations within the Health Resources and Services Administration.<sup>13</sup> Offices of Minority Health are established within six federal Department of Health and Human Services agencies and the National Institutes of Health<sup>14</sup>:
  - Agency for Healthcare Research and Quality (AHRQ);

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<sup>12</sup> *Id.*

<sup>13</sup> Health Resources and Services Administration, Office of Regional Operations, *available at* <https://www.hrsa.gov/about/organization/bureaus/oro/index.html> (last visited Feb. 25, 2021).

<sup>14</sup> U.S. Department of Health and Human Services Office of Minority Health, Offices of Minority Health at HHS, *available at* <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=7> (last visited Feb. 25, 2021).

- Centers for Disease Control and Prevention (CDC);
- Centers for Medicare & Medicaid Services (CMS);
- Food and Drug Administration (FDA);
- Health Resources and Services Administration (HRSA);
- Substance Abuse and Mental Health Services Administration (SAMHSA); and
- NIH National Institute on Minority Health and Health Disparities (NIH NIMHD).
- Using all available resources and pursuing opportunities for funding.

The bill authorizes the DOH to adopt rules to implement the bill's provisions.

**Section 2** of the bill provides an effective date of July 1, 2021.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

#### **V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The DOH reports that it will experience an increase in workload and operational costs to implement this bill. According to the DOH, the negative fiscal impact of implementing the bill is \$6,079,202 of General Revenue. Of that amount \$5,728,124 is recurring and

\$351,078 is non-recurring.<sup>15</sup> The bill requires the office to “use *all available resources* and pursue opportunities for increased funding to achieve the purpose of” s. 381.735, F.S., as created by the bill and described in Section III of this analysis.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

The DOH believes that ensuring the availability of quality behavioral health services as required by lines 64-66 of the bill falls within the jurisdiction and control of the Department of Children and Families pursuant to ss. 20.43 and 394.457, F.S.<sup>16</sup>

The bill may require the DOH to form interagency relationships with the Department of Children and Families, the Department of Corrections, and the Department of Juvenile Justice so the DOH can gather and analyze data regarding the prevalence of racial and ethnic minority populations at risk of involvement with the criminal justice system, the juvenile justice system, and the foster care system or at risk for homelessness; and any disparities in those populations’ access to behavioral health services. This could create additional workload issues for those departments.

**VIII. Statutes Affected:**

This bill creates section 381.735 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.

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

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<sup>15</sup> *Supra* note 11.

<sup>16</sup> *Id.*