

STORAGE NAME: h0797z.hcs

DATE: June 8, 1999

****FINAL ACTION****

****SEE FINAL ACTION STATUS SECTION****

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE SERVICES
FINAL ANALYSIS**

BILL #: HB 797 (Passed as sections 200, 201, and 202 of HB 2125)

RELATING TO: Minority HIV and AIDS Prevention

SPONSOR(S): Rep. Hill

COMPANION BILL(S): SB 1908 (i)

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE SERVICES YEAS 15 NAYS 0
- (2) FINANCE & TAXATION (W/D)
- (3) HEALTH & HUMAN SERVICES APPROPRIATIONS YEAS 8 NAYS 0
- (4)
- (5)

I. FINAL ACTION STATUS:

06/18/99 Approved by Governor; Chapter No. 99-397

II. SUMMARY:

HB 797, as amended by the Committee on Health Care Services and as adopted as sections 200, 201, and 202 of HB 2125, establishes the Minority HIV and AIDS Task Force within the Department of Health. The task force will develop and provide recommendations to strengthen HIV and AIDS prevention and treatment programs in minority communities. The Secretary of the Department of Health will appoint at least 15 persons to the task force. Membership will include, but not be limited to: persons infected with HIV or AIDS; minority community-based support organizations; minority treatment providers; members of the religious community within groups of persons infected with HIV or AIDS; and the Department of Health. The task force is required to report research findings and recommendations to the Legislature by February 1, 2001. The task force will be abolished by July 1, 2001.

The bill also directs the Department of Health to develop and implement a statewide HIV and AIDS minority prevention campaign. Elements of the campaign are to consist of: television, radio, and outdoor advertising; public service announcements; and peer-to-peer outreach intended to reach minorities at risk of HIV infection.

The bill establishes four additional positions within the Department of Health. The regional minority coordinators will facilitate statewide efforts to implement and coordinate HIV and AIDS prevention and treatment efforts. The statewide coordinator will report findings, conclusions, and recommendations directly to the chief of the Bureau of HIV and AIDS within the Department of Health.

With assistance from the Minority HIV and AIDS Task Force and the minority statewide coordinator, the Department of Health is directed to conduct a statewide Black Leadership Conference on HIV and AIDS by January 2000.

The bill provides an appropriation of \$250,000 from the General Revenue Fund to the Department of Health for the purpose of carrying out the provisions relating to the Statewide HIV and AIDS prevention campaign.

The effective date of these provisions is July 1, 1999.

III. SUBSTANTIVE ANALYSIS:

A. PRESENT SITUATION:

National Data & Background

The U.S. Department of Health and Human Services (HHS) reports that AIDS is a leading cause of death for all persons 25 to 44 years of age. The Centers for Disease Control (CDC) estimates that there are 650,000 to 900,000 Americans living with HIV infection. HHS further identifies that AIDS has disproportionately affected minority populations. Racial and ethnic minorities constitute approximately 25 percent of the total U.S. population, yet account for nearly 54 percent of all AIDS cases. While the epidemic is decreasing in some populations, the number of new AIDS cases among blacks is now greater than the number of new AIDS cases among whites.

According to the HHS, there are several different HIV epidemics occurring in the U.S. Although the number of AIDS diagnoses among gay and bisexual men has decreased among white men since 1989, the number of AIDS diagnoses among heterosexual black men have increased. In addition, AIDS cases and new infections related to injecting drug use appear to be increasingly concentrated in minorities; of these cases, almost 75 percent were among minority populations (56 percent black and 20 percent Hispanic). Of the cases reported among women and children, more than 75 percent are among racial and ethnic minorities.

Additionally, HHS reports that during 1995 and 1996, AIDS death rates declined by 23 percent for the total U.S. population. AIDS death rates declined by 13 percent for blacks and 20 percent for Hispanics. HHS contributes the mortality disparities to late identification of the disease and lack of health insurance to pay for drug therapies.

HHS identifies that inadequate recognition of risk, detection of infection, and referral to follow-up care are major issues for high-risk populations. About one-third of persons who are at risk of HIV/AIDS have never been tested.

Florida Data & Background

According to the Department of Health, Florida has the third highest number of reported AIDS cases and the second highest number of reported pediatric AIDS cases in the nation. As of January 1999, there were 70,881 Floridians over age 13 with AIDS. Of that total, 1,331 include children under age 13. Further review of the statistics reveal that approximately 59 percent of the reported AIDS cases occur among blacks, Hispanics, and other minority groups. There are a total of 31,822 black persons and a total of 10,796 Hispanic persons with AIDS in Florida.

The Department of Health reports that from July 1997 to January 1999, there were 9,675 reported HIV cases. Seventy-five percent of these cases occurred among blacks, Hispanics, and other minority groups; 5,643 black persons and 1,401 Hispanic persons are reported to have HIV. Black women who are heterosexually infected with HIV are the fastest growing group of infected persons.

Furthermore, members of the black community tend to develop AIDS within one month of being diagnosed with HIV. Commensurate with national data outlined above, the Department of Health identifies that the black community fails to receive early testing for HIV and subsequent lifesaving treatment for this condition.

The Florida Department of Health estimates the medical and related costs for a person infected with HIV can reach \$175,000 over the person's lifetime. At the same time, studies reveal that sustained, comprehensive prevention efforts can have a significant impact on slowing the course of the HIV/AIDS epidemic.

B. EFFECT OF PROPOSED CHANGES:

The bill creates the Minority HIV and AIDS Task Force within the Department of Health. The task force will develop and provide recommendations to the Governor, the Legislature, and the Department of Health on ways to strengthen the HIV and AIDS prevention programs and early intervention and treatment efforts in minority communities. In addition, the task force will address the needs of the state's minorities infected with HIV and those who have AIDS, and their families.

The bill directs the Secretary of the Department of Health to appoint 15 members to the task force and provides the membership composition of the task force from a broad range of backgrounds, including: persons infected with HIV or AIDS; minority community-based support organizations; minority treatment providers; the religious community within groups of persons infected with HIV or AIDS; and the Department of Health. The bill provides that members will not be compensated.

The task force report must address:

- ▶ Strategies for reducing the risk of HIV and AIDS in minority communities.
- ▶ A plan for establishing mentor programs and exchanging information and ideas among minority community-based organizations providing HIV and AIDS prevention services.
- ▶ Strategies to implement prevention and treatment programs within minority communities.
- ▶ Strategies for ensuring that at-risk minority persons who test positive for HIV or AIDS are provided with access to treatment and secondary prevention services.
- ▶ Strategies to help reduce or eliminate high-risk behaviors in persons who test negative but engage in high-risk behaviors.
- ▶ A plan to evaluate the implementation of the recommendations made by the task force.

These task force provisions, which were section 1 of HB 797, were adopted as section 200 of HB 2125.

The bill directs the Department of Health to develop and implement a statewide HIV and AIDS prevention campaign targeted towards minorities at risk of HIV infection. This campaign will include television, radio, and outdoor advertising; public service announcements; and peer-to-peer outreach. The campaign will also provide information on the risk of HIV and AIDS infection and the strategies to follow for prevention, early detection, and treatment. All of the messages and concepts will be evaluated with members of the target group and utilize culturally sensitive language and educational materials.

The bill also directs the Department of Health to establish four positions within the department, including HIV and AIDS regional minority coordinators and one statewide HIV and AIDS minority coordinator. The regional minority coordinators will facilitate statewide efforts to implement and coordinate HIV and AIDS prevention and treatment programs. The statewide coordinator will report to the chief of the Bureau of HIV/AIDS in the Department of Health.

The Department of Health, Minority HIV and AIDS Task Force, and the statewide coordinator are to plan and conduct a statewide Black Leadership Conference on HIV and AIDS by January 2000. The conference will provide workshops for minority organizations in building skills and improving the capacity to conduct HIV and AIDS prevention and treatment programs.

These statewide HIV and AIDS prevention campaign provisions, which were section 2 of HB 797, were adopted as section 201 of HB 2125.

The bill provides an appropriation of \$250,000 in fiscal year 1999-2000 from the General Revenue Fund to the Department of Health to carry out the statewide HIV and AIDS prevention campaign. This appropriations provision, which was section 3 of HB 797, was adopted as section 202 of HB 2125.

As provided in section 4 of HB 797 and as adopted in section 208 of HB 2125, the effective date of these provisions is July 1, 1999.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

No.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

The bill requires the Department of Health to develop and establish a statewide HIV and AIDS prevention campaign directed at minorities at risk of HIV infection. In addition, the department is directed to plan and coordinate a statewide Black Leadership Conference with the Minority HIV and AIDS Task Force.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

N/A

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

- a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

- b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

N/A

4. Individual Freedom:

- a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

No.

- b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

- a. If the bill purports to provide services to families or children:

This bill does not purport to provide services to families or children.

- (1) Who evaluates the family's needs?

N/A

- (2) Who makes the decisions?

N/A

- (3) Are private alternatives permitted?

N/A

- (4) Are families required to participate in a program?

N/A

- (5) Are families penalized for not participating in a program?

N/A

- b. Does the bill directly affect the legal rights and obligations between family members?

No.

- c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

This bill does not create or change a program providing services to families or children.

(1) parents and guardians?

N/A

(2) service providers?

N/A

(3) government employees/agencies?

N/A

D. STATUTE(S) AFFECTED:

None.

E. SECTION-BY-SECTION ANALYSIS:

See EFFECT OF PROPOSED CHANGES above.

IV. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

	<u>Year 1</u>	<u>Year 2</u>
1. <u>Non-recurring Effects:</u>		
Furniture, Computer Software (5 @ \$2855)	\$14,275	
Leadership Conference	\$27,837	
Media Campaign		
Bus Placards	\$15,000	
Purchase Space (varies within counties)	\$45,000	
Operating Capital Outlay (OCO) (5 @ \$4177)	<u>\$20,885</u>	
Total Non-recurring Expenses:	\$122,997	
2. <u>Recurring Effects:</u>		
SALARIES & BENEFITS:		
1 Medical Health Care Program Analyst	\$39,520	\$54,274
4 Operations & Management Consultant II (4 @ \$36,251/\$49,664 lapsed 25% in year 1)	\$148,992	\$204,616
Professional Package Medical Health Care Program Analyst (\$9019 + 9354 - maximum)	\$18,373	\$18,373
Operations & Management Consultant II (\$9019 + 6714 - minimum)	\$62,932	\$62,932

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MEDIA CAMPAIGN:

Produce TV Public Service Announcements	\$7,500	\$7,500
Radio Air Time (175 spots x 12 months x \$40 per slot) (190 spots x 12 months x \$40 per slot)	\$84,000	\$91,200
Outdoor/Print Advertising		
Production of Placards	\$5,000	\$5,000
Billboard Purchase Space	\$60,000	\$60,000
Production of Large Billboards (6 @ \$850)	\$5,100	\$5,100
Production of Small Billboards (1140 @ \$20)		\$22,800
Production of Medium Billboards (400 @ \$60)		\$24,000
Peer-to-Peer Outreach	\$55,000	\$55,000

3. Long Run Effects Other Than Normal Growth:

None.

4. Total Revenues and Expenditures:

According to the Department of Health, the total expenditures for FY 1 (1999-2000) equal \$750,000 and the total expenditures for FY 2 (2000-2001) will be \$750,000. However, the bill only appropriates \$250,000 for FY 1999-2000, and this appropriation is limited to use for the statewide HIV and AIDS prevention campaign.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

None.

2. Recurring Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None.

2. Direct Private Sector Benefits:

None.

3. Effects on Competition, Private Enterprise and Employment Markets:

None.

D. FISCAL COMMENTS:

The Department of Health identifies that the minority prevention campaign was included as a part of a comprehensive HIV/AIDS Prevention Legislative Budget Request by the department for fiscal year

1999-2000. The bill directs an appropriation of \$250,000; however, the department outlines that funding a comprehensive program will require \$750,000 per year.

V. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

The bill does not require counties or municipalities to spend funds or take an action requiring an expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

The bill does not reduce the authority that municipalities or counties have to raise revenues.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

The bill does not reduce the authority that municipalities or counties have to raise revenues.

VI. COMMENTS:

The Department of Health indicates that the creation of the Minority HIV and AIDS Task Force will facilitate the development of recommendations on ways to strengthen HIV/AIDS prevention programs and early intervention and treatment efforts in Florida's minority communities. Additionally, the bill will promote mentoring and capacity building among minority community-based organizations, enabling these organizations to effectively address HIV/AIDS within their communities. The task force will also identify community needs and available resources, as well as provide strategies for ensuring that at-risk individuals seek HIV testing and that persons who test positive for HIV have access to treatment and secondary prevention services.

There are numerous references in these provisions to people "infected with AIDS." A more correct statement would be a reference to people "infected with HIV and those with AIDS."

VII. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On April 5, 1999, the Committee on Health Care Services adopted a technical, clarifying amendment referring to minorities "infected with HIV and those with AIDS," rather than those "infected with AIDS." There are still numerous references "AIDS infection" in the bill.

HB 797 as filed and approved by the Committee on Health Care Services contained a series of "whereas" clauses which served to frame the need to address the problems posed by HIV and AIDS in the minority community. These "whereas" clauses were not included as part of the provisions as adopted on HB 2125.

VIII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

C. Marielle Harvey

Staff Director:

Phil E. Williams

FINAL ANALYSIS PREPARED BY THE COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Phil E. Williams

Staff Director:

Phil E. Williams