

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 997 w/CS Jessie Trice Cancer Prevention Program

SPONSOR(S): Bendross-Mindingall

TIED BILLS: None.

IDEN./SIM. BILLS: CS/SB 2138 (s)

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Services (Sub)	8 Y, 0 N	Garner	Collins
2) Health Care	19 Y, 0 N w/CS	Garner	Collins
3) Health Appropriations (Sub)			
4) Appropriations			
5)			

SUMMARY ANALYSIS

Jessie Trice was the first African-American to receive a nursing degree from the University of Miami. Ms. Trice was a community leader and life-long advocate of improved health care for the poor in South Florida. She succumbed to lung cancer in October 1999.

In honor of her memory, the 2000 Legislature created the Jessie Trice Cancer Prevention Program (CS/SB 2034, ch. 2000-367, L.O.F.). The program is created and placed for administrative purposes within the Department of Health. The legislative intent of the program is to:

- Reduce the rates of illness and death from lung cancer and other cancers and improve the quality of life among low-income African-American and Hispanic populations through increased access to early, effective screening and diagnosis, education, and treatment programs;
- Create a community faith-based disease-prevention program in conjunction with the Health Choice Network and other community health centers to build upon the referral and education networks in place within minority communities and to increase access to health service delivery in South Florida; and
- Establish a funding source to build upon local private participation to sustain the operation of the program.

Pilot programs were created in the communities of Goulds, Naranja, Coconut Grove, Liberty City, and East Little Havana in Dade County and Dunbar in Lee County.

HB 997 w/CS removes the "pilot" status of the program, allowing it to expand statewide, dependent on available funds.

The Department of Health reports in its fiscal analysis that it is difficult to determine the fiscal impact of this bill because the bill does not contain a specific appropriation and because the bill contains very broad language regarding eligibility. The bill states that "low-income populations throughout the state" will be served but does not define what constitutes "low-income." DOH is unable to estimate the costs for providing "cancer screening, diagnosis, education, and treatment." Medical costs (screening, diagnosis, and treatment) cannot be estimated given the lack of data to estimate such costs.

The bill provides an effective date of July 1, 2004.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0997b.hc.doc

DATE: April 19, 2004

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|---|--|---|
| 1. Reduce government? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. Empower families? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

For any principle that received a “no” above, please explain:

1. The bill expands statewide a pilot program in the Department of Health.

B. EFFECT OF PROPOSED CHANGES:

Section 381.91, F.S., creates the Jessie Trice Cancer Prevention Program. The program is administered within the Department of Health as a pilot program in six communities in South Florida (Goulds, Naranja, Coconut Grove, Liberty City, and East Little Havana in Dade County and Dunbar in Lee County).

HB 997 w/CS removes the “pilot” status of the program, allowing it to expand statewide dependent on available funding.

THE JESSIE TRICE CANCER PREVENTION PROGRAM

Jessie Trice was the first African-American to receive a nursing degree from the University of Miami. Ms. Trice was a community leader and life-long advocate of improved health care for the poor in South Florida. She succumbed to lung cancer in October 1999.

The 2000 Legislature created the Jessie Trice Cancer Prevention Program (CS/SB 2034, ch. 2000-367, L.O.F.). The program is created and placed for administrative purposes within the Department of Health. The legislative intent of the program is to:

- Reduce the rates of illness and death from lung cancer and other cancers and improve the quality of life among low-income African-American and Hispanic populations through increased access to early, effective screening and diagnosis, education, and treatment programs;
- Create a community faith-based disease-prevention program in conjunction with the Health Choice Network and other community health centers to build upon the referral and education networks in place within minority communities and to increase access to health service delivery in South Florida; and
- Establish a funding source to build upon local private participation to sustain the operation of the program.

The program is operated from the community health centers within the Health Choice Network in South Florida. The original legislation provided an appropriation of \$750,000 annually from the Tobacco Settlement Trust Fund to the Department of Health to fund the program; however the program was never funded at that level. In FY 2001-2002, the program received \$300,000, in FY 2002-2003, the program received \$270,000, and in FY 2003-2004, the program received \$218,429.

Funding is provided to develop contracts with community health centers and local community faith-based programs to provide cancer screening, diagnosis, education, and treatment services to low-income populations throughout the state. The Health Choice Network has subcontracts with Community Health of South Dade, Inc., Family Health Centers of Southwest Florida, Inc., and two faith-based community education programs to implement the Jessie Trice Cancer Prevention Program.

THE HEALTH CHOICE NETWORK

The Health Choice Network is a not-for-profit organization formed approximately eight years ago to foster the philosophies and goals of organizations engaged in the delivery of preventive and primary care services to the underinsured and the uninsured. Organizational members include federally-funded health centers in Miami-Dade and southwest Florida.

The program provides tobacco prevention education activities for minority youth and community and clinical screening for lung cancer in South Miami-Dade County. It provides outreach, screening and education concerning breast and cervical cancer in Lee County. The program arranges for, but does not fund, treatment for diagnosed cancer.

C. SECTION DIRECTORY:

Section 1. Amends s. 381.91, F.S., to allow the statewide expansion of the Jessie Trice Cancer Prevention Program, dependent on available funding.

Section 2. Provides an effective date of July 1, 2004.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

See Fiscal Comments.

2. Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Providers could receive additional reimbursement for cancer diagnosis and treatment. Providers could include physicians, laboratories, diagnostic imaging centers, hospitals, ambulatory care centers, and pharmacies.

D. FISCAL COMMENTS:

The Department of Health reports in its fiscal analysis that it is difficult to determine the fiscal impact of this bill because the bill does not contain a specific appropriation and because the bill contains very broad language regarding eligibility. The bill states that “low-income populations throughout the state” will be served but does not define what constitutes “low-income.” DOH is unable to estimate the costs for providing “cancer screening, diagnosis, education, and treatment.” Medical costs (screening, diagnosis, and treatment) cannot be estimated given the lack of data to estimate such costs.

Without a detailed fiscal analysis, it is necessary to review the funding of the pilot programs for an estimate of cost. The pilot program administered by the department in 6 South Florida communities has never received funding over \$300,000 in the three years of the program’s operation.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Department of Health has the rulemaking authority necessary to implement the provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The Department of Health indicates that the bill may have conflicting language regarding its statewide applicability. Section 381.91(2)(a), F.S., provides that the program is to be operated by community health centers in the Health Choice Network. However, language in paragraph (b) of the same subsection indicates that the bill has statewide applicability. Section 381.91(1)(b), F.S., also specifies that the legislative intent is to create a program in conjunction with the Health Choice Network and other community health centers. Community health centers affiliated with the Health Choice Network operate only in Miami-Dade, Broward, Hendry, Lee, Charlotte, and Pasco Counties. If the intent of the bill is that the program only exists in community health centers affiliated with Health Choice Network, the apparent conflict may be non-existent.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On March 30, 2004, the Subcommittee on Health Services adopted a strike everything amendment and reported the bill favorably to the Committee on Health Care. The amendment contains the following:

Amendment #1 – Removes any references to the “pilot” status of the program and clarifies that the program can be implemented statewide, dependent on available funding.

On April 15, 2004, the Committee on Health Care adopted the amendment recommended by the subcommittee and reported the bill favorably with a committee substitute.