HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 5091 PCB PBC 08-09 Tobacco Education and Prevention
SPONSOR(S): Policy & Budget Council; Galvano
TIED BILLS: **IDEN./SIM. BILLS:** SB 1856

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
Orig. Comm.: Policy & Budget Council	21 Y, 10 N	Leznoff	Hansen
1)			
2)			
3)			
4)			
5)			

SUMMARY ANALYSIS

The bill amends the Comprehensive, Statewide Tobacco Education and Prevention Program to reflect the updated edition of the United States Centers for Disease Control (CDC) and Prevention, *Best Practices for Comprehensive Tobacco Control Programs—October 2007*. These statutory changes are necessary to implement the funding decisions included in the proposed General Appropriations Act for Fiscal Year 2008-2009.

The bill expands legislative intent to include implementation of interventions to detect, prevent, and treat tobacco-related chronic diseases. Moreover, the bill broadens the scope of community programs to include statewide programs and deletes the reference to chronic disease prevention in the title. The bill specifies that tobacco-related chronic diseases include such conditions as cancer, chronic lung and respiratory disease, and heart disease. This aligns with the CDC best practices' newly titled component "State and Community Interventions."

The bill amends the cessation programs, counseling and treatment program component allowing physicians and dentists to deliver brief advice to quit the use of tobacco under a statewide program. Additionally, the bill expands the scope of the media campaign to include innovative communication strategies that comprise personal communication devices (PDAs), online networking; and the use of licensed physicians and dentists to provide brief advice on quitting the use of tobacco and dissemination of the campaign message.

The bill amends terminology for the resource center by changing "cyberspace" to "internet" and specifies that cessation programs include all tobacco products by changing the term "smoking" to "tobacco-use." The bill deletes language that exempts each county health department from the competitive bid process to receive core funding, and limits administration and management expenditures for the department at 5 percent.

Of the $59.5 million in tobacco settlement funds for the Comprehensive Statewide Tobacco Education and Prevention Program included in the proposed General Appropriations Act for Fiscal Year 2008-2009, the bill designates $6 million to the Area Health Education Centers and $4 million to state recognized accredited medical schools for Fiscal Year 2008-2009 only, and $10 million to H. Lee Moffitt Cancer Center and Research Institute and $1 million to the University of Florida Shands Cancer Center starting in Fiscal Year 2008-2009 and annually thereafter.

The bill takes effect July 1, 2008.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government—The bill amends the tobacco education and prevention program within the Department of Health to reflect the new 2007 Centers for Disease Control best practice guidelines.

B. EFFECT OF PROPOSED CHANGES:

Present Situation

Constitutional Amendment

On November 7, 2006, the voters in the state of Florida adopted Amendment 4,[1] creating the Comprehensive Statewide Tobacco Education and Prevention Program. Under the amendment, the state is required to create a comprehensive, statewide program consistent with the CDC's 1999 best practices, as periodically amended. In particular, the program must consist of the following program components:

- An advertising campaign, funded by at least one-third of the required annual appropriation.
- Evidence-based curricula and programs to educate youth about tobacco and discourage their use of it.
- Programs of local community-based partnerships.
- Enforcement of laws, regulations, and policies against the sale or other provision of tobacco to minors, and the possession of tobacco by minors.
- Publicly-reported annual evaluations to ensure that moneys appropriated for the program are spent properly.

The amendment specifies that the Legislature must appropriate 15 percent of the total gross funds that tobacco companies paid to the State of Florida in 2005 under the Tobacco Settlement. This amount must be adjusted annually for inflation using the Consumer Price Index. For Fiscal Year 2008-2009, the mandated appropriation is $59.5 million, which reflects a 2.8 percent increase based on the Consumer Price Index.

The United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), released an amended best practices document last year, the *Best Practices for Comprehensive Tobacco Control Programs—October 2007* (or "2007 Best Practices").

Amended Best Practices for Comprehensive Tobacco Control Program

The updated edition of the *Best Practices for Comprehensive Tobacco Control Programs*—August 1999 describes an integrated and coordinated programmatic structure for implementing interventions that must work together, and provides recommendations to states on funding levels. The update consolidates the nine prior components into five. None of the elements from the *1999 Best Practices* have been eliminated, but the Enforcement and School Programs components are now present in the State and Community Interventions component as a broader "youth" category.

[1] Art. X, s. 27, Fla. Const.

1999 CDC Best Practices Components	2007 CDC Best Practices Components
I. Statewide programs II. Community programs to reduce tobacco use III. Enforcement IV. School programs V. Chronic disease programs to reduce the burden of tobacco-related diseases	I. State and Community Interventions includes: o Statewide Programs o Community programs to reduce tobacco use o School Programs o Enforcement o Chronic disease programs to reduce the burden of tobacco-related diseases
VI. Counter-marketing	II. Health Communication Interventions
VII. Cessation programs	III. Cessation Interventions
VIII. Surveillance and evaluation	IV. Surveillance and Evaluation
IX. Administration and management	V. Administration and Management

I. State and Community Interventions

The CDC annotates that this component should focus on four primary goals: (1) prevention of the initiation of tobacco use among youth and young adults; (2) promoting quitting among adults and youth; (3) eliminating exposure to secondhand smoke; and (4) identifying and eliminating tobacco-related disparities among population groups.

The CDC notes that from evidence-based reviews more individually focused educational and clinical approaches with a smaller span of impact should be combined with population-based efforts at the state and community levels. A "*community*" is defined to encompass a diverse set of entities, including voluntary health agencies: civic, social, and recreational organizations; businesses and business associations; city and county governments; public health organizations; labor groups; health care systems and providers; health care professionals' societies; schools and universities; faith communities; and organizations for racial and ethnic minority groups.

Moreover, the CDC states that state-based tobacco prevention and control programs can collaborate with other programs to address diseases for which tobacco is a major cause, including multiple cancers, heart disease and stroke, and chronic lung and respiratory diseases. The rationale: (1) it is critical that interventions are implemented to alleviate the existing burden of disease from tobacco; (2) incorporation of tobacco prevention and cessation messages into broader public health activities ensures wider dissemination of tobacco control strategies; and (3) tobacco use in conjunction with other diseases and risk factors pose a greater combined risk for many chronic diseases than the sum of each individual degree of risk. To address this concern the CDC's Division's for Heart Disease and Stroke Prevention; Cancer Prevention and Control's National Comprehensive Cancer Control Program; and Diabetes Translation have produced guidance materials to assist states in implementing various control plans.

II. Health Communication Interventions

According to the CDC, research indicates that point-of-sale advertising is associated with encouraging youth, particularly younger teens, to try smoking and that cigarette promotions are more influential with youth already experimenting with cigarettes as they progress to regular smoking. Furthermore, the CDC points out that, youth-and parent-focuses anti-tobacco advertising campaigns sponsored by the tobacco industry have been shown to actually increase youth tobacco use. In 2005, tobacco companies spent $13.4 billion to market cigarettes and smokeless tobacco, outspending the nation's total tobacco prevention and cessation efforts by a ratio of more than 22 to 1. For this reason, it is recommended that sustained media campaigns, combined with other interventions and strategies, are used to decrease the likelihood of tobacco initiation and promote smoking cessation. According to the CDC, an effective state health communication intervention should deliver strategic, culturally appropriate, and high-impact messages that employ a number of approaches, including not only traditional print, radio, television, and web-based advertisements, but also press releases, media literacy, health promotion, and efforts to reduce or replace tobacco industry sponsorship and promotions. The CDC also recognizes innovative interventions such as targeting specific audiences by using personal communication devices, text messaging, online networking, and blogs as useful tools.

III. Cessation Interventions

The CDC recommends that tobacco use treatment should include the following: (1) sustaining, expanding, and promoting the services available through population-based counseling and treatment programs; (2) covering treatment for tobacco use under both public and private insurance, including individual, group, and telephone counseling and all FDA-approved medications; (3) eliminating cost and other barriers to treatment for underserved populations, particularly the uninsured and populations disproportionally affected by tobacco use; and (4) making the health care system changes recommended by the Public Health Service. The Public Health Service states that brief advice by medical providers to quit smoking is an effective intervention. The CDC further comments that system-based initiatives should ensure that all tobacco users that are seen in the health care system are screened for tobacco use and all tobacco users should receive advice to quit, which may be offered briefly or through more intensive counseling services. Furthermore, the Public Health Services notes that the use of social support and coaching on problem-solving skills, FDA-approved pharmacotherapy, Quitline services, and comprehensive insurance coverage increases the use of proven treatments to decrease smoking prevalence.

IV. Surveillance and Evaluation

State surveillance should monitor tobacco-related attitudes, behaviors and health outcomes. The CDC has identified the following surveillance goals: (1) preventing initiation of tobacco use among adults and youth; (2) promoting quitting among adults and youth; (3) eliminating exposure to secondhand smoke; and (4) identifying and eliminating tobacco-related disparities among population groups. By participating in national surveillance systems such as the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, and the Pregnancy Risk Assessment Monitoring System states can compare a programs impact and outcomes with national trends. Program evaluation efforts should link statewide and local program efforts; use short-term and intermediate indicators of program effectiveness; identify needed policy and social norms changes; and monitor counter-marketing efforts to examine the impact of pro-tobacco influences. The CDC also recommends collecting data from the Quitline Minimal Data set, vital statistics, air quality studies, opinion surveys, and media programming data. The CDC has developed several guides for states that provide information on selecting evidence-based indicators and linking them to program outcomes.

V. Administration and Management

The CDC recommends up to 5 percent of the state's program budget be allocated to administration and management.

Effect of Proposed Changes

The bill amends the Comprehensive Statewide Tobacco Education and Use Prevention Program, to reflect the changes in the 2007 CDC Best Practices guidelines. The bill also expands the legislative intent to include implementation of interventions to detect, prevent, and treat tobacco-related chronic diseases. The bill broadens the scope of community programs to include statewide programs and deletes the reference to chronic disease prevention. This aligns with the CDC best practices newly titled component, "State and Community Interventions."

The bill expands the media campaign component to include innovative communication strategies that incorporate the use of personal communication devices (PDAs); online networking; and uses licensed physicians and dentists to provide brief advice on quitting the use of tobacco and disseminate the campaign message. The bill also amends the cessation programs, counseling and treatment program component to add language allowing physicians and dentists to deliver brief advice to quit the use of tobacco under a statewide program.

The bill amends terminology for the resource center by changing "cyberspace" to "internet," and specifies that cessation programs include all tobacco products by changing the term "smoking" to "tobacco-use". In addition, language was added to specify that tobacco-related chronic diseases include such conditions as cancer, chronic lung and respiratory disease, and heart disease.

The bill deletes language that exempts each county health department from the competitive bid process to receive core funding, and limits administration and management expenditures for the department at 5 percent.

Of the $59.5 million in tobacco settlement funds for the Comprehensive Statewide Tobacco Education and Prevention Program included in the proposed General Appropriations Act for Fiscal Year 2008-2009, the bill designates $6 million for the Area Health Education Centers and $4 million for the state recognized accredited medical schools for Fiscal Year 2008-2009 only to implement a tobacco-use cessation initiative The bill also designates $10 million to H. Lee Moffitt Cancer Center and Research Institute and $1 million to the University of Florida Shands Cancer Center starting in Fiscal Year 2008-2009 and annually thereafter to implement chronic disease prevention, detection and treatment programs.

The bill takes effect July 1, 2008.

C. SECTION DIRECTORY:

Section 1. Amends s. 381.84, F.S., relating to the Comprehensive Statewide Tobacco Education and Use Prevention Program.

Section 2. Provides an effective date of July 1, 2008.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

See fiscal comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Certain physicians and dentists that provide advice to quit tobacco-use or implement interventions that detect, prevent, and treat tobacco-related chronic diseases of Medicaid recipients will receive a 3.75% rate increase. Current vendor contracts that were entered into last fiscal year may need to be renegotiated or terminated due to the new funding allocation.

D. FISCAL COMMENTS:

The proposed General Appropriations Act for Fiscal Year 2008-2009 allocates $59.5 million of tobacco settlement funds in the following components:

I. State and Community Interventions	$26,626,297
II. Health Communication Interventions	9,381,079
III. Cessation Interventions	15,728,278
IV. Surveillance and Evaluation	5,189,533
V. Administration and Management	2,419,021
Total	$59,344,208

In addition, the proposed General Appropriations Act for Fiscal Year 2008-2009 includes $175,746 for two positions to implement the program.

Proviso language designates that a portion of the State and Community Intervention allocation is dispersed as follows: $5 million is transferred to the Agency for Health Care Administration to distribute to the physicians and dentists who participate in the Medicaid Program; $6 million is transferred to the AHEC Network to implement the AHEC tobacco-use cessation initiative; $10 million is transferred to the H. Lee Moffitt Cancer Center and Research Institute and $1 million to the University of Florida Shands Cancer Center to implement a chronic disease prevention, detection, and treatment program.

Furthermore proviso language designates that a portion of the Cessation Intervention allocation is dispersed as follows: $4 million is to be equally awarded to each state recognized accredited medical school; and $5.2 million is transferred to the Agency for Health Care Administration to distribute to the physicians and dentists who participate in the Medicaid Program.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   This bill does not require counties or municipalities to spend funds or take an action requiring the expenditure of funds. This bill does not reduce the percentage of 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 has sufficient rule-making authority to implement the provisions in the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

D. STATEMENT OF THE SPONSOR

N/A

IV. AMENDMENTS/COUNCIL SUBSTITUTE CHANGES