

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.)

Prepared By: The Professional Staff of the Children, Families, and Elder Affairs Committee

BILL: CS/SB 282

INTRODUCER: Health Regulation Committee and Senators Wise and Storms

SUBJECT: Health Care Transition Programs

DATE: February 21, 2012 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	Fav/CS
2.	Preston	Farmer	CF	Pre-meeting
3.			BC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

The bill establishes a program called the Florida Health And Transition Services (FloridaHATS) in the Department of Health (DOH or department) Division of Children’s Medical Services (CMS) Network to oversee health care transitional services in Florida for adolescents and young adults (individuals who are 12 to 26 years of age) with special health care needs. The bill assigns certain responsibilities to the program.

This bill creates one undesignated section of law.

II. Present Situation:

Health Care Transition

It is only recently that children and youth with disabilities and complex health conditions have survived to adulthood in relatively large numbers. There has been growing recognition that health care transition is a critical aspect of successful entry of these youth to adulthood. Taking responsibility for one’s own health care is part of growing up and becoming independent. Health care transition has been defined by at least one group of researchers as the purposeful planned

movement of adolescents and young adults with chronic physical and medical conditions from child-centered to adult-oriented health care systems.¹ Successful health care transition supports economic self-sufficiency, independence, and prevents school dropout and delinquency.² The challenges of transition to adulthood are especially difficult for adolescents and young adults with special health care needs. As a result there is increasing interest in services and supports for young people with disabilities and chronic health conditions that address all aspects of health and well-being.³

In 2006, the legislature provided a non-recurring appropriation of \$300,000⁴ to support a pilot program to develop transition services for adolescents and young adults with disabilities residing in Duval (Jacksonville), Baker, Clay, Nassau and St. Johns Counties. The resulting Jacksonville Health And Transition Services (JaxHATS) program serves teens and young adults, ages 16 to 26 with chronic medical or developmental problems.⁵ In FY 2010-2011, JaxHATS recorded a total of 1,014 visits by 909 patients. The patients ranged in age from 14 through 25 years, although 67 percent were in the age group of 20 to 25 years old.⁶

Services provided by JaxHATS include primary care and care coordination up to age 26, as well as, referrals to adult medical homes, specialty physicians, and other transition-related services (e.g., education, employment, and independent living).⁷ JaxHATS data indicate that patients who are well established within their program have significant decreases in reported emergency room visits and inpatient hospitalizations.⁸ The CMS continues to contract with the University of Florida for a total of \$100,000 per year to pay for a portion of the JaxHATS staffing and clinic expenses.⁹

Florida Health Care Transition Services Task Force for Youth and Young Adults with Disabilities

In 2008, the legislature required the DOH to create a statewide Health Care Transition Services Task Force for Youth and Young Adults with Disabilities.¹⁰ The charge to the task force was to “assess the need for health care transition services for youth with disabilities, develop strategies

¹ Blum, RW; Garell, D; Hodgman, CH; Jorissen, TW; Okinow, NA; Orr, DP; and Slap, GB. *Transition from Child-Centered to Adult Health-Care Systems for Adolescents with Chronic Conditions, A Position Paper of the Society for Adolescent Medicine*. Journal of Adolescent Health, 1993, Vol. 14, No. 7, p. 570-576. Found at: <http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PII1054139X9390143D.pdf>. (Last visited on February 16, 2012).

² Florida Health Care Transition Services Task Force for Youth and Young Adults with Disabilities, *Report and Recommendations, Ensuring Successful Transition from Pediatric to Adult Health Care*, January 1, 2009. Found at: http://www.floridahats.org/?page_id=587 (Last visited on February 9, 2012).

³ *Supra* footnote 1.

⁴ See proviso language in line item 623 of the General Appropriations Act for FY 2006-2007, Chapter 2006-25, L.O.F.

⁵ JaxHATS, *Welcome to JaxHATS*. Found at: <http://jaxhats.ufl.edu/index.php> (Last visited on February 9, 2012).

⁶ See Department of Health Bill Analysis, Economic Statement and Fiscal Note for SB 282, on file with the Senate Health Regulation Committee.

⁷ *Id.*

⁸ *Id.* Prior to enrollment in JaxHATS in 2005, patients averaged 0.90 ER visits per year. That figure decreased to 0.38 visits per patient after one year in the program, and has continued to a current average of 0.22. Similarly, the proportion of patients who are hospitalized annually has dropped from 44% prior to program enrollment in 2005, to a current figure of 16%.

⁹ *Id.*

¹⁰ Chapter 2008-211, L.O.F.

to ensure successful transition from the pediatric to the adult health care system, and identify existing and potential funding sources.” The task force submitted its final report on December 30, 2008.¹¹ The report contained 16 recommendations, including a recommendation to “leverage CMS’s infrastructure and federally mandated responsibility for health care transition planning to establish a state Office of Health Care Transition within CMS that guides, monitors, and supports local public/private transition coalitions . . .”

While the legislatively mandated task force dissolved on December 30, 2008, workgroup members continued with strategic plan development¹² based on findings and recommendations in the legislative report. In 2009, the program was officially named Florida Health And Transition Services, or FloridaHATS. Implementation activities outlined in the strategic plan have included the development of an insurance guide for young adults in Florida, an online training program for professionals, and regional health care transition coalitions (HillsboroughHATS and PanhandleHATS, in addition to JaxHATS). A strategic planning guide for regional coalitions was created to help communities in building local systems of care.¹³

Children’s Medical Services

The CMS program in the DOH provides children with special health care needs a family-centered, comprehensive, and coordinated statewide managed system of care that links community-based health care with multidisciplinary, regional, and tertiary pediatric care. Children with special health care needs are those children under age 21 whose serious or chronic physical or developmental conditions require extensive preventive and maintenance care beyond that required by typically healthy children.¹⁴

The program provides services through two divisions, the Division of CMS Network and Related Programs and the Division of CMS Prevention and Intervention. The Division of CMS Network and Related Programs provides a continuum of early identification, screening, medical, developmental, and supporting services for eligible children with special health care needs. The CMS Division of Prevention and Intervention promotes the safety and well being of Florida’s children by providing specialized services to children with special health care needs associated with child abuse and neglect.¹⁵

Services are provided through 22 CMS area offices, 15 Early Steps offices, and contracted programs located throughout the state. A team of trained nursing and social work professionals and support staff at each CMS area office coordinate primary and specialty care services with the family through their local medical community.¹⁶

¹¹ *Supra* footnote 2.

¹² Florida Strategic Plan for Health Care Transition, 11/1/2010. Found at: <http://www.floridahats.org/wp-content/uploads/2010/03/OnePageVisual_11-1-10.pdf> (Last visited on February 9, 2012).

¹³ FloridaHATS, *About FloridaHATS, Background*. Found at: <http://www.floridahats.org/?page_id=587> (Last visited on February 9, 2012).

¹⁴ Children’s Medical Services Network. Found at: http://www.cms-kids.com/families/health_services/cms_network_home.html. (Last visited on February 17, 2012).

¹⁵ Children’s Medical Services Network. Division of Prevention and Intervention. Found at: http://www.cms-kids.com/families/child_protection_safety/child_protection_safety.html. (Last visited on February 17, 2012).

¹⁶ Children’s Medical Services Network. Found at: http://www.cms-kids.com/families/health_services/cms_network_home.html. (Last visited on February 17, 2012).

The CMS currently provides transition education and assistance through its existing care coordination and provider systems. However, once a young adult reaches age 21, these services are no longer available.

Title V of the Social Security Act

Since its inception in 1935, the Maternal and Child Health Services Block Grant (Title V of the Social Security Act) has provided a foundation for ensuring the health of America's mothers and children. Title V provides funding to state maternal and child health programs, which serve 35 million women and children in the United States.¹⁷

Title V block grants are provided to states to enable them, among other things, to provide and to promote family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs and to facilitate the development of community-based systems of services for these children and their families. Care coordination means services to promote the effective and efficient organization and utilization of resources to assure access to necessary comprehensive services for children with special health care needs and their families.¹⁸

Every state and the District of Columbia have a Title V Program for Children with Special Health Care Needs that is funded, in part, through the Maternal and Child Health block grants. The CMS administers Florida's Title V Program for Children with Special Health Care Needs.

III. Effect of Proposed Changes:

The bill creates an undesignated section of law relating to health care transition programs and services for adolescents and young adults who have special health care needs.

The bill states that it is the intent of the Legislature to provide a strategic and comprehensive approach to the development and implementation of effective health care transition programs and services for adolescents and young adults who have special health care needs. The bill gives recognition to the plan developed by the Health Care Transition Services Task Force for Youth and Young Adults with Disabilities pursuant to chapter 2008-211, Laws of Florida.

The bill establishes a program called the Florida Health And Transition Services (FloridaHATS) in the Division of CMS Network of the DOH to oversee transitional services in Florida. This program will be responsible for:

- Developing and overseeing a planning and implementation process and the necessary guides for use by community providers and organizations in developing coordinated systems of services for adolescents and young adults who have special health care needs.

¹⁷ U.S. Department of Health and Human Services. Health Resources and Services Administration. Maternal and Child Health. Found at: <http://mchb.hrsa.gov/programs/titlevgrants/index.html>. (Last visited on February 17, 2012).

¹⁸ See 42 U.S.C. §701

- Developing and disseminating resource guides that outline the various public and private health care financing options, including commercial insurance, and the respective health care benefits.
- Coordinating with educational institutions, including medical centers, to identify and make available for health care providers existing training programs regarding the principles, objectives, and methods for the successful transition of adolescents and young adults who have special health care needs to adult health care providers.
- Maintaining and updating the FloridaHATS's website with web-based materials related to health care transition services.
- Collecting and disseminating information in specific clinical areas concerning evidence-based practices and best practices for providing health care transition services.
- Providing technical assistance to entities that are involved in the development and implementation of systems of services for adolescents and young adults who have special health care needs.
- Developing and disseminating quality improvement and evaluation components to other health care providers, which components must include a common or comparable set of performance measures for all entities that provide health care transition services.
- Establishing a network of experts in the fields of pediatric and adolescent medicine, adult medicine, and allied health to provide technical assistance and recommendations regarding best practices and policy guidance in health care transition.

The bill defines the term “adolescents and young adults who have special health care needs” as individuals who are 12 through 26 years of age; who have chronic physical, developmental, behavioral, or emotional conditions; and who require health care or related services of a type or amount beyond that which is generally required by adolescents or young adults. The effect of this provision is that CMS would be authorized to extend care coordination support for young adults who have special health care needs from the age of 21 through 26 years of age.

The effective date of the bill is July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Some of the activities assigned to the FloridaHATS program in the bill would appear to require funding, however, some of these activities have already been completed, or partially completed, with existing funding. The department proposes using existing funds to establish the oversight of FloridaHATS and does not expect any impact on state revenue. The bill authorizes oversight of transition services only, not the provision of medical services to young adults from age 21 through age 26.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Regulation on February 9, 2012:

The CS limits the activities of the DOH with regard to health care transition programs and services for adolescents and young adults who have special health care needs to overseeing transitional services, not providing clinical services. The CS also removes several activities assigned to the department in the original bill that had a fiscal impact.

B. Amendments:

None.