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 Health Policy Committee

BILL:	SB 894
INTRODUCER:	Senator Braynon
SUBJECT:	Community Health Workers
DATE:	April 4, 2013
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davlantes	Stovall	HP	**Pre-meeting**
2.			ED	
3.			CA	
4.			RC	
5.				
6.				

I. Summary:

The bill authorizes the Department of Health (DOH) to create and provide administrative support to a Community Health Worker (CHW) Task Force within a state college or university. The task force will be comprised of 12 members and will include representatives from the Senate, the House of Representatives, the executive branch, and community health workers.

The task force is charged with developing recommendations on including CHWs as part of the health care delivery team. The task force must also collaborate with other statewide stakeholders, such as universities, to devise a process that leads to the standardization of qualifications and skills of CHWs who are employed in state-supported health care programs.

The members of the task force will elect a chair and a vice chair, meet at least quarterly with a quorum of seven members, and are not entitled to compensation or reimbursement of travel expenses. The task force will submit a report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by June 30, 2014.

This bill will take effect upon becoming a law.

This bill creates one undesignated section of law.

II. Present Situation:

Community Health Workers

According to the Florida Community Health Worker Coalition (the coalition), a CHW is "a frontline health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. Some activities performed by the CHW include providing information on available resources, providing social support and informal counseling, advocating for individuals and community health needs, and providing services such as first aid and blood pressure screening. They may also collect data to help identify community health needs."[1]

There is a developing body of evidence demonstrating CHW effectiveness. Most studies are focused on CHW interventions targeted at specific conditions such as diabetes or asthma, and these studies generally show improvement in health outcomes, health behaviors, and patient satisfaction. Other studies have demonstrated cost savings and improved outreach and enrollment into public benefits. Comprehensive reviews such as those conducted by the United States Department of Health and Human Services' Health Resources and Services Administration (HRSA) and the Agency for Healthcare Research and Quality have found mixed results in the literature due to both design limitation and results. Improvement in health outcomes has a stronger body of evidence than cost savings in these reviews but further research into both areas is required. This national attention has increased state level activity and many states, such as Texas, Minnesota, and Massachusetts, now have well-developed CHW programs, regulations and public funding sources.

The first federal effort authorizing CHW programs – the Patient Navigator Outreach and Chronic Disease Prevention Act – passed in 2005. The legislation authorized $25 million in HRSA-administered grants for patient navigator (a type of CHW) programs to coordinate health care services, provide health screening and health insurance information, conduct outreach to medically underserved populations, and perform other duties common to CHWs. This program was reauthorized in 2010 under the Patient Protection and Affordable Care Act (PPACA); the PPACA also provides numerous other opportunities to expand and further integrate CHW programs into the health care system.[2]

Florida Community Health Worker Coalition

The coalition is a statewide partnership housed within the University of Florida College of Pharmacy dedicated to the support and promotion of the CHW profession. It was first formed as a task force in February 2011 through a grant from the Centers of Disease Control and Prevention (CDC) awarded to the DOH.[3] The task force funded under the CDC grant has since blossomed into an organization of 130 volunteer members all over Florida.[4] The coalition

[1] Florida CHW Coalition, *Status Update*, available at: http://www.floridachwn.cop.ufl.edu/coalition/status-update/ (Last visited on March 30, 2013).
[2] National Health Care for the Homeless Council, *Community Health Workers: Financing and Administration*. August 2011. Available at: http://www.nhchc.org/wp-content/uploads/2011/10/CHW-Policy-Brief.pdf (Last visited on March 30, 2013).
[3] *Supra* fn. 1.
[4] Email correspondence with staff of the coalition. A copy of the email is on file with the Senate Health Policy Committee.

provides many resources for CHWs, including links to training programs and conferences, a listing of CHW employers in Florida, and success stories.

The coalition has established five subgroups or committees to explore current research, including models, curricula, and best practices in order to create a viable marketplace for CHWs. The subgroups are: Networking/Sustainability, Policy, Curriculum, Research, and Practice. The Networking/Sustainability Committee identifies various community health organizations around the state to participate in the coalition, promotes recognition of CHWs through branding, and has crafted a charter and an official definition of CHW for the group. The Policy Committee promotes legislation to further the efforts and sustainability of CHWs. The Curriculum Committee aims to establish core standards for CHW training, institute a curriculum review panel, and create a formal certification process for CHWs. The Research Committee reviews existing research on CHWs to provide concrete data on their effectiveness, how they are used, return on investment, and other key performance indicators. The Practice Committee collects information concerning the practical experiences of CHWs in Florida.[5] Each subgroup meets approximately monthly via conference call, and the meetings are open to anyone who is interested.[6]

Medically Underserved in Florida

Medically underserved areas or populations are those areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty, and/or high elderly population.[7] Medically underserved areas may consist of a whole county or group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services. Medically underserved populations may include groups of persons who face economic, cultural, or linguistic barriers to health care.[8] Medically underserved areas and populations are found in every county in Florida.[9]

Health professional shortage areas are defined by HRSA as having shortages of primary medical care, dental, or mental health providers and may be geographic (a county or service area), demographic (low-income populations), or institutional (a comprehensive health center, federally-qualified health center, or other public facility). All but two counties in Florida have at least one shortage area for primary care, all but four counties have a shortage area for dentists, and all but six counties have a shortage area for mental health providers.[10]

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[5] *Supra* fn. 1.
[6] Department of Health, *Florida Community Health Worker Coalition*, available at: http://www.doh.state.fl.us/family/chronicdisease/CHW_Coalition/ (Last visited on March 30, 2013).
[7] HRSA, *Find Shortage Areas: MUA/P by State and County*, available at: http://muafind.hrsa.gov/ (Last visited on March 30, 2013).
[8] HRSA, *Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations*, available at: http://bhpr.hrsa.gov/shortage/ (Last visited on March 30, 2013).
[9] *Supra* fn. 7.
[10] HRSA, *Find Shortage Areas: HPSA by State and County*, available at: http://hpsafind.hrsa.gov/ (Last visited on March 30, 2013).

According to 2011 data, 20 percent of Floridians have no form of health insurance, or 3,825,100 people.[11] This is the fourth-highest uninsured rate among all states, surpassed only by Texas, Nevada, and New Mexico.[12]

The federal poverty level for the continental U.S. is currently $22,350 for a family of four; 185 percent of this is $41,347.50.[13]

Statutory Creation of Advisory Bodies, Commissions, or Boards

The statutory creation of any collegial body to serve as an adjunct to an executive agency is subject to certain provisions in s. 20.052, F.S. Such a body may only be created when it is found to be necessary and beneficial to the furtherance of a public purpose, and it must be terminated by the Legislature when it no longer fulfills such a purpose. The Legislature and the public must be kept informed of the numbers, purposes, memberships, activities, and expenses of any collegial or advisory bodies.

A committee or task force is defined in statute to mean "an advisory body created without specific statutory enactment for a time not to exceed 1 year or created by specific statutory enactment for a time not to exceed 3 years and appointed to study a problem and recommend a solution or policy alternative with respect to that problem. Its existence terminates upon the completion of its assignment."

Private citizen members of any advisory body (with exceptions for members of commissions or boards of trustees) may only be appointed by the Governor, the head of the executive agency to which the advisory body is adjunct, the executive director of the agency, or a Cabinet officer. Private citizen members of a commission or a board of trustees may only be appointed by the Governor, must be confirmed by the Senate, and are subject to the dual-office-holding prohibition of Art. II, s. 5(a) of the State Constitution.

Members of agency advisory bodies serve for 4-year staggered terms and are ineligible for any compensation other than travel expenses, unless expressly provided otherwise in the State Constitution. Unless an exemption is specified by law, all meetings are public, and records of minutes and votes must be maintained.[14]

III. Effect of Proposed Changes:

Section 1 provides definitions for various terms and describes the duties of CHWs.

[11] Kaiser Family Foundation, *Florida: Health Insurance Coverage of the Total Population, states (2010-2011), U.S. (2011)*, available at: http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=11 (Last visited on March 30, 2013).
[12] Kaiser Family Foundation, *Health Insurance Coverage of the Total Population, states (2010-2011), U.S. (2011)*, available at: http://www.statehealthfacts.org/comparetable.jsp?typ=2&ind=125&cat=3&sub=39&sortc=6&o=a (Last visited on March 30, 2013).
[13] U.S. Department of Health and Human Services, *The 2011 HHS Federal Poverty Guidelines*, available at: http://aspe.hhs.gov/poverty/11poverty.shtml (Last visited on March 30, 2013).
[14] Section 20.03(8), F.S.

This section also authorizes the DOH to create and provide administrative support to a Community Health Worker Task Force within a state college or university. The task force will be comprised of the following 12 members:

- One member of the Senate, appointed by the President of the Senate.
- One member of the House of Representatives, appointed by the Speaker of the House of Representatives.
- One state official, appointed by the Governor.
- Six culturally and regionally diverse community health workers, appointed by the State Surgeon General.
- Three representatives of the coalition, appointed by the chair of the coalition.

The task force is charged with developing recommendations for:

- Including CHWs in the development of proposals for health care or Medicaid reform in the state as part of the outreach efforts for enrolling residents of this state in Medicaid managed care programs or other health care delivery services;
- Including CHWs in providing assistance to residents in navigating the health care system and providing information and guidance regarding preventive health care; and
- Providing support to community health centers and other safety net providers through the integration of CHWs as part of health care delivery teams.

The task force must also collaborate with other statewide stakeholders, such as universities, to devise a process that leads to the standardization of qualifications and skills of CHWs who are employed in state-supported health care programs.

The members of the task force will elect a chair and a vice chair, meet at least quarterly with a quorum of seven members, and are not entitled to compensation or reimbursement of travel expenses. The task force will submit a report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by June 30, 2014.

Section 2 provides that the bill will take effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The DOH currently provides support to the Florida CHW Coalition with funding from a CDC grant. Support could easily be extended to the task force within existing resources.[15]

VI. Technical Deficiencies:

In line 43, the name of the coalition should be the Florida Community Health Worker Coalition.

In lines 67-70, it is unclear what capacity is built by CHWs (line 67) and whose self-sufficiency (line 68-69) is increased.

VII. Related Issues:

The bill does not provide a sunset date for the task force. It is unclear if the task force will continue to exist after submitting the required report on June 30, 2014.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

[15] Department of Health, *2013 Bill Analysis for SB 894*. A copy is on file with the Senate Health Policy Committee.