

**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.)

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Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

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BILL: SB 1184

INTRODUCER: Senator Gibson

SUBJECT: Closing the Gap Grant Program

DATE: February 13, 2018      REVISED: \_\_\_\_\_

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	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Lloyd</u>	<u>Stovall</u>	<u>HP</u>	<b>Favorable</b>
2.	<u>Gerbrandt</u>	<u>Williams</u>	<u>AHS</u>	<b>Recommend: Favorable</b>
3.	<u>                    </u>	<u>                    </u>	<u>AP</u>	<u>                    </u>

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**I. Summary:**

SB 1184 expands the list of priority health areas eligible for funding under the “Closing the Gap” grant program to include lupus. The “Closing the Gap” program provides state grants for activities designed to reduce racial and ethnic health disparities.

The bill does not affect state revenues or expenditures.

The bill takes effect July 1, 2018.

**II. Present Situation:**

**The Closing the Gap Grant Program**

In 2000, the Florida Legislature created the Reducing the Racial and Ethnic Health Disparities: “Closing the Gap” (CTG) grant program to improve health outcomes of racial and ethnic populations.<sup>1</sup> The CTG program provides grants to stimulate the development of community-based and neighborhood-based projects that improve health outcomes of racial and ethnic populations within Florida counties.<sup>2</sup>

The CTG program is administered by the Department of Health (department). The department is responsible for publicizing the availability of the CTG program and grant funds, establishing the grant application process, providing technical assistance and training, developing uniform data reporting requirements, evaluating progress towards meeting grant objectives, and coordinating with other state and local programs to avoid duplication of effort.<sup>3</sup>

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<sup>1</sup> Chapter 2000-256, ss. 31-32, Laws of Fla. (2000).

<sup>2</sup> Section 381.7352, F.S.

<sup>3</sup> Section 381.7353, F.S.

### ***Eligibility***

Any person, entity, or organization within a Florida county may submit a proposal for a CTG grant.<sup>4</sup> Persons, entities, or organizations within adjoining counties, with populations of less than 100,000, based on the annual estimates produced by the Population Program of the University of Florida Bureau of Economic and Business Research, may submit a multi-county proposal.<sup>5</sup> At least 20 percent of the appropriation for the CTG grant must be dedicated to proposals that address improving the racial and ethnic health status within specific Front Porch Florida Communities.<sup>6</sup>

### ***Grant Proposals***

Currently, CTG grants are awarded for proposals with strategies designed to:

- Address the physical and social determinants of health, particularly as it relates to evidence-based prevention, intervention, and local policy initiatives demonstrated to improve health outcomes.
- Address evidence-based interventions proven to:
  - Increase the percentage of minority children and adults who are at a healthy weight.
  - Reduce the non-white infant mortality rate.
  - Decrease the percentage of HIV-infected people in minority groups.
  - Increase the number of minorities who have access to and are receiving culturally and linguistically appropriate prevention, care and treatment services.
  - Increase access to resources that promote healthy behaviors.
  - Promote chronic disease self-management education.
  - Promote early detection and screening for chronic diseases such as cancer, heart disease and diabetes.
  - Increase immunization rates among adults, particularly among people over the age of 65.
  - Decrease racial and ethnic disparities in morbidity and mortality rates relating to cancer, HIV/AIDS, cardiovascular disease, diabetes and sickle cell disease.<sup>7</sup>

In fiscal year 2016-2017, the department awarded \$3,004,666 to 18 CTG proposals. The proposals covered priority health areas in diabetes, cardiovascular disease, HIV/AIDS, sickle cell disease, maternal and infant mortality, cancer, colorectal cancer, and oral health.<sup>8</sup>

### ***Grant Awards***

The amount of a grant award varies and is based on the county or neighborhood's population or the combined population from which a multi-county proposal is submitted.<sup>9</sup> The maximum grant

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<sup>4</sup> Section 381.7354 (1), F.S.

<sup>5</sup> *Id.* at (2).

<sup>6</sup> *Id.* at (3). The Front Porch Florida Initiative was created by the Florida Legislature as a comprehensive, community-based urban core redevelopment program to encourage economic revitalization in the state's most distressed communities. *See s.* 20.60(5)(b), F.S.

<sup>7</sup> Department of Health, Office of Minority Health and Health Equity, *Reducing Racial and Ethnic Health Disparities Closing the Gap Grant Program (CTG) Request for Applications, RFA # 17-007, FY 2018-2019*, <http://www.floridahealth.gov/programs-and-services/minority-health/closing-the-gap.html>, (last visited Feb. 8, 2018).

<sup>8</sup> Department of Health, *Closing the Gap Contract Spreadsheet FY 2016-17*, (on file with the Senate Committee on Health Policy).

<sup>9</sup> Section 381.7356(3), F.S.

award per applicant is \$200,000 for a twelve-month period.<sup>10</sup> Grant awards may be renewed annually subject to the availability of funds and the grantee’s achievement of quality standards, objectives, and outcomes.<sup>11</sup>

Currently, the department is accepting applications until February 16, 2018, for grants beginning July 1, 2018.<sup>12</sup>

**Matching Fund Requirements**

Certain grantees are required to provide \$1 in local matching funds for every \$3 in state grant funds requested. Depending on the size of the county, in-kind contributions can be substituted for the required cash match.<sup>13</sup> The following table illustrates the matching fund requirements for each type of grantee.<sup>14</sup>

Closing the Gap Matching Funds Contribution Combinations	
Grantee Type	Matching Funds Requirements
County Population greater than 50,000	One dollar in local matching funds for every 3 dollars of grant funds - At least 50 percent of the local match must be in cash - Up to 50 percent of the local match may be in-kind contributions such as free services, office space or human resources.
County Population of 50,000 or less	Up to 100 percent of the local match may be in-kind contributions such as free services, office space or human resources.
Grantee is a Front Porch Community	No matching funds required

**Health Disparities in Florida**

In Florida, the ethnic and racial disparity in some health categories is significant (see table below).

Minority Health Profiles – Select Indicators for 2016				
Indicator (per 100,000, unless noted)	White Rate	Black Rate <sup>15</sup>	Hispanic Rate <sup>16</sup>	Non-Hispanic Rate <sup>17</sup>
Fetal Deaths (per 1,000 deliveries)	5.3	12.2	5.4	7.2
Infant Deaths (per 1,000 births)	4.4	11.3	5.1	6.4
Maternal Deaths	15.7	32.5	8.9	24.4

<sup>10</sup> *Supra* note 7.

<sup>11</sup> Section 381.7356(4), F.S.

<sup>12</sup> *Supra* note 7.

<sup>13</sup> Section 381.7356(2), F.S.

<sup>14</sup> *Id.*

<sup>15</sup> Department of Health, FLHealthCHARTS.com, *Minority Health Profile – Black – 2016*, <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.MinorityHealthProfile-Black>, (last visited Feb. 8, 2018).

<sup>16</sup> Department of Health, FLCharts, *Minority Health Profile – Hispanic – 2016*, <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.MinorityHealthProfile-Hispanic>, (last visited Feb. 8, 2018).

<sup>17</sup> *Id.*

Minority Health Profiles – Select Indicators for 2016				
Indicator (per 100,000, unless noted)	White Rate	Black Rate <sup>15</sup>	Hispanic Rate <sup>16</sup>	Non-Hispanic Rate <sup>17</sup>
Diabetes death rate	38.5	17.4	18.5	20.0
HIV Infection Cases,	10.5	65.7	30.1	22.0
Coronary Heart Disease death rate	96.9	100	87.4	98.7
Stroke death rate	34.6	53.6	35.8	37.0

A 2017 statistical brief from the department noted that the gap between the black age-adjusted mortality rate and the white age-adjusted mortality rate had decreased over time. Specifically, in 1995, the black rate was 50.9% higher than the white rate while in 2015, the black rate was only 29.6% higher than the white rate.<sup>18</sup>

## Lupus

Lupus is a chronic autoimmune disease that triggers inflammation in bodily tissues. The body's immune system attacks its own tissues and organs and the resulting inflammation can impact joints, skin, kidneys, blood cells, brain, heart and lungs. Symptoms of lupus can include fatigue, fever, stiff, swollen and painful joints, skin lesions, rash, chest pain, headaches and memory loss.<sup>19</sup>

### Types of Lupus

There are four different forms of lupus. *Systemic lupus* affects a major organ or tissue of the body, such as the heart, lungs, kidney, or brain. Systemic lupus is the most common and most serious type of lupus accounting for approximately 70 percent of all lupus cases. *Cutaneous lupus* affects only the skin in the form of a rash or lesions and accounts for approximately 10 percent of all lupus cases. *Drug-induced lupus* is caused by a reaction to high doses of certain medications and accounts for 10 percent of all lupus cases. *Neonatal lupus* is a rare condition where the mother's antibodies affect the fetus. At birth, the baby may have a skin rash, liver problems, or low blood cell counts, but these issues usually disappear within 6 months.<sup>20</sup>

### Causes of Lupus

In most cases, the cause of Lupus is unknown; however, it is believed to be linked to environmental, genetic, or hormonal factors. Most researchers today think that environmental factors, such as a virus or a chemical, trigger lupus in certain susceptible individuals. Examples of environmental triggers for lupus include:

- Sunlight – exposure to the sun may bring on lupus skin lesions in certain individuals;
- Infections – an infection can initiate lupus or cause a relapse; and

<sup>18</sup> Department of Health, FLHealthCHARTS.com Statistical Brief, *Gap Between Black and White Death Rate Narrows*, <http://www.flhealthcharts.com/Charts/documents/StatisticalBriefs/GapNarrows.pdf>, (last visited Feb. 7, 2018).

<sup>19</sup> Mayo Clinic, *Lupus - Overview*, <https://www.mayoclinic.org/diseases-conditions/lupus/symptoms-causes/syc-20365789>, (last visited Feb. 7, 2018).

<sup>20</sup> The National Resource Center on Lupus, *What is Lupus*, [https://resources.lupus.org/entry/what-is-lupus?utm\\_source=lupusorg&utm\\_medium=answersFAQ](https://resources.lupus.org/entry/what-is-lupus?utm_source=lupusorg&utm_medium=answersFAQ), (last visited Feb. 7, 2018).

- Medications – certain types of blood pressure medication, anti-seizure medications, and antibiotics may trigger lupus.<sup>21</sup>

### ***Diagnosis and Treatment***

More than 16,000 new cases of lupus are reported each year and most people who develop lupus are women between the ages of 15 and 44. It is estimated that more than 1.5 million Americans have a form of lupus.<sup>22</sup> Lupus can be difficult to diagnose because the symptoms often mimic other illness. Common symptoms include extreme fatigue, headaches, painful and swollen joints, fever, hair loss, anemia, and skin rashes and lesions.<sup>23</sup> The American College of Rheumatology developed a list of 11 measures to help with the diagnosis of lupus. If an individual has had or has, at least four of the measures there is a strong chance that the individual has lupus.<sup>24</sup>

Lupus is generally not a fatal disease; however, causes of premature death associated with lupus are active disease, organ failure, infection, or cardiovascular disease.<sup>25</sup> There is no cure for lupus but, medications, medical interventions and lifestyle changes can help control its symptoms.<sup>26</sup>

### ***Racial and Ethnic Health Disparities***

Certain ethnic groups have a greater chance of developing lupus than other groups. Lupus is 2 to 3 times more prevalent among women of color (African American, Hispanic/Latino, Asian, Native American, Alaska Natives, Native Hawaiians and other Pacific Islanders) than among Caucasian women. Lupus affects one in 537 young African American women and African American women are more likely to have organ system involvement, develop lupus at a younger age, have more serious complications, and have a higher mortality rate due to lupus.

### ***Economic Impact***

Lupus also imposes a significant financial burden on individuals because of direct health care costs and loss of productivity due to work disability.<sup>27</sup> On average, only 46 percent of those with lupus report being employed.<sup>28</sup> The annual direct health care costs of a patient with lupus is \$12,643 (in 2004 U.S. dollars) and the lost annual productivity costs of an employment-aged patient is \$8,659.<sup>29</sup>

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<sup>21</sup> The National Resource Center on Lupus, *What Causes Lupus*, <https://resources.lupus.org/entry/what-causes-lupus>, (last visited Feb. 7, 2018).

<sup>22</sup> *Supra* note 20.

<sup>23</sup> The National Resource Center on Lupus, *Common symptoms of lupus*, <https://resources.lupus.org/entry/common-symptoms>, (last visited Feb. 8, 2018).

<sup>24</sup> For a list of the 11 common criteria or measures to help diagnose lupus see: The National Resource Center on Lupus, *What doctors look for to confirm a diagnosis*, <https://resources.lupus.org/entry/what-doctors-look-for>, (last visited Feb. 7, 2018).

<sup>25</sup> Centers for Disease Control and Prevention, *Lupus Detailed Fact Sheet*, <https://www.cdc.gov/lupus/facts/detailed.html>, (last visited Feb. 8, 2018).

<sup>26</sup> Mayo Clinic, *Lupus – Diagnosis and Treatment*, <https://www.mayoclinic.org/diseases-conditions/lupus/diagnosis-treatment/drc-20365790>, (last visited Feb. 7, 2018).

<sup>27</sup> Pantelis Panopalis, et al, *Health Care costs and Costs Associated with Changes in Work Productivity Among Persons with Systematic Lupus Erythematosus*, *Arthritis & Rheumatism* (Arthritis Care and Research), Vol. 59, No. 12, (Dec. 15, 2008).

<sup>28</sup> Centers for Disease Control and Prevention, *Lupus Basic Fact Sheet*, <https://www.cdc.gov/lupus/basics/index.html>, (last visited Feb. 8, 2018).

<sup>29</sup> *Supra* note 27.

**III. Effect of Proposed Changes:**

The bill amends s. 381.7355, F.S., to expand the priority areas that may be addressed in a CTG proposal to include projects focused on decreasing the racial and ethnic disparities in morbidity and mortality rates relating to lupus.

The bill takes effect July 1, 2018.

**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:**

The bill expands the types of project proposals that are eligible to receive grant funds under the Closing the Gap Grant program.

**C. Government Sector Impact:**

The Department of Health reports no impact on expenditures.<sup>30</sup>

The availability of state funds for the CTG grant program is subject to an annual appropriation. The addition of lupus as new priority health area eligible for grant funding does not impact the overall cost of the program.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

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**VIII. Statutes Affected:**

This bill substantially amends section 381.7355 of the Florida Statutes.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

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

None.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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