

**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 Committee on Health Policy

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BILL: SB 1184

INTRODUCER: Senator Gibson

SUBJECT: Closing the Gap Grant Program

DATE: January 29, 2018

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	<b>Pre-meeting</b>
2.			AHS	
3.			AP	

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**I. Summary:**

SB 1184 expands the potential focus of the “Closing the Gap” grant projects to include lupus. The “Closing the Gap” program provides grants for activities designed to reduce racial and ethnic health disparities.

The bill has no fiscal impact.

**II. Present Situation:**

***The Closing the Gap Program***

In 2000, the Florida Legislature created the Reducing the Racial and Ethnic Health Disparities: “Closing the Gap” (CTG) grant program.<sup>1</sup> The program is administered through the Department of Health’s (department) Office of Minority Health (office). The office serves the health needs of Florida’s minority and underrepresented populations statewide through multiple health promotion programs, including CTG. The office is responsible for publicizing the availability of the program and grant funds, establishing the grant application process, providing technical assistance and a statewide meeting to showcase best practices, developing uniform data reporting requirements, creating a monitoring process to evaluate progress towards the grant’s objectives, and coordinating with other state and local programs.<sup>2</sup>

The purposes of the grant program are to positively impact racial and ethnic disparities in several key health indicators, to make meaningful improvements in the lives of those Floridians who suffer disproportionately from disease and disability, and to provide funding in the designated priority areas.

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

<sup>2</sup> Section 381.7353, F.S.

Applications for grants must address each of the following required items:

- The purpose and objectives of the proposal, including identification of the particular racial or ethnic disparity the project will address, which must include one or more of the following priority areas:
  - Decreasing racial and ethnic disparities in maternal and infant mortality rates;
  - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cancer;
  - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to HIV/AIDS;
  - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to cardiovascular disease;
  - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to diabetes;
  - Increasing adult and child immunization rates in certain racial and ethnic populations;
  - Decreasing racial and ethnic disparities in oral health care; and
  - Decreasing racial and ethnic disparities in morbidity and mortality rates relating to sickle cell disease;
  - Improving neighborhood social determinants of health, such as transportation, safety, and food access.
- Identification and relevance of the target population;
- Methods for obtaining baseline health status data and assessment of community health needs;
- Mechanisms for mobilizing community resources and gaining local commitment;
- Development and implementation of health promotion and disease prevention interventions;
- Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes;
- A proposed work plan, including a timeline for implementing the project; and
- The likelihood that project activities will occur and continue in the absence of funding.<sup>3</sup>

Priority is given to those proposals that:

- Represent areas with the greatest documented ethnic and racial health status disparities;
- Exceed the statutory minimum local contribution amounts;
- Demonstrate broad-based local community support shown through letters of support, inter-agency agreements, or other forms of supports;
- Show high levels of participation by the health care community in clinical preventive services and health promotion activities;
- Represent counties with high levels of families living in poverty and with poor health status indicators;
- Demonstrate coordinated community approaches to addressing racial and ethnic health disparities within existing publicly financed programs;
- Incorporate intervention mechanisms which have a high probability of improving the targeted population's health status;
- Demonstrate a commitment to quality management in all aspects of project administration and implementation; and
- Incorporate policy approaches that will lead to long-term sustainability and improvement.<sup>4</sup>

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<sup>3</sup> See s. 381.7355(2), F.S.

<sup>4</sup> Section 381.7355(3), F.S.

The Legislature intended the program to operate as a partnership between the state and local governments, faith-based organizations, private sector organizations, and other non-traditional partners.<sup>5</sup>

### ***Grant Proposals***

Grant proposals are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes.<sup>6</sup> The department has released the *Request for Applications* with an application deadline date of February 16, 2018, for grants beginning July 1, 2018.<sup>7</sup>

The maximum award per applicant is estimated at \$200,000 and the grant application states approximately three million dollars would be available, subject to a state general revenue appropriation.<sup>8</sup> Grant funds may not be used to provide medical or clinical services.<sup>9</sup>

The *Request for Applications* has specific submission guidelines for potential grantees. In addition to the list of criteria for priority consideration, the proposal requires applications to provide:<sup>10</sup>

- A statement of need – A description of the need for the proposed project that includes demographic information about the focal population to be served and the justification for the requested funding for the project. The statement of need also includes information about the impact of the problem, the prevalence of the health disparities, and risk factors that exist in the county to be served.
- Program description – A narrative of the activities which will be conducted as a result of the funding that is received under this grant proposal, including how and when those activities will be implemented. The program description should also address any barriers to implementation and a list of intended outcomes and how the grantee intends to measure those outcomes.
- Evaluation plan – A report of how the applicant will measure and evaluate the effectiveness and results of the grant activities. The grant prohibits the use of grant funds to secure an outside evaluator.
- Project management plan – An outline of how the grantee will execute, monitor, and control the proposed plan. The project management plan also includes how the grantee will handle any issues that arise over the grant period.
- Collaboration – A description of how the grantee will coordinate and partner with other entities within the community for the benefit of the population being served and for the benefit of the project sustainability after the grant funding ends.

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<sup>5</sup> Section 381.7352, F.S.

<sup>6</sup> Section 381.7356(4), 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 Jan. 24, 2018).

<sup>8</sup> *Id.*

<sup>9</sup> *Id.* at 13.

<sup>10</sup> *Id.* at 18-19.

- Workplan – A listing of objectives for implementation activities with action items and timelines.
- Proposed budget for the grant period with budget justification.

For the state fiscal year 2016-2017, the department allocated \$3,004,666 amongst 18 contracts. The grantees covered priority areas in diabetes, cardiovascular disease, HIV/AIDS, sickle cell disease, maternal and infant mortality, cancer, colorectal cancer, and oral health.<sup>11</sup>

**Matching Funds for Grants**

Grants are awarded to a county or a group of adjoining counties if those counties submitted a multi-county application. The CTG program requires the grantee to provide \$1 in local matching funds for every \$3 in state grant funds being requested, cash or in-kind contributions, at varying contribution levels.<sup>12</sup> The amount of a grant award is based on the county’s or the neighborhood’s population demographics. Table 1. below illustrates how populations may meet the match requirement through different combinations of cash and in-kind contributions.

<b>Table 1. Closing the Gap Matching Funds Contribution Combinations<sup>13</sup></b>	
<b>Grantee Type</b>	<b>Matching Funds Requirements</b>
County Population greater than 50,000	One dollar for every 3 dollar grant payment - At least 50 percent must be in cash - Up to 50 percent may be in-kind (free services or human resources)
County Population of 50,000 or less	Up to 100 percent may be in-kind services (free services or human resources)
Grantee is a Front Porch Community <sup>14</sup>	No match requirement

**Social Determinants of Health**

*Healthy People 2020* is an initiative of the United States Department of Health and Human Services that provides 10-year national objectives for improving the health of Americans. Its vision is a society in which all people live long, healthy lives.<sup>15</sup> One of the missions of *Healthy People 2020* is to increase public awareness of determinants of health, disease, and disability and the opportunities for progress. The project seeks to achieve health equity, eliminate disparities, and improve the health of all groups while also attaining high-quality, longer lives free of

<sup>11</sup> Department of Health, *Closing the Gap Contract Spreadsheet FY 2016-17*, (on file with the Senate Committee on Health Policy).

<sup>12</sup> Section 381.7356, F.S.

<sup>13</sup> *Id.*

<sup>14</sup> The Front Porch Florida initiative was created in 1999 by the Florida Legislature to help local residents revitalize and redevelop projects in urban areas. Under this initiative, distressed areas can request designation as a Front Porch community. A Front Porch community is eligible for financial and technical assistance from the state. Twenty percent of the CTG grant funding is dedicated towards this program. The program is managed within the Florida Department of Economic Opportunity, Office of Urban Opportunity’s Division of Community Development. *See* Section 20.60(5)(b)2.g., F.S. and s. 381.7354(3), F.S.

<sup>15</sup> United States Department of Health and Human Services, *Healthy People 2020 – Framework*, <https://www.healthypeople.gov/sites/default/files/HP2020Framework.pdf>, (last visited Jan. 24, 2018).

preventable disease, disability, injury, and premature death.<sup>16</sup> In Florida, the ethnic and racial disparity in some health categories is significant as shown in Table 2. below.

<b>Table 2. Minority Health Profiles – Select Indicators for 2016<sup>17</sup></b>				
<b>Indicator (per 100,000, unless noted)</b>	<b>White</b>	<b>Black</b>	<b>Hispanic<sup>18</sup></b>	<b>Non-Hispanic<sup>19</sup></b>
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
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 statistical brief from the department in 2017 noted that the gap between the black rate and the white rate has decreased over time, however. In 1995, the age adjusted mortality rate per 100,000 population was 1,224.9 for Black race and 811.6 for White race and in 2015, these rates had come down to 851.9 for Black race and 735.0 for White race.<sup>20</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 it can impact many different body systems.<sup>21</sup> Individuals may experience a mild form of the disease which is characterized by episodes or flares when symptoms get worse for a while and then improve or disappear for periods of time.<sup>22</sup> Others experience symptoms more frequently. On average, only 46 percent of those with lupus report being employed.<sup>23</sup> There is no cure for lupus, only medications, medical interventions, and lifestyle changes that can help control it.

<sup>16</sup> *Id.*

<sup>17</sup> Department of Health, FLHealthCHARTS.com, *Minority Health Profile – Black – 2016*, <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.MinorityHealthProfile-Black>, (last visited Jan. 24, 2018).

<sup>18</sup> Department of Health, FLCharts, *Minority Health Profile – Hispanic – 2016*, <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.MinorityHealthProfile-Hispanic>, (last visited Jan. 24, 2018).

<sup>19</sup> *Id.*

<sup>20</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 Jan. 24, 2018).

<sup>21</sup> Mayo Clinic, *Lupus - Overview*, <https://www.mayoclinic.org/diseases-conditions/lupus/symptoms-causes/syc-20365789>, (last visited Jan. 24, 2018).

<sup>22</sup> *Id.*

<sup>23</sup> Centers for Disease Control and Prevention, *Lupus Basic Fact Sheet*, <https://www.cdc.gov/lupus/basics/index.html>, (last visited Jan. 24, 2018).

More than 16,000 new cases of lupus are reported each year and most people who develop lupus are between the ages of 15 and 55.<sup>24</sup> It is estimated that more than 1.5 million Americans have a form of lupus.<sup>25</sup> Lupus is generally not a fatal disease; however, causes of premature death from lupus are usually from organ failure or cardiovascular disease.<sup>26</sup>

There are four different forms of lupus. *Systematic lupus* affects a major organ or tissue of the body, such as the heart, lungs, kidney, or brain in 50 percent of all cases. Of all individuals with lupus, 70 percent fall in this category of lupus. *Cutaneous lupus* affects only the skin and impacts about 10 percent of all lupus cases. *Drug-induced lupus* is caused by high doses of certain medications and is responsible for about 10 percent of all cases. *Neonatal lupus* is a rare condition where the mother's antibodies affect the fetus impacting the baby's skin, liver, or blood cell counts. Such issues usually disappear completely within six months.<sup>27</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>28</sup> The American College of Rheumatology developed a list of 11 common criteria or measures to help with the diagnosis of lupus. If an individual has at least four on the list, either at the present time or at some time in the past, there is a strong chance that the individual has lupus.<sup>29</sup>

The 11 common criteria or measures of lupus are:

- Malar rash – a rash over the cheeks and nose, often in the shape of a butterfly;
- Discoid rash – a rash that appears as red, raised, disk-shaped patches;
- Photosensitivity – a reaction to sun or light that causes a skin rash to appear or get worse;
- Oral ulcers – sores appearing in the mouth;
- Arthritis – joint pain and swelling of two or more joints in which the bones around the joints do not become destroyed;
- Serositis – inflammation of the lining around the lungs or inflammation of the lining around the heart that causes chest pain which is worse with deep breathing;
- Kidney disorder – persistent protein or cellular casts<sup>30</sup> in the urine;
- Neurological disorder – seizures or psychosis;
- Blood disorder – anemia (low red blood cell count), leukopenia, (low white blood cell count), lymphopenia (low level of specific white blood cells), or thrombocytopenia (low platelet count)
- Immunologic disorder – anti-DNA or anti-Sm or positive antiphospholipid antibodies; and
- Abnormal antinuclear antibody (ANA).<sup>31</sup>

<sup>24</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 Jan. 24, 2018).

<sup>25</sup> *Id.*

<sup>26</sup> Centers for Disease Control and Prevention, *Lupus Detailed Fact Sheet* (last updated January 8, 2018) <https://www.cdc.gov/lupus/facts/detailed.html>, (last visited Jan. 24, 2018).

<sup>27</sup> *Id.*

<sup>28</sup> The National Resource Center on Lupus, *Common symptoms of lupus*, <https://resources.lupus.org/entry/common-symptoms>, (last visited Jan. 24, 2018).

<sup>29</sup> 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 Jan. 24, 2018).

<sup>30</sup> A cellular or urinary cast is a tiny tube-shaped particle made up of white blood cells, kidney cells, or a substance such as protein or fat. The content of a cast can tell whether an individual's kidney is abnormal or not. *See* <https://medlineplus.gov/ency/article/003586.htm>.

<sup>31</sup> *Supra* note 31.

In most cases, the cause for Lupus is unknown. Some people may have inherited a predisposition for lupus or there may be an environmental trigger. A few triggers for lupus are:

- Sunlight – exposure to the sun may bring on lupus skin lesions in certain individuals;
- Infections – an infection can initiate lupus or cause a relapse.
- Medications – certain types of blood pressure medication, anti-seizure medications, and antibiotics may trigger lupus. When the medication is stopped, the person usually gets better.<sup>32</sup>

Certain ethnic groups have a greater chance of developing lupus than other groups. Lupus is two to three more times more prevalent among women of color than among Caucasian women.<sup>33</sup> It affects one in 537 young African American women.<sup>34</sup> African American women were also more likely to have organ system involvement and to develop lupus at a younger age, have more serious complications, and have a higher mortality rate.<sup>35</sup>

Lupus also imposes a significant financial burden on individuals, not just because of the consumption of health care resources, but also because of the patient's loss of productivity due to work disability.<sup>36</sup> A person with lupus was found to incur direct costs of \$12,643 in 2004 U.S. dollars and lost annual productivity costs of \$8,659.<sup>37</sup>

### III. Effect of Proposed Changes:

**Section 1** adds projects relating to lupus which decrease racial and ethnic disparities in morbidity and mortality rates relating to lupus to the list of priority areas that a Closing the Gap project may address under the grant program.

**Section 2** provides an effective date for the act of July 1, 2018.

### IV. Constitutional Issues:

#### A. Municipality/County Mandates Restrictions:

None.

#### B. Public Records/Open Meetings Issues:

None.

#### C. Trust Funds Restrictions:

None.

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<sup>32</sup> *Id.*

<sup>33</sup> *Supra* note 25.

<sup>34</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) <http://onlinelibrary.wiley.com/doi/10.1002/art.24063/pdf>, (last visited Jan. 24, 2018).

<sup>35</sup> *Id.*

<sup>36</sup> *Id.*

<sup>37</sup> *Id.* at 1793.

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

None.

**B. Private Sector Impact:**

SB 1184 expands the subject matter for the community-based projects that may receive state funding. By expanding the list of potential priority projects, additional community organizations that work on lupus issues will have an opportunity to compete for grants. The actual amounts that may be awarded from those proposals will vary based on the amount of local matching funds committed by the grantee.

**C. Government Sector Impact:**

The Department of Health reports no impact.<sup>38</sup>

The availability of state funds for the CTG grant program is subject to an annual appropriation. The addition of a new priority does not impact the overall cost of the program.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**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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<sup>38</sup> Department of Health, *No Impact Statement – SB 1184* (Jan. 25, 2018), (on file with the Senate Committee on Health Policy).