

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 183 Office of Minority Health and Health Equity
SPONSOR(S): Professions & Public Health Subcommittee, Brown and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 404

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Professions & Public Health Subcommittee	17 Y, 0 N, As CS	Rahming	McElroy
2) Health Care Appropriations Subcommittee	13 Y, 0 N	Mielke	Clark
3) Health & Human Services Committee		Rahming	Calamas

SUMMARY ANALYSIS

In Florida, minority populations experience higher rates of illness and death from health conditions such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, mental health, asthma, and obesity. The Office of Minority Health and Health Equity (Office), housed within the Department of Health (DOH), is responsible for helping to improve health and healthcare outcomes for racial and ethnic minority communities by developing or advancing policies, programs, and practices that address health, social, economic, environmental, and other factors which impact health. Under current law, the Office must be headed by a Senior Health Equity Officer, who must administer the Closing the Gap grant program in a manner that maximizes the impact of the grants in achieving health equity.

CS/HB 183 requires the Office to develop and promote the statewide implementation of policies, programs, and practices that increase health equity for racial and ethnic minority populations in Florida. The bill requires the Office to work with other state agencies, organizations, and providers to improve the health of racial and ethnic minority populations through data analysis and the development of health policies and programs that will help eliminate health disparities.

The bill requires one representative from each county health department to serve as a minority health liaison and requires minority health liaisons to assist the Office in the implementation of the bill. The bill also authorizes the Office to serve as a liaison to and assist the federal Offices of Minority Health and Regional Health Operations, as appropriate.

The bill has an insignificant, negative fiscal impact on the DOH, which current resources are adequate to absorb, and no fiscal impact on local governments.

The bill provides an effective date of July 1, 2021.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Health Disparities

In Florida, minority populations experience higher rates of illness and death from health conditions such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, mental health, asthma, and obesity.¹ Poor health outcomes for Blacks, Hispanic Americans, American Indians, Alaska Natives, Asian Americans, Native Hawaiians, and Pacific Islanders are also apparent when comparing their health indicators to Florida's general population.²

Office of Minority Health and Health Equity

In 2004, the Florida Legislature established the Office of Minority Health and Health Equity (Office) to serve as the coordinating office within the Florida Department of Health (DOH) for consultative services and training in the areas of cultural and linguistic competency, coordination, partnership building, program development and implementation, and other related comprehensive efforts to address the health needs of Florida's minority and underrepresented populations statewide.³ The Office is responsible for helping to improve health and healthcare outcomes for racial and ethnic minority communities by developing or advancing policies, programs, and practices that address health, social, economic, environmental, and other factors which impact health.⁴ The Office is also statutorily required to be headed by a Senior Health Equity Officer.⁵

The DOH currently gathers, analyzes, and publishes data regarding disparities in health status and access to health care services on its Florida Health Community Health Assessment Resource Tool Set website, but not on quality of health care.⁶ However, the federal Agency for Healthcare Research and Quality does publish data on the quality of health care and provides a list of measures and supporting data that can be viewed by race and ethnicity at the state level.⁷ Currently, there are no statutory requirements relating to the maintenance of the Office's website, including what information should be maintained on it or how often it should be updated.

Current law does not require the Office to develop and promote statewide implementation of any policies, programs, and practices to increase health equity for racial and ethnic minority populations in Florida. The Office is also not required to work with other state agencies, organizations, and providers or the federal government to improve the health of racial and ethnic minority populations through data analysis and the development of health policies and programs that will help eliminate health disparities.

Minority Health Initiatives

¹ Florida Department of Health (DOH), *Health Equity Profile 2019, Health Equity Profile - State Total, Florida 2019*, <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.HealthEquityMergeMHPProfile> (last visited Mar. 7, 2021).

² *Id.*

³ S. 20.43 (9), F.S. See also, Florida Department of Health (DOH), *Minority Health and Health Equity*, <http://www.floridahealth.gov/programs-and-services/minority-health/index.html> (last visited Mar. 7, 2021).

⁴ DOH, *Minority Health Liaisons*, <http://www.floridahealth.gov/programs-and-services/minority-health/minority-health-liaisons.html> (last visited Feb. 28, 2021).

⁵ S. 20.43(9), Florida Statutes.

⁶ DOH, 2021 Agency Legislative Bill Analysis for HB 183, p. 7 (Feb. 3, 2021).

⁷ Agency for Healthcare Research and Quality, *National Healthcare Quality and Disparities Reports: Florida*, https://nhqrnet.ahrq.gov/inhqrdr/Florida/benchmark/summary/All_Measures/All_Topics (last visited February 28, 2021).

Closing the Gap Grant Program

The Office administers the “Closing the Gap” (CTG) grant program.⁸ In 2000, the Legislature created the CTG grant program to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.⁹ The Senior Health Office must administer the CTG grant program in a manner that maximizes the impact of the grants in achieving health equity.¹⁰ Grants 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.¹¹

In administering the CTG grant program, the Senior Health Equity Officer must disseminate information on best practices to stakeholders.¹² He or she must also evaluate the awarded grants to assess the effectiveness and efficiency of the use of funds, and ensure that the assessments inform future grant award decisions.¹³

Implementation of the CTG grant program is subject to a specific appropriation provided in the General Appropriations Act.¹⁴ In Fiscal Year 2020-2021, the Legislature appropriated \$4,850,354 to the program.

Minority Health Liaisons

The Office relies on county health departments (CHDs) and other programs within the DOH to achieve its goals.¹⁵ The minority health liaisons, comprised of a representative from each of the 67 CHDs, are the link between local communities and the Office.¹⁶

The objective of the Office and the minority health liaisons is to improve the health of all residents and visitors across Florida, primarily through increasing public awareness of the importance of minority health and partnering initiatives focused on minority health issues statewide.¹⁷ The Office helps to facilitate these partnerships by coordinating with CHDs, central office divisions/bureaus, and statewide stakeholders, and providing technical assistance to the minority health liaisons on issues related to minority health, health disparities, and other health issues within the state.¹⁸

Key components of the Office-Minority Health Liaisons partnership include:¹⁹

- Sharing information on minority health and health disparities;
- Coordinating events, such as Take a Loved One to the Doctor Day, National Minority Health Month, and other nationally recognized observances;
- Promoting state and local activities and events to raise awareness of programs and services available to minorities and the underserved populations; and
- Helping meet the mission of the DOH by achieving its primary responsibilities in eliminating health disparities.

Effect of Proposed Bill

⁸ Florida Department of Health, *Minority Health*, <http://www.floridahealth.gov/%5C/programs-and-services/minority-health/index.html> (last visited Mar. 15, 2021).

⁹ Ss. 381.7353–381.7356, F.S. See also, *Closing the Gap Grant*, <http://www.floridahealth.gov/programs-and-services/minority-health/closing-the-gap.html> (last visited Feb. 28, 2021).

¹⁰ S. 381.7355, F.S.

¹¹ S. 381.7356(4), F.S.

¹² S. 20.43(9), F.S.

¹³ *Id.*

¹⁴ *Id.*

¹⁵ DOH, *supra* note 4.

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

Office of Minority Health and Health Equity

CS/HB 183 requires the Office of Minority Health and Health Equity to develop and promote the statewide implementation of policies, programs, and practices that increase health equity for racial and ethnic minority populations in Florida.

The bill also requires the Office to use all available resources and pursue funding opportunities to achieve the bill's purpose and work with other state agencies, organizations, and providers to:

- Gather and analyze data regarding disparities in health status, health outcomes, quality of health care, and access to health care services for racial and ethnic minority populations in Florida;
- Develop mechanisms that support better information dissemination and education about health disparities which lead to improved access to and delivery of health care services to racial and ethnic minority populations in Florida;
- Promote evaluations of demonstration projects and disseminate the evaluations findings to enhance the success and sustainability of policies, programs, and practices that increase health equity in Florida;
- Promote the use of community health workers to improve the cultural competency of services and build individual and community self-sufficiency; and
- Promote the development of programs that improve access to health care services for individuals with limited proficiency in the English language, including persons with disabilities.

CS/HB 183 requires the DOH to maintain and annually update the following information on its website:

- Current state data on health disparities and issues affecting racial and ethnic minority populations;
- Information about and links to resources available to racial and ethnic minority populations in Florida;
- Resources for providers who wish to improve cultural competency, understand health disparities, and increase the quality of and access to health care services for racial and ethnic minority populations in Florida; and

The bill also authorizes the Office to serve as a liaison to and assist the federal Offices of Minority Health and Regional Health Operations, as appropriate.

Minority Health Liaisons

The bill requires the Office to support the minority health liaisons by facilitating access to and the exchange of information related to health promotion, preventive health services, and education in the appropriate use of care. The bill also requires one representative from each CHD to serve as the minority health liaison and requires minority health liaisons to assist the Office in implementation of the bill. The DOH must maintain and annually update contact information for local minority health liaisons on its website.

The bill provides rulemaking authority for the Office to implement the bill.

The bill provides an effective date of July 1, 2021.

B. SECTION DIRECTORY:

- Section 1:** Creates s. 381.735, F.S., relating to the Office of Minority Health and Health Equity.
Section 2: Provides an effective date of July 1, 2021.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The DOH will experience an increase in workload and operational costs to implement this bill, which current resources are adequate to absorb. Currently, each CHD has one minority health liaison.²⁰ The existing minority health liaison infrastructure is sufficient to carry out the bill's requirements.

The DOH will incur costs associated with rulemaking and publishing information on its website, which current resources are adequate to absorb.

For Fiscal Year 2020-2021, the Office of Minority Health and Health Equity received \$4,850,354 in General Revenue Funds. The House proposed GAA for Fiscal Year 2021-2022 includes \$4,743,271 in General Revenue funds and \$4,256,729 in County Health Department Trust Fund double budget authority. These funds will be used for strategies to reduce minority morbidity and mortality in the Closing the Gap grant program priority areas. The additional funding includes 4 FTE and 15 OPS positions. This additional funding will complement the existing appropriation to the Office to implement the requirements of the bill.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides sufficient rulemaking authority to implement the bill.

²⁰ DOH, *supra* note 6, at 5.
STORAGE NAME: h0183d.HHS
DATE: 4/13/2021

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 23, 2021, the Professions & Public Health Subcommittee adopted an amendment to HB 183 and reported the bill favorably as a committee substitute. The amendment:

- Required the Office of Minority Health and Health Equity (Office) to coordinate with agencies, organizations, and providers across the state to gather and analyze specified data, including disparities in health outcomes;
- Required the Office to promote, rather than conduct, develop, or implement, specified activities;
- Removed Office requirements that are outside of DOH's current statutory authority; and
- Required the DOH, rather than the Office, to maintain and annually update specified information on its website.

The analysis is drafted to the committee substitute as passed by the Professions & Public Health Subcommittee.