

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 2348

SPONSOR: Comprehensive Planning, Local and Military Affairs Committee and Senator Carlton

SUBJECT: Emergency Management Planning

DATE: April 19, 1999 REVISED: 4/21/99 _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------------------|----------------|-----------|-------------------------|
| 1. | <u>Cooper</u> | <u>Yeatman</u> | <u>CA</u> | <u>Favorable/CS</u> |
| 2. | <u>Carter</u> | <u>Wilson</u> | <u>HC</u> | <u>Fav/2 amendments</u> |
| 3. | <u>Hayes/Peters</u> | <u>Hadi</u> | <u>FP</u> | <u>Fav/1 amendment</u> |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

I. Summary:

Committee Substitute for Senate Bill 2348 provides for the continuation of health care services to persons requiring special needs assistance during an emergency or disaster. The bill appropriates \$4 million for the implementation of its provisions and requires:

- the Departments of Children and Family Services, Health, Labor and Employment Security, and Elderly Affairs to provide registration information to their special needs clients for inclusion in the mandatory local emergency management agency registry of persons with special needs;
- the Department of Health to establish a system to recruit and coordinate, through county health departments, health care practitioners for staffing of special needs shelters in the times of emergencies;
- all home health agencies, nurse registries, and hospices to prepare and maintain a comprehensive emergency management plan;
- the Department of Health to compile registries for disasters and emergencies from affirmative responses to inquiries on licensure and certification forms about willingness to assist with special needs persons during disasters and emergencies for emergency medical technicians and paramedics and various health care practitioners; and
- state agencies that contract with providers giving care to disabled persons to include emergency and disaster planning provisions in such contracts.

This bill amends ss. 252.355, 400.497, 400.605, 400.6095, and 400.610, Florida Statutes (F.S.); 400.506 and 408.15, F.S., 1998 Supplement; creates ss. 381.0303, 400.492, 401.273, and 455.276, F.S.; and creates two undesignated sections of law.

II. Present Situation:

Part 1 of chapter 252, F.S., contains the State Emergency Management Act. Section 252.35, F.S., requires the Division of Emergency Management (division) in the Department of Community

Affairs (DCA) to be responsible for maintaining a comprehensive statewide program of emergency management. The division must coordinate its efforts with the federal government, other departments and agencies of the state government, the various local governments, and private agencies that have a role in emergency management.

The statewide plan must include a shelter component that includes specific regional and interregional planning provisions and promotes coordination of shelter activities between the public, private, and nonprofit sectors. One component of the plan must include strategies to assist local emergency management efforts to ensure that adequate staffing plans exist for all shelters, including medical and security personnel.

Pursuant to s. 252.355, F.S., each local emergency management agency in the state must maintain a registry of disabled persons located within the jurisdiction of the local agency. The registry must be updated annually. All appropriate agencies and community-based service providers, including home health care providers, must assist emergency management agencies by collecting registration information for people with special needs as part of program intake processes.

Currently, hospital and nursing homes are required to have disaster plans to provide continuous care to their patients during emergencies. Florida law does not require home health agencies, nurse registries, or hospices to prepare disaster plans, nor does it require them to provide continuous care during emergencies.

III. Effect of Proposed Changes:

Section 1. Amends s. 252.355, F.S., providing for local emergency management agency registries of persons with special needs, to replace the term “disabled” with “special needs,” and to require the Departments of Children and Family Services (DCF), Health (DOH), Labor and Employment Security(DLES), and Elderly Affairs (DEA) to assist the local emergency management agencies with identifying persons for the “registry of persons with special needs.”

Section 2. Creates s. 381.0303, F.S., providing for recruitment of health practitioners for special needs shelters, to establish a system to recruit and coordinate health care practitioners to staff special needs shelters in the times of emergencies or disasters. Additionally, this section:

- requires DOH, if funds are appropriated, through the county health departments, to coordinate local medical and health care providers, the American Red Cross, and other interested parties, in developing a plan, which is in conformance with the local comprehensive emergency management plan, for staffing and medical management of special needs shelters; requires county health departments to provide for recruitment of health care practitioners, while the county health department and the local emergency management agency must jointly determine who has responsibility for medical supervision in a special needs shelter; and requires local emergency management agencies to provide for designation and operation of special needs shelters;
- makes DOH responsible for the reimbursement, in accordance with specified guidelines and if funds are available, of health care providers providing services in special needs shelters, or other locations, during times of disaster;

- authorizes DOH to use the health care practitioner registry (created in section 9) and the emergency medical technician and paramedic registry (created in section 7) to identify staff for special needs shelters or disaster medical assistance teams;
- authorizes DOH to adopt rules that provide for establishment of a special needs shelter interagency committee to resolve problems related to special needs shelters and to monitor the planning and operation of special needs shelters, and establishes the purpose, duties, composition, responsibilities, and meeting guidelines of the committee;

Section 3. Creates s. 400.492, F.S., relating to the provision of services during an emergency, to require home health agencies to prepare and maintain a comprehensive emergency management plan that is consistent with national accreditation standards and the local special needs plan. The plan must be updated annually and must provide for continuing services during an emergency. Plan components are specified. Patient records for patients listed in DOH's registry of persons with special needs must include a description of how care or services will be continued in the event of an emergency. The home health agency must discuss the emergency provision with the patient and the patient's care givers. Each home health agency must maintain a current prioritized list of patients who need continued services during an emergency. Home health agencies are released from health care responsibility in emergency situations that are beyond their control and that make it impossible to provide services. Home health agencies are allowed to provide services in a special needs shelter located in any county.

Section 4. Amends s. 400.497, F.S., providing rulemaking authority relating to the regulation of home health agencies, to provide that the Agency for Health Care Administration's (AHCA) rules must provide reasonable and fair minimum standards relating to the:

- scope of home health services to be provided particularly during emergency evacuation and sheltering, and
- preparation of a comprehensive emergency management plan, with minimum criteria for such a plan and plan updates; the plan must provide for the maintenance of patient-specific medication lists that can accompany transported patients; the plan must be developed with DOH and DCA, and is made subject to approval by the county health department, that must give area health-care-related entities an opportunity to review the plan; county health department review must be completed within 60 days after receipt of the plan.

Paragraph 400.497(11)(d), F.S., requires DOH, in consultation with local entities, to review the comprehensive emergency management plans of home health agencies operating in more than one county.

Section 5. Amends s. 400.506, F.S., 1998 Supplement, relating to licensure of nurse registries, to direct nurse registries to assist at-risk clients with special needs registration with the appropriate local emergency management agency. Each nurse registry must prepare and maintain a comprehensive emergency management plan that is consistent with national standards. The plan must be updated annually and must provide for continuing nursing services during an emergency

that interrupts patient care or services during an emergency, which are to be delivered pursuant to a written agreement. The plan must describe how the nurse registry establishes and maintains an effective response to emergencies and disasters. The plan must include identifying special needs shelters and provisions for ensuring care to patients who go to such shelters.

Records of patients listed in the registry must include a description of how care will be continued in an emergency. The registry must discuss these and related provisions with the patient and the patient's care givers. The registry must maintain a current prioritized list of patients who need services during an emergency, and must provide it to the local emergency management agencies, upon request. The registries are released from health care responsibility in emergency situations that are beyond their control and that make it impossible to provide services. The nurse registries comprehensive emergency plan is subject to review and approval by the county health department, with review by other affected agencies. The Agency for Health Care Administration is required to adopt rules to establish minimum criteria for these plans and plan updates, with the concurrency of DOH and in consultation with DCA.

Section 6. Amends s. 400.605, F.S., providing for the regulation of hospices, to require the Department of Elderly Affairs to establish minimum standards, by rule, in consultation with DOH and DCA, for components of a comprehensive emergency management plan for hospices.

Section 7. Amends s. 400.6095, F.S., providing guidelines for management of a patient under hospice care, to require a description of how care and services will be provided in the event of an emergency to be included on a hospice patient's medical record.

Section 8. Amends s. 400.610, F.S., providing statutory requirements for the administration and management of a hospice, to direct the governing body of a hospice to prepare and maintain a comprehensive emergency management plan that provides for continuing hospice services in the event of an emergency consistent with local special needs plans. The plan must include provisions for ensuring continuing care to hospice patients who go to special needs shelters. The plan is subject to review by the local emergency management agency. The county health department must review the plan within 60 days. If a hospice operates in more than one county, DOH must review the plan. The review must be completed within 90 days.

Section 9. Creates s. 401.273, F.S., to make DOH responsible for gathering information from emergency medical technicians and paramedics certification and recertification forms about emergency medical technicians and paramedics who are willing to assist with special needs persons during emergencies or disasters and maintaining the names of those available to serve.

Section 10. Amends s. 408.15, F.S., 1998 Supplement, relating to AHCA's powers, to authorize AHCA to establish, in coordination with DOH, uniform standards of care for special needs units or shelters during times of emergency or major disaster.

Section 11. Creates s. 455.276, F.S., to require DOH to create and maintain a registry of various health care practitioners who are willing to assist with special needs persons during emergencies or disasters. The Department of Health is required to include certain information on licensure or certification forms for various medical personnel to ascertain if such practitioners will be available to assist DOH in the event of an emergency or disaster.

Section 12. Requires state agencies that contract with providers giving care to persons with disabilities or limitations that make such persons dependent upon the care of others to include certain specified as well as unspecified emergency and disaster planning provisions in such contracts at the time the contracts are initiated or upon renewal. The specified provisions are: (1) designation of an emergency coordinating officer; (2) a procedure for contacting all at-risk provider clients, on a priority basis, prior to and immediately following an emergency or disaster; (3) a procedure to help at-risk clients register with the special needs registry of the local emergency management agency; (4) a procedure to dispatch the emergency coordinating officer or other staff members to special needs shelters to assist clients with special needs, if necessary; and (5) a procedure for providing the essential services the organization currently provides to special needs clients in preparation for, and during and following, a disaster.

Section 13. Appropriates approximately \$4 million from the General Revenue Fund to various specified state agencies for the implementation of the provisions of the bill as follows:

- DOH \$3,798,932 and 2 full-time-equivalent positions (FTE);
- DCF \$58,898 and 1 FTE;
- DEA \$58,898 and 1 FTE;
- AHCA \$58,898 and 1 FTE; and
- DCA \$58,898 and 1 FTE.

Section 14. Provides for the bill to take effect October 1, 1999.

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 this bill have no impact on public records or open meetings issues under the requirements of Article I, Subsections 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. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Home health agencies, nurse registries, and hospices will be required to prepare and maintain comprehensive emergency management plans. According to DOH, the cost to provide a plan for each home health agency, hospice, and nurse registry varies depending upon the size of the organization. Those agencies that are currently accredited by the Joint Commission for the Accreditation of Health Care Organizations require minimal additional expenditures, if any, to carry out this responsibility. Additional costs will be incurred by some organizations in providing continuous care during emergencies.

C. Government Sector Impact:

The DOH has the statewide coordination responsibilities, through its county health departments, to mobilize certain health care professionals to provide services to special needs shelters during emergency events. The department must also maintain two additional health care provider registries. According to DOH, a significant amount of additional staff time is needed to implement the provisions of this bill. The impacts on DCF, DCA, DEA, and AHCA are comparatively minimal. Section 13 of the bill provides appropriations totaling approximately \$4 million.

State agencies who contract with providers giving care to disabled persons must include specific emergency and disaster planning provisions in such contracts.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

#1 by Health, Aging and Long-Term Care:

Excludes from the requirements that are generally imposed on home health agencies relating to comprehensive emergency management plans for persons with special needs certain home health agencies that are owned by a continuing care facility regulated under chapter 651, F.S., and certain specified retirement communities when the home health agency is used exclusively by the residents of such facilities or communities.

#2 by Health, Aging and Long-Term Care:

Replaces the requirement that each nurse registry must prepare and maintain a comprehensive emergency management plan that is consistent with national standards adopted by accreditation organizations with the requirement that each nurse registry prepare and maintain such plans consistent with criteria in the subsection that establishes the requirement. Also, this amendment deletes language requiring that rules adopted for the implementation of this subsection provide for the maintenance of patient-specific medication lists to accompany patients transported from their homes.

#1 by Fiscal Policy Committee:

This amendment provides that the implementation of the act is contingent upon a specific appropriation for Fiscal Year 1999-2000.