${\bf By}$  the Committee on Comprehensive Planning, Local and Military Affairs; and Senator Carlton

316-1951-99

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A bill to be entitled An act relating to emergency management planning; amending s. 252.355, F.S.; revising provisions relating to registration of persons requiring special needs assistance in emergencies; creating s. 381.0303, F.S.; providing for recruitment of health care practitioners for special needs shelters; providing for reimbursement; providing duties of the Department of Health, the county health departments, and the local emergency management agencies; authorizing use of a health care practitioner registry; authorizing establishment of a special needs shelter interagency committee; providing membership and responsibilities; providing for rules; amending s. 400.506, F.S.; requiring nurse registries to assist at-risk clients with special needs registration and to prepare a comprehensive emergency management plan; specifying plan requirements; providing for plan review and approval; creating s. 400.492, F.S.; requiring home health agencies to prepare a comprehensive emergency management plan; specifying plan requirements; amending ss. 400.497 and 400.610, F.S.; providing minimum requirements for home health agency and hospice comprehensive emergency management plans; providing for rules; providing for plan review and approval; providing for plan review and approval for hospices operating in more than one county;

1 providing for plan review and approval for home 2 health agencies operating in more than one 3 county; amending s. 400.506, F.S.; requiring nurse registries to assist at-risk clients with 4 5 special needs registration and to prepare a 6 comprehensive emergency management plan; 7 specifying plan requirements; providing for 8 plan review and approval; creating s. 401.273, F.S.; amending s. 400.605, F.S.; requiring the 9 10 Department of Elderly Affairs to include 11 components for comprehensive emergency management plan in its rules establishing 12 minimum standards for a hospice; amending s. 13 400.6095, F.S.; requiring that certain 14 emergency care and service information be 15 included in hospice patients' medical records; 16 17 providing for establishment of a registry of emergency medical technicians and paramedics 18 19 for disasters and emergencies; amending s. 20 408.15, F.S.; authorizing the Agency for Health Care Administration to establish uniform 21 standards of care for special needs shelters; 22 creating s. 455.276, F.S.; providing for 23 24 establishment of a health practitioner registry 25 for disasters and emergencies; requiring emergency and disaster planning provisions in 26 27 certain state agency provider contracts; 28 specifying minimum contract requirements; 29 providing appropriations; providing an 30 effective date.

Be It Enacted by the Legislature of the State of Florida:

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Section 1. Subsections (1) and (3) of section 252.355, Florida Statutes, are amended to read:

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252.355 Registry of disabled persons with special needs; notice .--

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(1) In order to meet the special needs of persons who would need assistance during evacuations and sheltering because of physical, mental, or sensory disabilities or mental handicaps, each local emergency management agency in the state shall maintain a registry of disabled persons with special needs located within the jurisdiction of the local agency. The registration shall identify those persons in need of assistance and plan for resource allocation to meet those identified needs. To assist the local emergency management agency in identifying such persons, the Department of Children and Family Services, Department of Health, Department of Labor and Employment Security, and Department of Elderly Affairs Health and Rehabilitative Services shall provide registration information to all of their its special needs clients and to all incoming clients as a part of the intake process. registry shall be updated annually. The registration program shall give disabled persons with special needs the option of preauthorizing emergency response personnel to enter their homes during search and rescue operations if necessary to assure their safety and welfare following disasters.

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(3) All records, data, information, correspondence, and communications relating to the registration of disabled persons with special needs as provided in subsection (1) are confidential and exempt from the provisions of s. 119.07(1), 31 except that such information shall be available to other

emergency response agencies, as determined by the local emergency management director.

Section 2. Section 381.0303, Florida Statutes, is created to read:

381.0303 Health practitioner recruitment for special needs shelters.--

- designate the Department of Health, through its county health departments, as the lead agency for coordination of the recruitment of health care practitioners to staff special needs shelters in times of emergency or disaster and to provide resources to the department to carry out this responsibility. However, nothing in this section prohibits a county health department from entering into an agreement with a local emergency management agency to assume the lead responsibility for recruiting health care practitioners.
- (2) SPECIAL NEEDS SHELTER PLAN AND STAFFING.--Provided funds have been appropriated to support medical services disaster coordinator positions in county health departments, the department shall assume lead responsibility for the local coordination of local medical and health care providers, the American Red Cross, and other interested parties in developing a plan for the staffing and medical management of special needs shelters. The plan shall be in conformance with the local comprehensive emergency management plan.
- (a) County health departments shall, in conjunction with the local emergency management agencies, have the lead responsibility for coordination of the recruitment of health care practitioners to staff local special needs shelters.

  County health departments shall assign their employees to work

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in special needs shelters when needed to protect the health of patients.

- (b) The appropriate county health department and local emergency management agency shall jointly determine who has responsibility for medical supervision in a special needs shelter.
- c) Local emergency management agencies shall be responsible for the designation and operation of special needs shelters during times of emergency or disaster. County health departments shall assist the local emergency management agency with regard to the management of medical services in special needs shelters.
- (3) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS.--The Department of Health shall reimburse, subject to the availability of funds for this purpose, health care practitioners as defined in s. 455.501, provided the practitioner is not providing care to a patient under an existing contract, and emergency medical technicians and paramedics licensed pursuant to chapter 401 for medical care provided at the request of the department in special needs shelters or at other locations during times of emergency or major disaster. Reimbursement for health care practitioners, except for physicians, shall be based on the average hourly rate that such practitioners were paid according to the most recent survey of Florida hospitals conducted by the Florida Hospital Association. Reimbursement shall be requested on forms prepared by the Department of Health. If a Presidential Disaster Declaration has been made, and the Federal Government makes funds available, the department shall use such funds for reimbursement of eligible expenditures. In other situations, or if federal funds do not fully compensate the department for

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reimbursement made pursuant to this section, the department shall submit to the Cabinet or Legislature, as appropriate, a budget amendment to obtain reimbursement from the working capital fund. Travel expense and per diem costs shall be reimbursed pursuant to s. 112.061.

- (4) HEALTH CARE PRACTITIONER REGISTRY.--The department may use the registries established in ss. 401.273 and 455.276 when health care practitioners are needed to staff special needs shelters or to staff disaster medical assistance teams.
- (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE. -- The Department of Health may establish a special needs shelter interagency committee, to be chaired and staffed by the department. The committee shall resolve problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and shall serve as an oversight committee to monitor the planning and operation of special needs shelters.
  - (a) The committee may:
- 1. On or before January 1, 2000, resolve questions concerning the roles and responsibilities of state agencies and other organizations that are necessary to implement the program.
- 2. On or before January 1, 2000, identify any issues requiring additional legislation and funding.
- 3. Develop and negotiate any necessary interagency agreements.
- Undertake other such activities as the department deems necessary to facilitate the implementation of this section.
- 5. Submit recommendations to the Legislature as 31 | necessary.

1 (b) The special needs shelter interagency committee 2 shall be composed of representatives of emergency management, 3 health, medical, and social services organizations. Membership shall include, but shall not be limited to, the Departments of 4 5 Community Affairs, Children and Family Services, Elderly 6 Affairs, Labor and Employment Security, and Education; the 7 Agency for Health Care Administration; the Florida Medical 8 Association; Associated Home Health Industries of Florida, Inc.; the Florida Nurses Association; the Florida Health Care 9 Association; the Florida Hospital Association; the Florida 10 11 Statutory Teaching Hospital Council; the Florida Association of Homes for the Aging; the Florida Emergency Preparedness 12 Association; the American Red Cross; Florida Hospices, Inc.; 13 the Association of Community Hospitals and Health Systems; the 14 Florida Association of Health Maintenance Organizations; the 15 Florida League of Health Systems; Private Care Association; 16 17 and the Salvation Army. (c) Meetings of the committee shall be held in 18 19 Tallahassee and members of the committee shall serve at the 20 expense of the agencies or organizations they represent. (6) RULES.--The department may adopt rules necessary 21 22 to implement this section. 23 Section 3. Section 400.492, Florida Statutes, is 24 created to read: 400.492 Provision of services during an 25 26 emergency. -- Each home health agency shall prepare and maintain 27 a comprehensive emergency management plan that is consistent with the standards adopted by national accreditation 28 29 organizations and consistent with the local special needs 30 plan. The plan shall be updated annually and shall provide for

continuing home health services during an emergency that

interrupts patient care or services in the patient's home. The plan shall describe how the home health agency establishes and maintains an effective response to emergencies and disasters, including: notifying staff when emergency response measures are initiated; providing for communication between staff members, county health departments, and local emergency management agencies, including a backup system; identifying resources necessary to continue essential care or services or referrals to other organizations subject to written agreement; and prioritizing and contacting patients who need continued care or services.

- (1) Each patient record for patients who are listed in the registry established pursuant to s. 252.355 shall include a description of how care or services will be continued in the event of an emergency or disaster. The home health agency shall discuss the emergency provisions with the patient and the patient's caregivers, including where and how the patient is to evacuate, procedures for notifying the home health agency in the event that the patient evacuates to a location other than the shelter identified in the patient record, and a list of medications and equipment which must either accompany the patient or will be needed by the patient in the event of an evacuation.
- (2) Each home health agency shall maintain a current prioritized list of patients who need continued services during an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a special needs shelter, and shall indicate if the patient is receiving skilled nursing services and the patient's medication and equipment needs. The list shall be furnished to

county health departments and to local emergency management agencies, upon request.

- (3) Home health agencies shall not be required to continue to provide care to patients in emergency situations that are beyond their control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records.
- (4) Notwithstanding the provisions of s. 400.464(2) or any other provision of law to the contrary, a home health agency may provide services in a special needs shelter located in any county.

Section 4. Subsection (1) of section 400.497, Florida Statutes, is amended, and subsection (11) is added to that section, to read:

400.497 Rules establishing minimum standards.--The Agency for Health Care Administration shall adopt, publish, and enforce rules to implement this part, including, as applicable, ss. 400.506 and 400.509, which must provide reasonable and fair minimum standards relating to:

- (1) Scope of home health services to be provided, which shall include services to be provided during emergency evacuation and sheltering.
- (11) Preparation of a comprehensive emergency management plan pursuant to s. 400.492.
- (a) The Agency for Health Care Administration shall adopt rules establishing minimum criteria for the plan and plan updates, with the concurrence of the Department of Health and in consultation with the Department of Community Affairs.
- (b) The rules must address the requirements in s. 400.492. In addition, the rules shall provide for the

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maintenance of patient-specific medication lists that can accompany patients who are transported from their homes.

- (c) The plan is subject to review and approval by the county health department. During its review, the county health department shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan:
  - The local emergency management agency.
  - The Agency for Health Care Administration. 2.
- The local chapter of the American Red Cross or other lead sheltering agency.
- 4. The district office of the Department of Children and Family Services.

The county health department shall complete its review within 60 days after receipt of the plan and shall either approve the plan or advise the home health agency of necessary revisions.

(d) For any home health agency that operates in more than one county, the Department of Health shall review the plan, after consulting with all of the county health departments, the agency, and all the local chapters of the American Red Cross or other lead sheltering agencies in the areas of operation for that particular hospice. The Department of Health shall complete its review within 90 days after receipt of the plan and shall either approve the plan or advise the hospice of necessary revisions. The Department of Health shall make every effort to avoid imposing differing requirements based on differences between counties on the hospice.

Section 5. Present subsections (15), (16), and (17) of section 400.506, Florida Statutes, 1998 Supplement, are 31 renumbered as subsections (17), (18), and (19), respectively,

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and new subsections (15) and (16) are added to that section to read:

400 506 Licensure of purse registries; requirements:

400.506 Licensure of nurse registries; requirements; penalties.--

- (15) Nurse registries shall assist at-risk clients with special needs registration with the appropriate local emergency management agency pursuant to s. 252.355.
- (16) Each nurse registry shall prepare and maintain a comprehensive emergency management plan that is consistent with national standards adopted by accreditation organizations and consistent with local special needs plans. The plan shall be updated annually and provide for continuing nursing services during an emergency that interrupts patient care or services in the patient's home. Continuing services are to be delivered by the nurse registry or by other health care providers pursuant to a written agreement for such care. The plan shall describe how the nurse registry establishes and maintains an effective response to emergencies and disasters, including: notifying staff members, county health departments, and local emergency management agencies, including a backup system; identifying resources necessary to continue essential care or services or referrals to other organizations subject to a written agreement; and prioritizing and contacting patients who need continued care or services. The plan shall include identifying special needs shelters and shall contain provisions for ensuring continuing care to nurse registry patients who go to special needs shelters.
  - (a) Each patient record for patients who are listed on the registry established pursuant to s. 252.355 shall include a description of how care or services will be continued in the event of an emergency or disaster. The nurse registry shall

discuss the emergency provisions with the patient and the patient's caregivers, including where and how the patient is to evacuate, procedures for notifying the nurse registry in the event that the patient evacuates to a location other than the shelter identified in the patient record, and a list of medications and equipment which must either accompany the patient or will be needed by the patient in the event of an evacuation.

- (b) Each nurse registry shall maintain a current prioritized list of patients who need continued services during an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a special needs shelter, and shall indicate if the patient is receiving skilled nursing services and the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request.
- (c) Nurse registries shall not be required to continue to provide care to patients in emergency situations that are beyond their control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records.
- (d) The comprehensive emergency management plan required by this subsection is subject to review and approval by the county health department. During its review, the county health department shall ensure that, at a minimum, the local emergency management agency, the Agency for Health Care Administration, the local chapter of the American Red Cross or other lead sheltering agency, and the district office of the Department of Children and Family Services, are given the

opportunity to review the plan. The county health department shall complete its review within 60 days after receipt of the plan and shall either approve the plan or advise the home health agency of necessary revisions.

(e) The Agency for Health Care Administration shall adopt rules establishing minimum criteria for the comprehensive emergency management plan and plan updates required by this subsection, with the concurrency of the Department of Health and in consultation with the Department of Community Affairs. The rules must provide for the maintenance of patient-specific medication lists that can accompany patients who are transported from their homes.

Section 6. Paragraph (g) is added to subsection (1) of section 400.605, Florida Statutes, to read:

400.605 Administration; forms; fees; rules; inspections; fines.--

- (1) The department, in consultation with the agency, shall by rule establish minimum standards and licensure procedures for a hospice. The rules must include:
- (g) Components of a comprehensive emergency plan, developed in consultation with the Department of Health and the Department of Community Affairs.

Section 7. Paragraph (f) is added to subsection (5) of section 400.6095, Florida Statutes, to read:

400.6095 Patient admission; assessment; plan of care; discharge; death.--

(5) Each hospice, in collaboration with the patient and the patient's primary or attending physician, shall prepare and maintain a plan of care for each patient, and the care provided to a patient must be in accordance with the plan

of care. The plan of care shall be made a part of the patient's medical record and shall include, at a minimum:

(f) A description of how needed care and services will be provided in the event of an emergency.

Section 8. Paragraph (b) of subsection (1) of section 400.610, Florida Statutes, is amended, paragraphs (c), (d), and (e) of that subsection are redesignated as paragraphs (d), (e), and (f), respectively, and a new paragraph (c) is added to that subsection, to read:

400.610 Administration and management of a hospice.--

- (1) A hospice shall have a clearly defined organized governing body, consisting of a minimum of seven persons who are representative of the general population of the community served. The governing body shall have autonomous authority and responsibility for the operation of the hospice and shall meet at least quarterly. The governing body shall:
- management plan that provides for continuing hospice services in the event of an emergency that is consistent with local special needs plans. The plan shall include provisions for ensuring continuing care to hospice patients who go to special needs shelters. The plan is subject to review and approval by the county health department except as provided in paragraph (c). During its review, the county health department shall ensure that the department, the agency, and the local chapter of the American Red Cross or other lead sheltering agency have an opportunity to review and comment on the plan. The county health department shall complete its review within 60 days after receipt of the plan and shall either approve the plan or advise the hospice of necessary revisions. Prepare a disaster preparedness plan.

(c) For any hospice that operates in more than one county, the Department of Health shall review the plan, after consulting with all of the county health departments, the agency, and all the local chapters of the American Red Cross or other lead sheltering agencies in the areas of operation for that particular hospice. The Department of Health shall complete its review within 90 days after receipt of the plan and shall either approve the plan or advise the hospice of necessary revisions. The Department of Health shall make every effort to avoid imposing differing requirements based on differences between counties on the hospice.

(d)<del>(c)</del> Adopt an annual budget.

 $\underline{\text{(e)}(d)}$  Appoint a director who shall be responsible for the day-to-day management and operation of the hospice and who shall serve as the liaison between the governing body and the hospice staff.

 $\underline{(f)}$  Undertake such additional activities as necessary to ensure that the hospice is complying with the requirements for hospice services as set forth in this part.

Section 9. Section 401.273, Florida Statutes, is created to read:

401.273 Emergency medical technician and paramedic registry for disasters and emergencies.—The department shall include on its forms for the certification or recertification of emergency medical technicians and paramedics who could assist the department in the event of a disaster a question asking if the practitioner would be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster. The names of the emergency medical technicians and paramedics who answer affirmatively

shall be maintained by the department as a registry for 2 disasters and emergencies. 3 Section 10. Subsection (12) is added to section 408.15, Florida Statutes, 1998 Supplement, to read: 4 5 408.15 Powers of the agency.--In addition to the 6 powers granted to the agency elsewhere in this chapter, the 7 agency is authorized to: 8 (12) Establish, in coordination with the Department of 9 Health, uniform standards of care to be provided in special 10 needs units or shelters during times of emergency or major 11 disaster. Section 11. Section 455.276, Florida Statutes, is 12 created to read: 13 455.276 Health care practitioner registry for 14 15 disasters and emergencies .-- The Department of Health shall include on its forms for the licensure or certification of 16 17 physicians, physician assistants, certified nursing assistants, licensed practical nurses, registered nurses, 18 19 nurse practitioners, respiratory therapists, and other health 20 care practitioners who could assist the department in the event of a disaster a question asking if the practitioner 21 would be available to provide health care services in special 22 needs shelters or to help staff disaster medical assistance 23 teams during times of emergency or major disaster. The names 24 25 of practitioners who answer affirmatively shall be maintained by the department as a health care practitioner registry for 26 27 disasters and emergencies. Section 12. State agencies that contract with 28 29 providers for the care of persons with disabilities or 30 limitations that make such persons dependent upon the care of 31 others shall include emergency and disaster planning

provisions in such contracts at the time the contracts are initiated or upon renewal. These provisions shall include, but 2 3 shall not be limited to: 4 The designation of an emergency coordinating 5 officer. 6 (2) A procedure to contact all at-risk provider clients, on a priority basis, prior to and immediately 7 8 following an emergency or disaster. 9 (3) A procedure to help at-risk clients register with 10 the special needs registry of the local emergency management 11 agency. (4) A procedure to dispatch the emergency coordinating 12 officer or other staff members to special needs shelters to 13 14 assist clients with special needs, if necessary. (5) A procedure for providing the essential services 15 the organization currently provides to special needs clients 16 17 in preparation for, and during and following, a disaster. 18 Section 13. There is appropriated from the General 19 Revenue Fund, to fund the implementation of this act: To the Department of Health the sum of \$3,798,932 20 21 and 2 full-time-equivalent positions. 22 To the Department of Children and Family Services (2) the sum of \$58,898 and 1 full-time-equivalent position. 23 24 To the Department of Elderly Affairs the sum of 25 \$58,898 and 1 full-time-equivalent position. To the Agency for Health Care Administration the 26 27 sum of \$58,898 and 1 full-time-equivalent position. To the Department of Community Affairs the sum of 28 29 \$58,898 and 1 full-time-equivalent position. 30 Section 14. This act shall take effect October 1, 31 1999.

1	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2	COMMITTEE SUBSTITUTE FOR <u>Senate Bill 2348</u>
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4	The CS differs from the bill as filed in that it:
5	Requires the county health departments to assign their employees to work in special needs shelters when needed to
6	protect the health of patients;
7	Provides specificity for budget amendment requests and provides that travel, expense, and per diem costs be
8	reimbursed pursuant to s. 112.061, F.S.;
9	Requires that Private Care Association be included in the Special Needs Shelter Interagency Committee;
10	Corrects a misreference;
11 12	Inserts provisions that were inadvertently omitted from the
13	bill pertaining to the review of nurse registries' comprehensive emergency management plans by local emergency management agencies;
14	Requires the Department of Elderly Affairs to establish
15	minimum standards, by rule, for components of a comprehensive emergency management plan for hospices;
16	Requires a description of how care and services will be
17	provided in the event of an emergency to be included on a hospice patient's medical record; and
18	Establishes comprehensive emergency management plan review procedures for hospices and home health agencies that operate
19	in more than one county.
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