

# 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 430

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

**SUBJECT:** Emergency Management Planning; Health Care for Special Needs Populations

**DATE:** April 3, 2000                      **REVISED:** 04/06/00      \_\_\_\_\_

	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/3 Amendments</u>
3.	<u>Lombardi</u>	<u>Hadi</u>	<u>FP</u>	<u>Fav/1 amendment</u>
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**I. Summary:**

The committee Substitute for provides for the continuation of health care services to persons requiring special needs assistance during an emergency or disaster. The bill:

- adds the Department of Labor and Employment Security to the list of departments required to provide registration information to their special needs clients for inclusion in the mandatory local emergency management agency registry of persons with special needs;
- requires 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 times of emergency;
- requires all home health agencies, nurse registries, and hospices to prepare and maintain a comprehensive emergency management plan;
- requires the Department of Health to compile registries of emergency medical technicians, paramedics, and various health care practitioners for disasters and emergencies;
- requires state agencies that contract with providers giving care to disabled persons to include emergency and disaster planning provisions in such contracts; and
- appropriates \$4,034,524 to implement this act.

This bill amends ss. 252.355, 400.497, 400.506, 400.605, 400.6095, 400.610, and 408.15, F.S.; creates ss. 381.0303, 400.492, 401.273, and 455.718, 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., makes the Division of Emergency Management (division) in the Department of Community Affairs (DCA) 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, hospitals 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., to require local emergency management agencies to maintain a registry of persons with “special needs,” which includes persons with mental or sensory disabilities, rather than a registry of “disabled persons.” The Department of Labor and Employment Security (DLES), as well as the departments of Children and Family Services (DCF), Health (DOH), and Elderly Affairs (DOEA), as required in current law, is required to assist the local emergency management agencies with identifying persons to be included in the registry.

**Section 2** creates s. 381.0303, F.S., to establish a system to recruit health care practitioners to staff special needs shelters in times of emergencies or disasters. This section:

- Makes DOH, if funds are appropriated, responsible for coordinating, through the county health departments, 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. The county health department is responsible for the recruiting 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. The local emergency management agencies are responsible for the designation and operation of special needs shelters.
- Designates DOH as the agency responsible for the reimbursement, if funds are available, of health care practitioners providing services in special needs shelters, or other locations, during times of disaster. Guidelines for reimbursement are specified.

- Authorizes DOH to use the health care practitioner registry (created in section 11 of the bill) and the emergency medical technician and paramedic registry (created in section 9 of the bill) to staff special needs shelters or disaster medical assistance teams.
- Authorizes DOH to establish 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 to adopt rules necessary to implement the provisions relating to the committee.

**Section 3** creates s. 400.492, F.S., 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 that interrupts patient care or services in the patient's home. 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 such an emergency or disaster. 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., 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 by each home health agency. The rules must establish 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 is subject to review and approval by the county health department, and AHCA, the local district office of DCF, the local chapter of the American Red Cross or other lead sheltering agency, and the local emergency management agency must be given an opportunity to review the plan. County health department review must be completed within 60 days after receipt of the plan. In consultation with local entities, DOH is required to review the comprehensive emergency management plans of home health agencies operating in more than one county and must complete its review within 90 days after receipt of the plan. Exemptions to the plan requirements are provided for home health agencies that are a part of a continuing care community when used exclusively by community residents and home health agencies within certain retirement communities, if the comprehensive emergency management plan for the retirement community provides for continuous care of all residents with special needs during an emergency.

**Section 5** amends s. 400.506, F.S., to direct nurse registries to assist at-risk clients with special needs registration with the appropriate local emergency management agency. In addition, nurse registries must prepare and maintain a comprehensive emergency management plan. The plan must be updated annually and must provide for continuing nursing services during an emergency that interrupts patient care or services in private residences.

All persons referred for contract who care for registered patients must include in the patient's record a description of how care will be continued during a disaster or an emergency. The nurse

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. Persons who are referred by nurse registries to provide care to patients are not required to continue to provide care to patients in emergency situations that are beyond the person's control and that make it impossible to provide services. The nurse registry's comprehensive emergency plan is subject to review and approval by the county health department, with review by other affected agencies. AHCA is required to adopt rules to establish minimum criteria for these plans and plan updates, with the concurrence of DOH and in consultation with DCA.

**Section 6** amends s. 400.605, F.S., to require DOEA to establish minimum standards, by rule, in consultation with DOH and DCA, for components of a comprehensive emergency management plan for hospice.

**Section 7** amends s. 400.6095, F.S., to require a description of how care and services will be provided in the event of an emergency to be included in a hospice patient's plan of care, which is part of the patient's medical record.

**Section 8** amends s. 400.610, F.S., 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 which is 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 after receipt of the plan. If a hospice operates in more than one county, DOH must review the plan and the review must be completed within 90 days after receipt of the plan.

**Section 9** creates s. 401.273, F.S., to establish an emergency medical technician and paramedic registry. DOH is responsible for gathering information for the registry from emergency medical technicians' and paramedics' certification and recertification forms, and maintaining the names of those available to serve. An emergency medical technician or paramedic must be under the medical direction of a licensed physician while performing functions in a special needs shelter.

**Section 10** amends s. 408.15, F.S., 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. 455.718, F.S., to authorize DOH to establish and maintain a registry of health care practitioners who are willing to assist with special needs persons during emergencies or disasters. Authority is delegated to DOH to include a question on licensure or certification forms for various health care practitioners to ascertain if such practitioners will be available to assist DOH in the event of an emergency or disaster. The department is required to include the names of those practitioners who answer affirmatively in a health care practitioner registry for disasters and emergencies.

**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

emergency and disaster planning provisions in such contracts when initiated or renewed. These provisions include, but are not limited to:

- the designation of an emergency coordinating officer;
- a procedure for contacting all at-risk provider clients, on a priority basis, prior to and immediately following an emergency or disaster;
- a procedure to help at-risk clients register with the special needs registry of the local emergency management agency;
- 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
- a procedure for providing the essential services the organization currently provides to special needs clients in preparation for, during, and following, a disaster.

**Section 13** appropriates \$4,034,524 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;
- DOEA \$58,898 and 1 FTE;
- AHCA \$58,898 and 1 FTE; and
- DCA \$58,898 and 1 FTE.

**Section 14.** Provides an effective date of October 1, 2000.

**IV. Constitutional Issues:**

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

The provisions of this bill have no impact on municipalities or 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 will 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 bill appropriates \$3.4 million from the General Revenue Fund to implement the special needs assistance provisions of the bill. Neither the House nor Senate has identified funds in the GAA for this purpose. The funds are to be distributed to various specified state agencies: the DOH receiving \$3.12 million and DCF, DEA, AHCA, and DCA each receiving \$58,898 in the first year of implementation.

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. Funding for the department includes 2 FTEs at headquarters and 57 FTEs in field offices throughout the state. The appropriation would also provide for staff training and travel reimbursement. The department must also maintain two additional health care provider registries. Separate appropriations for DCF, DCA, DEA, and AHCA will provide 1 additional FTE and associated OCO expenses for each agency.

In subsequent years, a recurring appropriation from the general revenue fund of approximately \$3.8 million will be required to continue the program. Although the Governor's budget recommendation initially included \$600,000 in funding to implement a pilot program to address the special needs assistance issue on a smaller scale, neither the House nor Senate have identified funds in the GAA for this specific purpose.

**VI. Technical Deficiencies:**

The references to *at-risk clients* at page 12, line 5 and page 17, line 25, and *at-risk provider clients* at page 17, lines 22-23 are vague to the extent that there is no clear explanation in the bill as to what characteristics are required to fall within either of these categories. Contextually it appears that *at-risk clients* and *at-risk provider clients* would be persons with special needs who are referenced throughout the bill. Several provisions in the bill, however, are amending laws that are not a part of chapter 252, F.S., relating to emergency management planning, the chapter amended to refer to *persons with special needs*. Consequently, there is no direct connection between references to *persons with special needs* and *at-risk clients* or *at-risk provider clients*. A more descriptive reference to the persons who are targeted for assistance during evacuations would be to *persons who need assistance and sheltering because of physical, mental, or sensory disabilities*.

**VII. Related Issues:**

None.

**VIII. Amendments:****#1 by Health, Aging and Long-Term Care:**

This amendment adds the Florida Assisted Living Association to the list of state agencies and private-sector organizations designated for representation on the Special Needs Shelter Interagency Committee that the bill authorizes the Department of Health to establish.

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

This amendment changes the reference to *at-risk clients* to more clearly describe the targeted persons to whom the emergency management requirements, as provided in the bill, apply.

**#3 by Health, Aging and Long-Term Care:**

This amendment changes reference to *at-risk provider clients* and *at-risk clients* to more clearly describe the targeted persons to whom the emergency management requirements, as provided in the bill, apply, and to more accurately indicate the point in time that contractors are to contact such persons, who are receiving care under the contract, to determine whether they are in need of assistance and sheltering during evacuations.

**#1 by Fiscal Policy:**

Implements the provisions of the bill to the extent that funds are specifically appropriated in the General Appropriations Act for FY 2000-2001 or that funds are available from federal or local sources for a specific provision.

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This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.

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