1 A bill to be entitled 2 An act relating to emergency management 3 planning; amending s. 252.355, F.S.; revising 4 provisions relating to registration of persons 5 requiring special needs assistance in 6 emergencies; creating s. 381.0303, F.S.; 7 providing for recruitment of health care 8 practitioners for special needs shelters; 9 providing for reimbursement and funding; providing duties of the Department of Health, 10 the county health departments, and the local 11 12 emergency management agencies; authorizing use of a health care practitioner registry; 13 14 authorizing establishment of a special needs 15 shelter interagency committee; providing membership and responsibilities; providing for 16 17 rules; providing for review of emergency 18 management plans; creating s. 400.492, F.S.; 19 requiring home health agencies to prepare a 20 comprehensive emergency management plan; 21 specifying plan requirements; amending ss. 22 400.497 and 400.610, F.S.; providing minimum 23 requirements for home health agency and hospice comprehensive emergency management plans; 24 25 providing for rules; providing for plan review 26 and approval; providing for plan review and 27 approval for home health agencies and hospices 28 operating in more than one county; providing an 29 exception to comprehensive emergency management 30 plan requirements; amending s. 400.506, F.S.; requiring nurse registries to assist at-risk 31

clients with special needs registration and to 1 2 prepare a comprehensive emergency management 3 plan; specifying plan requirements; providing 4 for plan review; amending s. 400.605, F.S.; 5 requiring the Department of Elderly Affairs to 6 include components for comprehensive emergency 7 management plan in its rules establishing minimum standards for a hospice; amending s. 8 9 400.6095, F.S.; requiring that certain emergency care and service information be 10 included in hospice patients' medical records; 11 12 creating s. 401.273, F.S.; providing for establishment of a registry of emergency 13 14 medical technicians and paramedics for 15 disasters and emergencies; clarifying the functions of emergency medical technicians and 16 17 paramedics; amending s. 408.15, F.S.; authorizing the Agency for Health Care 18 19 Administration to establish uniform standards of care for special needs shelters; creating s. 20 21 455.718, F.S.; providing for establishment of a health practitioner registry for disasters and 22 23 emergencies; requiring emergency and disaster planning provisions in certain state agency 24 25 provider contracts; specifying minimum contract 26 requirements; providing appropriations; providing an effective date. 27

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

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Section 1. Subsections (1), (3), and (4) of section 252.355, Florida Statutes, are amended to read:

252.355 Registry of  $\frac{\mbox{disabled}}{\mbox{persons}}$  persons  $\frac{\mbox{with special}}{\mbox{needs; notice.--}}$ 

- (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, Agency for Health Care Administration, Department of Labor and Employment Security, and Department of Elderly Affairs shall provide registration information to all of their special needs clients and to all incoming clients as a part of the intake process. The 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.
- (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), except that such information shall be available to other emergency response agencies, as determined by the local emergency management director.

service providers, including home health care providers, shall assist emergency management agencies by collecting registration information for persons people with special needs as part of program intake processes, establishing programs to increase the awareness of the registration process, and educating clients about the procedures that may be necessary for their safety during disasters. Clients of state or federally funded service programs with physical, mental, or sensory disabilities or mental handicaps who need assistance in evacuating, or when in shelters, must register as persons people with special needs.

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, as defined in s. 455.501(4), 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 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

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major disaster. Reimbursement for health care practitioners, except for physicians licensed pursuant to chapter 458 or chapter 459, 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 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 455.718 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, 2001, resolve questions concerning the roles and responsibilities of state agencies

and other organizations that are necessary to implement the program.

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- 2. On or before January 1, 2001, identify any issues requiring additional legislation and funding.
- 3. Develop and negotiate any necessary interagency agreements.
- 4. Undertake other such activities as the department deems necessary to facilitate the implementation of this section.
- 5. Submit recommendations to the Legislature as necessary.
- (b) The special needs shelter interagency committee shall be composed of representatives of emergency management, health, medical, and social services organizations. Membership shall include, but shall not be limited to, the Departments of Community Affairs, Children and Family Services, Elderly Affairs, Labor and Employment Security, and Education; the Agency for Health Care Administration; the Florida Medical Association; the Florida Osteopathic Medical Association; Associated Home Health Industries of Florida, Inc.; the Florida Nurses Association; the Florida Health Care Association; the Florida Assisted Living Association; the Florida Hospital Association; the Florida Statutory Teaching Hospital Council; the Florida Association of Homes for the Aging; the Florida Emergency Preparedness Association; the American Red Cross; Florida Hospices, Inc.; the Association of Community Hospitals and Health Systems; the Florida Association of Health Maintenance Organizations; the Florida League of Health Systems; Private Care Association; and the Salvation Army.

(c) Meetings of the committee shall be held in 1 2 Tallahassee and members of the committee shall serve at the 3 expense of the agencies or organizations they represent. 4 (6) RULES.--The department has the authority to adopt 5 rules necessary to implement this section. Rules may include a 6 definition of a special needs patient, specify physician 7 reimbursement, and designate which county health departments 8 will have responsibility for implementation of subsections (2) 9 and (3). 10 (7) REVIEW OF EMERGENCY MANAGEMENT PLANS. -- The submission of emergency management plans to county health 11 12 departments by home health agencies pursuant to s. 13 400.497(11)(c) and (d) and by nurse registries pursuant to s. 14 400.506(16)(e) and by hospice programs pursuant to s. 15 400.610(1)(b) is conditional upon the receipt of an 16 appropriation by the department to establish medical services 17 disaster coordinator positions in county health departments unless the Secretary of the department and a local county 18 19 commission jointly determine to require such plans to be 20 submitted based on a determination that there is a special 21 need to protect public health in the local area during an 22 emergency. 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 plan. The plan shall be updated annually and shall provide for 30 31 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 said 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

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:
  - 1. The local emergency management agency.
  - 2. The Agency for Health Care Administration.
- 3. The local chapter of the American Red Cross or other lead sheltering agency.
- $\underline{\text{4.}}$  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 home health agency. 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 home health agency of necessary revisions. The Department of Health shall make every effort to avoid imposing differing requirements based on differences between counties on the home health agency.
- (e) The requirements in this subsection do not apply to:

1. A facility that is certified under chapter 651 and has a licensed home health agency used exclusively by residents of the facility; or

2. A retirement community that consists of residential units for independent living and either a licensed nursing home or an assisted living facility, and has a licensed home health agency used exclusively by the residents of the retirement community, provided the comprehensive emergency management plan for the facility or retirement community provides for continuous care of all residents with special needs during an emergency.

Section 5. Subsections (15), (16), and (17) of section 400.506, Florida Statutes, are renumbered as subsections (17), (18), and (19), respectively, and new subsections (15) and (16) are added to said section to read:

400.506 Licensure of nurse registries; requirements; penalties.--(15) Nurse registries shall assist persons who would need assistance and sheltering during evacuations because of physical, mental, or sensory disabilities in registering 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 the criteria in this subsection and with the local special needs plan. The plan shall be updated annually. The plan shall specify how the nurse registry shall facilitate the provision of continuous care by persons referred for contract to persons who are registered pursuant to s. 252.355 during an emergency that interrupts the provision of care or services in private residencies.

(a) All persons referred for contract who care for persons registered pursuant to s. 252.355 must include in the patient record a description of how care will be continued during a disaster or emergency that interrupts the provision of care in the patient's home. It shall be the responsibility of the person referred for contract to ensure that continuous care is provided.

- (b) Each nurse registry shall maintain a current prioritized list of patients in private residences who are registered pursuant to s. 252.355 and are under the care of persons referred for contract and who need continued services during an emergency. This list shall indicate, for each patient, if the client is to be transported to a special needs shelter and if the patient is receiving skilled nursing services. Nurse registries shall make this list available to county health departments and to local emergency management agencies upon request.
- (c) Each person referred for contract who is caring for a patient who is registered pursuant to s. 252.355 shall provide a list of the patient's medication and equipment needs to the nurse registry. Each person referred for contract shall make this information available to county health departments and to local emergency management agencies upon request.
- (d) Each person referred for contract shall not be 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, such as when roads are impassable or when patients do not go to the location specified in their patient records.
- (e) The comprehensive emergency management plan required by this subsection is subject to review and approval

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by the county health department. During its review, the county 2 health department shall ensure that, at a minimum, the local 3 emergency management agency, the Agency for Health Care 4 Administration, and the local chapter of the American Red 5 Cross or other lead sheltering agency are given the 6 opportunity to review the plan. The county health department shall complete its review within 60 days after receipt of the 8 plan and shall either approve the plan or advise the nurse 9 registry of necessary revisions.

(f) 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 concurrence of the Department of Health and in consultation with the Department of Community Affairs.

Section 6. Paragraph (j) of subsection (1) of section 400.605, Florida Statutes, is amended 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 procedures for a hospice. The rules must include:
- (j) Components of a comprehensive emergency management plan, developed in consultation with the Department of Health, the Department of Elderly Affairs, and the Department of Community Affairs Component of a disaster preparedness plan.

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 .--

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(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 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:
- (b)1. Prepare and maintain a comprehensive emergency 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 subparagraph 2. 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.

2. 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 agency 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 on the hospice differing requirements based on differences between counties.

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

401.273 Emergency medical technician and paramedic registry for disasters and emergencies.--

- (1) 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 disasters and emergencies.
- (2) A certificateholder may perform the functions of an emergency medical technician or paramedic in a special needs shelter or as a member of a disaster medical assistance team, provided that such functions are performed only under

the medical direction of a physician who is licensed under 1 2 chapter 458 or chapter 459 and who has complied with the 3 formal supervision requirements of s. 458.348. 4 Section 10. Subsection (12) is added to section 5 408.15, Florida Statutes, to read: 6 408.15 Powers of the agency. -- In addition to the 7 powers granted to the agency elsewhere in this chapter, the 8 agency is authorized to: 9 (12) Establish, in coordination with the Department of Health, uniform standards of care to be provided in special 10 needs units or shelters during times of emergency or major 11 12 disaster. Section 11. Section 455.718, Florida Statutes, is 13 14 created to read: 15 455.718 Health care practitioner registry for 16 disasters and emergencies .-- The Department of Health may 17 include on its forms for the licensure or certification of health care practitioners, as defined in s. 455.501, who could 18 19 assist the department in the event of a disaster a question 20 asking if the practitioner would be available to provide health care services in special needs shelters or to help 21 staff disaster medical assistance teams during times of 22 23 emergency or major disaster. The names of practitioners who answer affirmatively shall be maintained by the department as 24 25 a health care practitioner registry for disasters and 26 emergencies. 27 Section 12. State agencies that contract with providers for the care of persons with disabilities or 28 29 limitations that make such persons dependent upon the care of 30 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 shall not be limited to:

- (1) The designation of an emergency coordinating officer.
- (2) A procedure to contact, prior to or immediately following an emergency or disaster, all persons, on a priority basis, who need assistance and sheltering during evacuations because of physical, mental, or sensory disabilities and whose care is provided under the contract.
- (3) A procedure to help persons who would need assistance and sheltering during evacuations because of physical, mental, or sensory disabilities register with the local emergency management agency as provided in section 252.355, Florida Statutes.
- (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.
- (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. (1) There is appropriated \$600,000 for fiscal year 2000-2001 from the General Revenue Fund and two full-time equivalent positions to the Department of Health to implement this act.
- (2) Each provision of this act will be implemented to the extent that funds are specifically appropriated for it or that funds are available from federal or local sources for a specific provision.