

STORAGE NAME: h0507s1.hcc.doc
DATE: February 27, 2002

HOUSE OF REPRESENTATIVES
COUNCIL FOR HEALTHY COMMUNITITES
ANALYSIS

BILL #: CS/HB 507
RELATING TO: Responsiveness to Emergencies and Disasters
SPONSOR(S): Council for Healthy Communities and Representative Fasano
TIED BILL(S): None.

ORIGINATING COMMITTEE(S)/COUNCIL(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH REGULATION YEAS 8 NAYS 0
 - (2) HEALTH & HUMAN SERVICES APPROPRIATIONS YEAS 14 NAYS 0
 - (3) COUNCIL FOR HEALTHY COMMUNITITES YEAS 15 NAYS 0
 - (4)
 - (5)
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I. SUMMARY:

THIS DOCUMENT IS NOT INTENDED TO BE USED FOR THE PURPOSE OF CONSTRUING STATUTES, OR TO BE CONSTRUED AS AFFECTING, DEFINING, LIMITING, CONTROLLING, SPECIFYING, CLARIFYING, OR MODIFYING ANY LEGISLATION OR STATUTE.

The intent of this bill is to improve Florida's responsiveness to emergencies and disasters, including bioterrorism. Specifically, this bill deals with training persons to recognize and treat conditions caused by bioterrorism, as well as improving training in the areas of emergency first aid, cardiopulmonary resuscitation, and advanced cardiac life support.

The bill sets forth the following Legislative findings:

- It is critical that Florida be prepared to respond appropriately to a health crisis and to injuries in the event of an emergency or disaster;
- There is a need to better educate health care practitioners on diseases and conditions that might be caused by nuclear, biological, and chemical terrorism so that health care practitioners can more effectively care for patients and better educate patients as to prevention and treatment;
- Not all health care practitioners have been recently trained in life support and first aid and should be encouraged to obtain such training; and
- Health care practitioners who are willing to respond in emergencies or disasters should not be penalized for providing their assistance.

The bill also updates the definitions of "advanced life support" and "basic life support," and creates a definition of "emergency medical condition." It clarifies the State Health Officer duties and requires the Department of Health to revise its rules relating to quarantine. The bill also requires information to be disseminated regarding certain vaccines and increases the numbers of persons who can perform interfacility transfers in a permitted ambulance.

This bill is effective upon becoming law and has no fiscal impact.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|---|-----------------------------|---|
| 1. <u>Less Government</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

For any principle that received a "no" above, please explain:

This bill will expand the Department of Health's Practitioner Registry for Disasters and Emergencies so that more qualified practitioners will be identified to assist in special needs shelters or as part of a disaster medical assistance team during times of emergency or major disaster.

The bill encourages people to be trained in life support, first aid, and cardiopulmonary resuscitation so that those life-saving services will be more readily available in an emergency or disaster.

This bill requires information to be disseminated to students and their parents so that they can make informed decisions regarding vaccinations. It also allows persons with religious objections to being treated for communicable diseases to be quarantined instead under certain serious circumstances.

B. PRESENT SITUATION:

Bioterrorism Issues:

Under current law, there is no requirement for health care practitioners to be trained to recognize conditions caused by bioterrorism. Anthrax is a condition that can be caused by bioterrorism. Others include small pox, Ebola virus, salmonella, etc. There are continuing education courses available, although it is not mandatory for practitioners to take these courses. However, practitioners are generally required to complete continuing education courses in certain areas, including domestic violence, HIV/AIDS, and/or palliative care.

Section 456.033, Florida Statutes, requires certain listed practitioners to complete a course in HIV/AIDS at the time of initial licensure and then as a condition of relicensure every two years. According to representatives of several health practitioner associations, the information being disseminated in the course has not significantly changed recently. Thus, practitioners are being required to repeat the same course over and over.

Life Support Issues:

Current law does not specifically require all health care practitioners to be trained in advanced or basic life support, cardiopulmonary resuscitation, and first aid. Many health care practitioners obtain training in these areas as part of their pre-licensure educational program. However, there is no on-going requirement for the practitioners to refresh their training. According to representatives of the American Heart Association, the Department of Health, and the emergency medicine industry, the standard procedures used to respond to emergencies have evolved over the years, and it is important that emergency skills be kept up to date.

“Advance life support” is defined in section 401.23(1), Florida Statutes, as “treatment of life-threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person, pursuant to rules of the department.” It is within the scope of practice of allopathic physicians, osteopathic physicians, physician assistants, nurses, advanced registered nurse practitioners, respiratory therapists, and paramedics to perform advanced life support services.

“Basic life support” is defined in section 401.23(7), Florida Statutes, as “treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation. The term ‘basic life support’ also includes other techniques which have been approved and are performed under conditions specified by rules of the department.” Emergency medical technicians (EMTs), as well as most health care practitioners licensed under the Division of Medical Quality Assurance, are authorized to perform basic life support services.

First aid courses are available to members of the general public, regardless of medical training. Many employers, including the Florida Legislature make this course available to its employees. The National Safety Council sets standards for first aid courses. The courses generally include training individuals to act in emergency situations and care for life-threatening emergencies such as bleeding, shock, cleaning and dressing infection, impaled objects, chest wounds, thermal burns, chemical burns, electrical burns, fractures, head and spinal injuries, and heat-related injuries, until advanced medical personnel arrive and take over.

Likewise, CPR certification courses are also available to members of the general public, regardless of medical training, through organizations such as the American Heart Association and the American Red Cross, and many employers, including the Florida Legislature make this course available to its employees. CPR certification courses teach people how to provide choking relief and to perform CPR on adults and/or children.

Practitioner Registry for Disasters and Emergencies:

Section 456.38, Florida Statutes, permits the Department of Health to include on its licensure forms a question asking practitioners if they would be willing 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 practitioners who agree to provide services are maintained by the department in the form of a practitioner registry. Section 381.0303, Florida Statutes, further describes health care practitioner recruitment efforts for special needs shelters and disaster medical

assistance teams. However, there is no job protection provided for practitioners, under current law, who agree to assist in times of emergency or disaster.

C. EFFECT OF PROPOSED CHANGES:

The intent of this bill is to improve Florida's responsiveness to emergencies and disasters, including bioterrorism. Specifically, this bill deals with training persons to recognize and treat conditions caused by bioterrorism, as well as improving training in the areas of emergency first aid, cardiopulmonary resuscitation, and advanced cardiac life support.

The bill sets forth the following Legislative findings:

- It is critical that Florida be prepared to respond appropriately to a health crisis and to injuries in the event of an emergency or disaster;
- There is a need to better educate health care practitioners on diseases and conditions that might be caused by nuclear, biological, and chemical terrorism so that health care practitioners can more effectively care for patients and better educate patients as to prevention and treatment;
- Not all health care practitioners have been recently trained in life support and first aid and should be encouraged to obtain such training; and
- Health care practitioners who are willing to respond in emergencies or disasters should not be penalized for providing their assistance.

The bill also updates the definitions of "advanced life support" and "basic life support," and creates a definition of "emergency medical condition." It revises the State Health Officer duties and requires the Department of Health to revise its rules relating to quarantine. The bill also requires information to be disseminated regarding certain vaccines and increases the numbers of persons who can perform interfacility transfers in a permitted ambulance.

Please see Section-By Section Analysis for details of the bill.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Provides legislative findings.

Section 2. Creates s. 381.0011, F.S., to provide duties to the State Health Officer regarding emergency actions to protect the public health.

Section 3. Amends s. 381.0034, F.S., to require instruction on conditions caused by nuclear, biological, and chemical terrorism for certain persons licensed by the Department of Health.

Section 4. Amends s. 381.0035, F.S., to require instruction on conditions caused by nuclear, biological, and chemical terrorism for certain employees of certain health care facilities.

Section 5. Creates s. 381.0421, F.S., to require postsecondary educational institutions to provide detailed information concerning the risks associated with hepatitis B and the availability, effectiveness, and known contraindications of any vaccine against hepatitis B to the student, or student's parents if the student is a minor, when the student has been accepted for admission or will be residing in on-campus housing; clarifies that school does not have to provide or pay for the vaccination.

Section 6. Amends s. 395.1027, F.S., to conform cross-reference.

Section 7. Amends s. 401.23, F.S., to update and create definitions of “advanced life support,” “basic life support,” and “emergency medical condition.”

Section 8. Amends s. 401.245, F.S., to conform cross-references.

Section 9. Amends s. 401.252, F.S., to allow physician assistants to conduct interfacility transfers in a permitted ambulance under certain circumstances.

Section 10. Amends s. 401.27, F.S., to clarify that the terrorism course required in s. 381.0034(1), F.S., counts toward the 30 hours of required continuing education for emergency medical technicians and paramedics.

Section 11. Amends s. 456.033, F.S., to replace mandatory HIV/AIDS continuing education course for health care practitioner licensure renewal with course on bioterrorism. Provides for applicants for initial licensure to obtain course on bioterrorism in addition to course on HIV/AIDS.

Section 12. Creates s. 456.0345, F.S., to provide an equivalent number of continuing education credits for all health care practitioners who complete training in advanced cardiac life support, cardiopulmonary resuscitation, or emergency first aid.

Section 13. Amends s. 456.072, F.S., to conform disciplinary grounds to required continuing education courses.

Section 14. Amends s. 456.38, F.S., to require the Department of Health to ask practitioners at the time of licensure whether the practitioner would be willing to serve in a special needs shelter or as part of a disaster medical assistance team during times of emergency or major disaster.

Section 15. Amends s. 458.319, F.S., to replace mandatory HIV/AIDS continuing education course for allopathic physician licensure renewal with course on bioterrorism.

Section 16. Amends s. 459.008, F.S., to replace mandatory HIV/AIDS continuing education course for osteopathic physician licensure renewal with course on bioterrorism.

Section 17. Provides an effective date of upon becoming law.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Practitioners are required to pay the costs of obtaining the required terrorism continuing education course which is replacing the HIV/AIDs course required under current law. Thus, the cost of the new course would replace the cost of the current course.

D. FISCAL COMMENTS:

None.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to expend funds or to take action which requires the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the authority that counties or municipalities have to raise revenues.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the percentage of state tax shared with counties or municipalities.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

None.

B. RULE-MAKING AUTHORITY:

No new rulemaking authority is provided in this bill.

C. OTHER COMMENTS:

None.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On February 19, 2002, the Council for Healthy Communities adopted this council substitute. The council substitute differs from the original bill in that:

- The original bill did not contain definitions of “advanced life support,” “basic life support,” or emergency medical condition;”
- The original bill did not require information regarding specific vaccines;
- The original bill was not clear as to the supervision of reactivated physician assistants and advanced registered nurse practitioners during a declared public health emergency;
- The original bill did not allow the county health department physician assistants to administer medications compounded by county health department pharmacists in the same manner as physicians and nurses although it is within the scope of practice of physician assistants to administer medications;
- The original bill did not address the issuing of allowing physician assistants to conduct interfacility transfers in a permitted ambulance;
- The original bill did not provide persons with religious objections any alternative to treatment for communicable disease; and
- The original bill did not allow facility employees to alternate between continuing education courses in HIV/AIDs, bioterrorism, and palliative care.

VII. SIGNATURES:

COMMITTEE ON HEALTH REGULATION:

Prepared by:

Wendy Smith Hansen

Staff Director:

Lucretia Shaw Collins

AS REVISED BY THE COMMITTEE ON HEALTH & HUMAN SERVICES APPROPRIATIONS:

Prepared by:

Tom Weaver

Staff Director:

Cynthia Kelly

AS FURTHER REVISED BY THE COUNCIL FOR HEALTHY COMMUNITITES:

Prepared by:

Wendy Smith Hansen

Council Director:

David De la Paz