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**DATE:** February 11, 2002

**HOUSE OF REPRESENTATIVES  
AS REVISED BY THE COMMITTEE ON  
HEALTH & HUMAN SERVICES APPROPRIATIONS  
ANALYSIS**

**BILL #:** HB 507  
**RELATING TO:** Responsiveness to Emergencies and Disasters  
**SPONSOR(S):** 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
  - (3) COUNCIL FOR HEALTHY COMMUNITIES
  - (4)
  - (5)
- 

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:

- The Legislature finds that it is critical that Florida be prepared to respond appropriately to a health crisis and injuries in the event of an emergency or disaster.
- The Legislature finds that 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.
- Additionally, the Legislature finds that not all health care practitioners have been recently trained in life support and first aid and should be encouraged to obtain such training.
- The Legislature finds that health care practitioners who are willing to respond in emergencies or disasters should not be penalized for providing their assistance.

The bill has an effective date of July 1, 2002.

**On January 24, 2002, the Committee on Health Regulation adopted 3 amendments which are traveling with the bill. Please see the Amendments Section of this analysis for explanation.**

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.

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 bill provides the following Legislative findings:

- The Legislature finds that it is critical that Florida be prepared to respond appropriately to a health crisis and injuries in the event of an emergency or disaster.
- The Legislature finds that 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.
- Additionally, the Legislature finds that not all health care practitioners have been recently trained in life support and first aid and should be encouraged to obtain such training.
- The Legislature finds that health care practitioners who are willing to respond in emergencies or disasters should not be penalized for providing their assistance.

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. 381.00316, 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.** 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 6.** 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 7.** 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 8.** Amends s. 456.072, F.S., to conform disciplinary grounds to required continuing education courses.

**Section 9.** 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 10.** Amends s. 458.319, F.S., to replace mandatory HIV/AIDS continuing education course for allopathic physician licensure renewal with course on bioterrorism.

**Section 11.** Amends s. 459.008, F.S., to replace mandatory HIV/AIDS continuing education course for osteopathic physician licensure renewal with course on bioterrorism.

**Section 12.** Provides effective date of July 1, 2002.

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 would be required to pay the costs of obtaining the necessary training and continuing education courses.

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 January 24, 2002, the Committee on Health Regulation adopted 3 amendments which are traveling with the bill. The amendments:**

- Update the definitions of “advanced life support” and “basic life support,” and create a definition of “emergency medical condition;”
- Move the section relating to State Health Officer duties to another statutory section and require the Department of Health to revise its rules relating to quarantine; and
- Change the effective date of the bill to upon becoming law.

VII. SIGNATURES:

COMMITTEE ON HEALTH REGULATION:

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