

1 A bill to be entitled
2 An act relating to emergency management; amending s.
3 252.355, F.S.; specifying additional entities and agencies
4 that are required to provide registration information to
5 persons with disabilities or special needs for purposes of
6 inclusion within the registry of persons with special
7 needs maintained by local emergency management agencies;
8 providing that the Department of Community Affairs shall
9 be the designated lead agency responsible for community
10 education and outreach to the general public, including
11 persons with special needs, regarding registration as a
12 person with special needs, special needs shelters, and
13 general information regarding shelter stays; requiring the
14 department to disseminate educational and outreach
15 information through local emergency management offices;
16 requiring the department to coordinate community education
17 and outreach related to special needs shelters with
18 specified agencies and entities; providing that special
19 needs shelters must allow persons with special needs to
20 bring service animals into special needs shelters;
21 revising provisions with respect to the required
22 notification of residential utility customers of the
23 availability of the special needs registration program;
24 providing that specified confidential and exempt
25 information relating to registration of persons with
26 special needs be provided to the Department of Health and
27 local law enforcement agencies; creating s. 252.3568,
28 F.S.; requiring the Division of Emergency Management to

29 address evacuation of persons with pets in the shelter
30 component of the state comprehensive emergency management
31 plan; creating s. 252.357, F.S., requiring the Florida
32 Comprehensive Emergency Management Plan to permit the
33 Agency for Health Care Administration to make initial
34 contact with each nursing home in a disaster area;
35 requiring the agency to annually publish an emergency
36 telephone number that may be used by nursing homes to
37 contact the agency; amending s. 252.385, F.S., relating to
38 public shelter space; requiring the Division of Emergency
39 Management of the Department of Community Affairs to
40 biennially prepare and submit a statewide emergency
41 shelter plan to the Governor and the Cabinet for approval;
42 providing plan requirements; requiring the Department of
43 Health to provide specified assistance to the division;
44 revising those facilities which are excluded as being
45 suitable for use as public hurricane evacuation shelters;
46 requiring local emergency management agencies to inspect a
47 designated facility prior to activation to determine its
48 readiness; amending s. 381.0303, F.S.; providing for the
49 operation, maintenance, and closure of special needs
50 shelters; providing that local Children's Medical Services
51 offices shall assume lead responsibility for specified
52 coordination with respect to the development of a plan for
53 the staffing and medical management of pediatric special
54 needs shelters; requiring such plans to conform to the
55 local comprehensive emergency management plan; requiring
56 county governments to assist the Department of Health with

57 nonmedical staffing and operation of special needs
58 shelters; requiring local health departments and emergency
59 management agencies to coordinate such efforts to ensure
60 appropriate staffing; providing that the appropriate
61 county health department, Children's Medical Services
62 office, and local emergency management agency shall
63 jointly determine the responsibility for medical
64 supervision in a special needs shelter; providing
65 notification requirements; requiring local emergency
66 management agencies to be responsible for the
67 infrastructure and closure of special needs shelters;
68 requiring the emergency management agency and the local
69 health department to coordinate efforts to ensure
70 appropriate designation, operation, and infrastructure in
71 special needs shelters; providing that a county health
72 department is not prohibited from entering into an
73 alternative agreement with a local emergency management
74 agency to assume the lead responsibility for special needs
75 shelter supplies and equipment; providing that state
76 employees with a preestablished role in disaster response
77 are subject to serve in times of disaster in specified
78 capacities; requiring the Secretary of Elderly Affairs to
79 convene multiagency special needs shelter discharge
80 planning teams to assist local areas that are severely
81 impacted by a natural or manmade disaster that requires
82 the use of special needs shelters; providing duties and
83 responsibilities of such discharge planning teams;
84 providing for the inclusion of specified state agency

85 | representatives on each discharge planning team; revising
86 | provisions relating to reimbursement of health care
87 | practitioners; providing for eligibility of specified
88 | health care facilities for reimbursement when a
89 | multiagency special needs shelter discharge planning team
90 | discharges persons with special needs to such receiving
91 | facilities; providing procedures and requirements with
92 | respect to such reimbursement; requiring the department to
93 | specify by rule expenses that are reimbursable and the
94 | rate of reimbursement for services; revising provisions
95 | which prescribe means of and procedures for reimbursement;
96 | disallowing specified reimbursements; revising provisions
97 | with respect to the organization, role, duties, and
98 | composition of the special needs shelter interagency
99 | committee; requiring the department to adopt specified
100 | rules with respect to special needs shelters; providing
101 | requirements with respect to emergency management plans
102 | submitted to a county health department by a home health
103 | agency, nurse registry, hospice, or home medical equipment
104 | provider; amending ss. 400.492, 400.497, 400.506, 400.610,
105 | and 400.934, F.S.; revising requirements with respect to
106 | the comprehensive emergency management plans of home
107 | health agencies, nurse registries, and hospices, and
108 | providing such requirements with respect to home medical
109 | equipment providers, to include the means by which
110 | continuing services will be provided to patients who
111 | evacuate to special needs shelters; authorizing the
112 | establishment of links to local emergency operations

113 centers for specified purposes; providing actions that
114 constitute abandonment of a patient; providing sanctions
115 for abandonment; revising requirements of a county health
116 department with respect to review of a comprehensive
117 emergency management plan submitted by a home health
118 agency, nurse registry, or hospice, and providing such
119 requirements with respect to a home medical equipment
120 provider; providing requirements upon failure to submit a
121 plan or requested information to the department; providing
122 for imposition of a fine; revising requirements of the
123 Department of Health with respect to review of the plan of
124 a home health agency, nurse registry, or hospice that
125 operates in more than one county, and providing such
126 requirements with respect to a home medical equipment
127 provider that operates in more than one county; providing
128 that the preparation and maintenance of a comprehensive
129 emergency management plan by a home medical equipment
130 provider is a requirement for licensure and must meet
131 minimum criteria established by the Agency for Health Care
132 Administration; providing plan requirements; providing
133 that the plan is subject to review and approval by the
134 county health department; requiring each home medical
135 equipment provider to maintain a current prioritized list
136 of patients who need continued services during an
137 emergency; amending s. 400.925, F.S.; defining "life-
138 supporting or life-sustaining equipment" for purposes of
139 pt. X of ch. 400, F.S., relating to home medical equipment
140 providers; amending s. 400.935, F.S.; requiring the Agency

141 for Health Care Administration to adopt rules with respect
 142 to the comprehensive emergency management plan prepared by
 143 a home medical equipment services provider; amending s.
 144 408.831, F.S.; providing that entities regulated or
 145 licensed by the Agency for Health Care Administration may
 146 exceed their licensed capacity to act as a receiving
 147 facility under specified circumstances; providing
 148 requirements while such entities are in an overcapacity
 149 status; providing for issuance of an inactive license to
 150 such licensees under specified conditions; providing
 151 requirements and procedures with respect to the issuance
 152 and reactivation of an inactive license; providing fees;
 153 providing an effective date.

154

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

156

157 Section 1. Section 252.355, Florida Statutes, is amended
 158 to read:

159 252.355 Registry of persons with special needs; notice.--

160 (1) In order to meet the special needs of persons who
 161 would need assistance during evacuations and sheltering because
 162 of physical, mental, cognitive impairment, or sensory
 163 disabilities, each local emergency management agency in the
 164 state shall maintain a registry of persons with special needs
 165 located within the jurisdiction of the local agency. The
 166 registration shall identify those persons in need of assistance
 167 and plan for resource allocation to meet those identified needs.
 168 To assist the local emergency management agency in identifying

HB 7139

2006

169 such persons, home health agencies, hospices, nurse registries,
170 home medical equipment providers, the Department of Children and
171 Family Services, the Department of Health, the Agency for Health
172 Care Administration, the Department of Education, Agency for
173 Persons with Disabilities, ~~Department of Labor and Employment~~
174 ~~Security,~~ and the Department of Elderly Affairs shall provide
175 registration information to all of their special needs clients
176 and to all people with disabilities or special needs who receive
177 services ~~incoming clients as a part of the intake process.~~ The
178 registry shall be continuously maintained ~~updated annually.~~ The
179 registration program shall give persons with special needs the
180 option of preauthorizing emergency response personnel to enter
181 their homes during search and rescue operations if necessary to
182 assure their safety and welfare following disasters.

183 (2) The Department of Community Affairs shall be the
184 designated lead agency responsible for community education and
185 outreach to the general public, including special needs clients,
186 regarding registration and special needs shelters and general
187 information regarding shelter stays. The Department of Community
188 Affairs shall disseminate such educational and outreach
189 information through the local emergency management offices. The
190 department shall coordinate the development of curriculum and
191 dissemination of all community education and outreach related to
192 special needs shelters with the Clearinghouse on Disability
193 Information of the Governor's Working Group on the Americans
194 with Disabilities Act, the Department of Children and Family
195 Services, the Department of Health, the Agency for Health Care
196 Administration, the Department of Education, the Agency for

197 Persons with Disabilities, and the Department of Elderly
 198 Affairs.

199 (3) A person with special needs shall be allowed to bring
 200 his or her service animal into a special needs shelter in
 201 compliance with the Americans with Disabilities Act of 1990,
 202 Pub. L. No. 101-336. Because a special needs shelter is
 203 considered a public facility when it is activated for a
 204 disaster, persons with disabilities must be allowed access to
 205 special needs shelters when accompanied by a service animal in
 206 compliance with the Americans with Disabilities Act, which
 207 provides that businesses and organizations that serve the public
 208 must allow people with disabilities to bring their service
 209 animals into all areas of a facility where customers are
 210 normally allowed to go.

211 (4)(2) ~~On or before May 1 of each year~~ Each electric
 212 utility in the state shall ~~annually~~ notify residential customers
 213 in its service area of the availability of the registration
 214 program available through their local emergency management
 215 agency with either:-

216 (a) An initial notification upon the activation of new
 217 residential service with the electric utility followed by one
 218 annual notification between January 1 and May 31; or

219 (b) Two separate annual notifications between January 1
 220 and May 31.

221
 222 The notification required under this subsection may be made by
 223 any available means, including, but not limited to, written,
 224 electronic, or verbal notification, and may be made concurrently

HB 7139

2006

225 with any other notification to residential customers required by
 226 law or rule.

227 (5)(3) All records, data, information, correspondence, and
 228 communications relating to the registration of persons with
 229 special needs as provided in subsection (1) are confidential and
 230 exempt from the provisions of s. 119.07(1), except that such
 231 information shall be available to other emergency response
 232 agencies, as determined by the local emergency management
 233 director, and to the Department of Health in the furtherance of
 234 its duties and responsibilities. Local law enforcement agencies
 235 shall be provided complete shelter registration information upon
 236 request.

237 (6)(4) All appropriate agencies and community-based
 238 service providers, including home health care providers,
 239 hospices, nurse registries, and home medical equipment
 240 providers, shall assist emergency management agencies by
 241 collecting registration information for persons with special
 242 needs as part of program intake processes, establishing programs
 243 to increase the awareness of the registration process, and
 244 educating clients about the procedures that may be necessary for
 245 their safety during disasters. Clients of state or federally
 246 funded service programs with physical, mental, cognitive
 247 impairment, or sensory disabilities who need assistance in
 248 evacuating, or when in shelters, must register as persons with
 249 special needs.

250 Section 2. Section 252.3568, Florida Statutes, is created
 251 to read:

252 252.3568 Emergency sheltering of persons with pets.--In

253 accordance with the provisions of s. 252.35, the division shall
 254 address the evacuation of persons with pets in the shelter
 255 component of the state comprehensive emergency management plan.
 256 The Department of Agriculture and Consumer Services shall assist
 257 the division in determining strategies regarding this activity.

258 Section 3. Section 252.357, Florida Statutes, is created
 259 to read:

260 252.357 Monitoring of nursing homes during disaster.--The
 261 Florida Comprehensive Emergency Management Plan shall permit the
 262 Agency for Health Care Administration, working from the agency's
 263 offices or in the Emergency Operations Center, ESF-8, to make
 264 initial contact with each nursing home in the disaster area. The
 265 agency, by July 15, 2006, and annually thereafter, shall publish
 266 on the Internet an emergency telephone number that may be used
 267 by nursing homes to contact the agency on a schedule established
 268 by the agency to report requests for assistance. The agency may
 269 also provide the telephone number to each facility when it makes
 270 the initial facility call.

271 Section 4. Subsection (2) and paragraphs (a) and (b) of
 272 subsection (4) of section 252.385, Florida Statutes, are amended
 273 to read:

274 252.385 Public shelter space.--

275 (2) (a) The division shall administer a program to survey
 276 existing schools, universities, community colleges, and other
 277 state-owned, municipally owned, and county-owned public
 278 buildings and any private facility that the owner, in writing,
 279 agrees to provide for use as a public hurricane evacuation
 280 shelter to identify those that are appropriately designed and

HB 7139

2006

281 located to serve as such shelters. The owners of the facilities
282 must be given the opportunity to participate in the surveys. The
283 Board of Regents, district school boards, community college
284 boards of trustees, and the Department of Education are
285 responsible for coordinating and implementing the survey of
286 public schools, universities, and community colleges with the
287 division or the local emergency management agency.

288 (b) By January 31 of each even-numbered year, the division
289 shall prepare and submit a statewide emergency shelter plan to
290 the Governor and the Cabinet for approval, subject to the
291 requirements for approval provided in s. 1013.37(2). The plan
292 shall identify the general location and square footage of
293 special needs shelters, by regional planning council region,
294 during the next 5 years. The plan shall also include information
295 on the availability of shelters that accept pets. The Department
296 of Health shall assist the division in determining the estimated
297 need for special needs shelter space and the adequacy of
298 facilities to meet the needs of persons with special needs based
299 on information from the registries of persons with special needs
300 and other information.

301 (4) (a) Public facilities, including schools, postsecondary
302 education facilities, and other facilities owned or leased by
303 the state or local governments, but excluding hospitals, hospice
304 care facilities, assisted living facilities, or nursing homes,
305 which are suitable for use as public hurricane evacuation
306 shelters shall be made available at the request of the local
307 emergency management agencies. The local emergency management
308 agency shall inspect a designated facility to determine its

309 readiness prior to activating the facility for a specific
 310 hurricane or disaster. Such agencies shall coordinate with the
 311 appropriate school board, university, community college, or
 312 local governing board when requesting the use of such facilities
 313 as public hurricane evacuation shelters.

314 (b) The Department of Management Services shall
 315 incorporate provisions for the use of suitable leased public
 316 facilities as public hurricane evacuation shelters into lease
 317 agreements for state agencies. Suitable leased public facilities
 318 include leased public facilities that are solely occupied by
 319 state agencies and have at least 2,000 square feet of net floor
 320 area in a single room or in a combination of rooms having a
 321 minimum of 400 square feet in each room. The net square footage
 322 of floor area shall ~~must~~ be determined by subtracting from the
 323 gross square footage the square footage of spaces such as
 324 mechanical and electrical rooms, storage rooms, open corridors,
 325 restrooms, kitchens, science or computer laboratories, shop or
 326 mechanical areas, administrative offices, records vaults, and
 327 crawl spaces.

328 Section 5. Section 381.0303, Florida Statutes, is amended
 329 to read:

330 381.0303 ~~Health practitioner recruitment for~~ Special needs
 331 shelters.--

332 (1) PURPOSE.--The purpose of this section is to provide
 333 for the operation, maintenance, and closure of special needs
 334 shelters and to designate the Department of Health, through its
 335 county health departments, as the lead agency for coordination
 336 of the recruitment of health care practitioners, as defined in

HB 7139

2006

337 s. 456.001(4), to staff special needs shelters in times of
338 emergency or disaster and to provide resources to the department
339 to carry out this responsibility. However, nothing in this
340 section prohibits a county health department from entering into
341 an agreement with a local emergency management agency to assume
342 the lead responsibility for recruiting health care
343 practitioners.

344 (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; CLOSURE; STATE
345 AGENCY ASSISTANCE ~~AND STAFFING~~.--Provided funds have been
346 appropriated to support ~~medical services~~ disaster coordinator
347 positions in county health departments:—

348 (a) The department shall assume lead responsibility for
349 the ~~local~~ coordination of local medical and health care
350 providers, the American Red Cross, and other interested parties
351 in developing a plan for the staffing and medical management of
352 special needs shelters. The local Children's Medical Services
353 offices shall assume lead responsibility for the coordination of
354 local medical and health care providers, the American Red Cross,
355 and other interested parties in developing a plan for the
356 staffing and medical management of pediatric special needs
357 shelters. Plans shall conform to ~~The plan shall be in~~
358 ~~conformance with~~ the local comprehensive emergency management
359 plan.

360 (b) ~~(a)~~ County health departments shall, in conjunction
361 with the local emergency management agencies, have the lead
362 responsibility for coordination of the recruitment of health
363 care practitioners to staff local special needs shelters. County
364 health departments shall assign their employees to work in

365 | special needs shelters when those employees are needed to
 366 | protect the health and safety of persons with special needs of
 367 | patients. County governments shall assist the Department of
 368 | Health with nonmedical staffing and the operation of special
 369 | needs shelters. The local health department and emergency
 370 | management agency shall coordinate these efforts to ensure
 371 | appropriate staffing in special needs shelters.

372 | (c) ~~(b)~~ The appropriate county health department,
 373 | Children's Medical Services office, and local emergency
 374 | management agency shall jointly decide determine who has
 375 | responsibility for medical supervision in each a special needs
 376 | shelter and shall notify the Division of Emergency Management
 377 | and the Department of Health of their decision.

378 | (d) ~~(e)~~ Local emergency management agencies shall be
 379 | responsible for the designation, and operation, and
 380 | infrastructure of special needs shelters during times of
 381 | emergency or disaster and the closure of the facilities
 382 | following an emergency or disaster. The emergency management
 383 | agency and the local health department shall coordinate these
 384 | efforts to ensure appropriate designation, operation, and
 385 | infrastructure in special needs shelters. County health
 386 | departments shall assist the local emergency management agency
 387 | with regard to the management of medical services in special
 388 | needs shelters. However, nothing in this section prohibits a
 389 | county health department from entering into an alternative
 390 | agreement with a local emergency management agency to assume the
 391 | lead responsibility for special needs shelter supplies and
 392 | equipment.

HB 7139

2006

393 (e) Any state employee with a preestablished role in
394 disaster response that has been designated by the employing
395 agency is subject to serve in times of disaster in a capacity
396 that is commensurate with the employee's knowledge, skills, and
397 abilities and to participate in any needed activities related to
398 the disaster unless the employee has other mandated response
399 activities that preclude participation.

400 (f) The Secretary of Elderly Affairs, or his or her
401 designee, shall convene, at any time that he or she deems
402 appropriate and necessary, a multiagency special needs shelter
403 discharge planning team or teams to assist local areas that are
404 severely impacted by a natural or manmade disaster that requires
405 the use of special needs shelters. Multiagency special needs
406 shelter discharge planning teams shall provide assistance to
407 local emergency management agencies with the continued operation
408 or closure of the shelters, as well as with the discharge of
409 special needs clients to alternate facilities if necessary.
410 Local emergency management agencies may request the assistance
411 of a multiagency special needs shelter discharge planning team
412 by alerting statewide emergency management officials of the
413 necessity for additional assistance in their area. The Secretary
414 of Elderly Affairs is encouraged to proactively work with other
415 state agencies prior to any natural disasters for which warnings
416 are provided to ensure that multiagency special needs shelter
417 discharge planning teams are ready to assemble and deploy
418 rapidly upon a determination by state emergency management
419 officials that a disaster area requires additional assistance.
420 The Secretary of Elderly Affairs may call upon any state agency

HB 7139

2006

421 or office to provide staff to assist a multiagency special needs
422 shelter discharge planning team or teams. Unless the secretary
423 determines that the nature or circumstances surrounding the
424 disaster do not warrant participation from a particular agency's
425 staff, each multiagency special needs shelter discharge planning
426 team shall include at least one representative from each of the
427 following state agencies:

- 428 1. Department of Elderly Affairs.
- 429 2. Department of Health.
- 430 3. Department of Children and Family Services.
- 431 4. Department of Veterans' Affairs.
- 432 5. Department of Community Affairs.
- 433 6. Agency for Health Care Administration.
- 434 7. Agency for Persons with Disabilities.

435 (3) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND
436 FACILITIES.--

437 (a) The Department of Health shall upon request reimburse,
438 ~~subject to the availability of funds for this purpose,~~ health
439 care practitioners, as defined in s. 456.001, provided the
440 practitioner is not providing care to a patient under an
441 existing contract, and emergency medical technicians and
442 paramedics licensed under ~~pursuant to~~ chapter 401 for medical
443 care provided at the request of the department in special needs
444 shelters or at other locations during times of emergency or a
445 declared ~~major~~ disaster. Reimbursement for health care
446 practitioners, except for physicians licensed under ~~pursuant to~~
447 chapter 458 or chapter 459, shall be based on the average hourly
448 rate that such practitioners were paid according to the most

HB 7139

2006

449 recent survey of Florida hospitals conducted by the Florida
450 Hospital Association or other nationally or state recognized
451 data source. Reimbursement shall be requested on forms prepared
452 by the Department of Health and shall be paid as specified in
453 paragraph (c).

454 (b) If, upon closure of a special needs shelter, a
455 multiagency special needs shelter discharge planning team
456 determines that it is necessary to discharge persons with
457 special needs to other health care facilities, such as
458 hospitals, nursing homes, assisted living facilities, and
459 community residential homes, the receiving facilities shall be
460 eligible for reimbursement for services provided to the
461 individuals for up to 90 days. Any facility eligible for
462 reimbursement under this paragraph shall submit invoices for
463 reimbursement on forms developed by the department. A facility
464 must show proof of a written request from a representative of an
465 agency serving on the multiagency special needs shelter
466 discharge planning team that the individual for whom the
467 facility is seeking reimbursement for services rendered was
468 referred to that facility from a special needs shelter. The
469 department shall specify by rule which expenses are reimbursable
470 and the rate of reimbursement for each service. Reimbursement
471 for the services described in this paragraph shall be paid as
472 specified in paragraph (c).

473 (c) If a Presidential Disaster Declaration has been issued
474 ~~made, and the Federal Government makes funds available,~~ the
475 department shall request federal ~~use such funds for~~
476 reimbursement of eligible expenditures. In other situations, or

HB 7139

2006

477 if federal funds do not fully compensate the department for
478 reimbursements permissible under ~~reimbursement made pursuant to~~
479 this section, the department shall process a budget amendment to
480 obtain reimbursement from unobligated, unappropriated moneys in
481 the General Revenue Fund. The department shall not provide
482 reimbursement to facilities under this subsection for services
483 provided to a person with special needs if, during the period of
484 time in which the services were provided, the individual was
485 enrolled in another state-funded program, such as Medicaid or
486 another similar program, was covered under a policy of health
487 insurance as defined in s. 624.603, or was a member of a health
488 maintenance organization or prepaid health clinic as defined in
489 chapter 641, which would otherwise pay for the same services.
490 Travel expense and per diem costs shall be reimbursed pursuant
491 to s. 112.061.

492 (4) HEALTH CARE PRACTITIONER REGISTRY.--The department may
493 use the registries established in ss. 401.273 and 456.38 when
494 health care practitioners are needed to staff special needs
495 shelters or to assist with other disaster-related activities
496 ~~staff disaster medical assistance teams.~~

497 (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.--The
498 ~~Secretary Department~~ of Health may establish a special needs
499 shelter interagency committee and serve as or appoint a designee
500 to serve as the committee's chair. The department shall provide
501 any necessary staff and resources to support the committee in
502 the performance of its duties, ~~to be chaired and staffed by the~~
503 ~~department.~~ The committee shall address and resolve problems
504 related to special needs shelters not addressed in the state

HB 7139

2006

505 comprehensive emergency medical plan and shall consult on ~~serve~~
 506 ~~as an oversight committee to monitor~~ the planning and operation
 507 of special needs shelters.

508 (a) The committee shall ~~may~~:

509 1. Develop, ~~and negotiate,~~ and regularly review any
 510 necessary interagency agreements.

511 2. Undertake other such activities as the department deems
 512 necessary to facilitate the implementation of this section.

513 3. Submit recommendations to the Legislature as necessary.

514 (b) The special needs shelter interagency committee shall
 515 be composed of representatives of emergency management, health,
 516 medical, and social services organizations. Membership shall
 517 include, but shall not be limited to, representatives of the
 518 Departments of Health, Community Affairs, Children and Family
 519 Services, Elderly Affairs, ~~Labor and Employment Security~~, and
 520 Education; the Agency for Health Care Administration; the
 521 Florida Medical Association; the Florida Osteopathic Medical
 522 Association; Associated Home Health Industries of Florida, Inc.;
 523 the Florida Nurses Association; the Florida Health Care
 524 Association; the Florida Assisted Living Affiliation
 525 ~~Association~~; the Florida Hospital Association; the Florida
 526 Statutory Teaching Hospital Council; the Florida Association of
 527 Homes for the Aging; the Florida Emergency Preparedness
 528 Association; the American Red Cross; Florida Hospices and
 529 Palliative Care, Inc.; the Association of Community Hospitals
 530 and Health Systems; the Florida Association of Health
 531 Maintenance Organizations; the Florida League of Health Systems;
 532 Private Care Association; ~~and~~ the Salvation Army; the Florida

HB 7139

2006

533 Association of Aging Services Providers; AARP; and the Florida
534 Renal Coalition.

535 (c) Meetings of the committee shall be held in
536 Tallahassee, and members of the committee shall serve at the
537 expense of the agencies or organizations they represent. The
538 committee shall make every effort to use teleconference or video
539 conference capabilities in order to ensure statewide input and
540 participation.

541 (6) RULES.--The department has the authority to adopt rules
542 necessary to implement this section. Rules shall ~~may~~ include:

543 (a) The ~~a~~ definition of a "person with special needs",
544 including eligibility criteria for individuals with physical,
545 mental, cognitive impairment, or sensory disabilities and the
546 services a person with special needs can expect to receive in a
547 special needs shelter patient, specify physician reimbursement,
548 ~~and designate which county health departments will have~~
549 ~~responsibility for implementation of subsections (2) and (3).~~

550 (b) The process for special needs shelter health care
551 practitioners and facility reimbursement for services provided in
552 a disaster.

553 (c) Guidelines for special needs shelter staffing levels to
554 provide services.

555 (d) The definition of and standards for special needs
556 shelter supplies and equipment, including durable medical
557 equipment.

558 (e) Compliance with applicable laws relating to service
559 animals.

560 (f) Standards for the special needs shelter registration

561 process, including guidelines for addressing the needs of
 562 unregistered persons in need of a special needs shelter.

563 (g) Standards for addressing the needs of families where
 564 only one dependent is eligible for admission to a special needs
 565 shelter and the needs of adults with special needs who are
 566 caregivers for individuals without special needs.

567 (h) The requirement of the county health departments to
 568 seek the participation of hospitals, nursing homes, assisted
 569 living facilities, home health agencies, hospice providers,
 570 nurse registries, home medical equipment providers, dialysis
 571 centers, and other health and medical emergency preparedness
 572 stakeholders in preevent planning activities.

573 (7) ~~REVIEW OF EMERGENCY MANAGEMENT PLANS; CONTINUITY OF~~
 574 CARE.--Each emergency management plan submitted to a county
 575 health department by a home health agency under s. 400.492, by a
 576 nurse registry pursuant to s. 400.506(16)(e), by a hospice
 577 pursuant to s. 400.610(1)(b), or by a home medical equipment
 578 provider pursuant to s. 400.934(20)(a) shall specify the means
 579 by which the home health agency, nurse registry, hospice, or
 580 home medical equipment provider will continue to provide staff
 581 and equipment to perform the same type and quantity of services
 582 for their patients who evacuate to special needs shelters that
 583 were being provided to those patients prior to evacuation. The
 584 submission of emergency management plans to county health
 585 departments by home health agencies, ~~pursuant to s.~~
 586 ~~400.497(8)(c) and (d) and by nurse registries, pursuant to s.~~
 587 ~~400.506(16)(e) and by hospice programs, pursuant to s.~~
 588 ~~400.610(1)(b) and home medical equipment providers is~~

HB 7139

2006

589 conditional upon the receipt of an appropriation by the
590 department to establish ~~medical services~~ disaster coordinator
591 positions in county health departments unless the secretary of
592 the department and a local county commission jointly determine
593 to require such plans to be submitted based on a determination
594 that there is a special need to protect public health in the
595 local area during an emergency.

596 Section 6. Section 400.492, Florida Statutes, is amended
597 to read:

598 400.492 Provision of services during an emergency.--Each
599 home health agency shall prepare and maintain a comprehensive
600 emergency management plan that is consistent with the standards
601 adopted by national or state accreditation organizations and
602 consistent with the local special needs plan. The plan shall be
603 updated annually and shall provide for continuing home health
604 services during an emergency that interrupts patient care or
605 services in the patient's home. The plan shall include the means
606 by which the home health agency will continue to provide staff
607 to perform the same type and quantity of services to their
608 patients who evacuate to special needs shelters that were being
609 provided to those patients prior to evacuation. The plan shall
610 describe how the home health agency establishes and maintains an
611 effective response to emergencies and disasters, including:
612 notifying staff when emergency response measures are initiated;
613 providing for communication between staff members, county health
614 departments, and local emergency management agencies, including
615 a backup system; identifying resources necessary to continue
616 essential care or services or referrals to other organizations

HB 7139

2006

617 subject to written agreement; and prioritizing and contacting
618 patients who need continued care or services.

619 (1) Each patient record for patients who are listed in the
620 registry established pursuant to s. 252.355 shall include a
621 description of how care or services will be continued in the
622 event of an emergency or disaster. The home health agency shall
623 discuss the emergency provisions with the patient and the
624 patient's caregivers, including where and how the patient is to
625 evacuate, procedures for notifying the home health agency in the
626 event that the patient evacuates to a location other than the
627 shelter identified in the patient record, and a list of
628 medications and equipment which must either accompany the
629 patient or will be needed by the patient in the event of an
630 evacuation.

631 (2) Each home health agency shall maintain a current
632 prioritized list of patients who need continued services during
633 an emergency. The list shall indicate how services shall be
634 continued in the event of an emergency or disaster for each
635 patient and if the patient is to be transported to a special
636 needs shelter, and shall indicate if the patient is receiving
637 skilled nursing services and the patient's medication and
638 equipment needs. The list shall be furnished to county health
639 departments and to local emergency management agencies, upon
640 request.

641 (3) Home health agencies shall not be required to continue
642 to provide care to patients in emergency situations that are
643 beyond their control and that make it impossible to provide
644 services, such as when roads are impassable or when patients do

HB 7139

2006

645 not go to the location specified in their patient records. Home
646 health agencies may establish links to local emergency
647 operations centers to determine a mechanism to approach specific
648 areas within a disaster area in order for the agency to reach
649 its clients. The presentation of a home health agency client to
650 a special needs shelter without the home health agency making a
651 good faith effort to provide services in the shelter setting
652 shall be considered abandonment of the client and constitutes a
653 class II deficiency, subject to sanctions provided in s.
654 400.484(2)(b). For purposes of this section, "good faith effort"
655 may be demonstrated by documented attempts of staff to follow
656 procedures as outlined in the home health agency's comprehensive
657 emergency management plan, and by the patient's record, which
658 support a finding that continuing care has been provided for
659 those patients who have been identified as needing care by the
660 home health agency in the event of an emergency or disaster
661 under subsection (1).

662 (4) Notwithstanding the provisions of s. 400.464(2) or any
663 other provision of law to the contrary, a home health agency may
664 provide services in a special needs shelter located in any
665 county.

666 Section 7. Paragraphs (c) and (d) of subsection (8) of
667 section 400.497, Florida Statutes, are amended to read:

668 400.497 Rules establishing minimum standards.--The agency
669 shall adopt, publish, and enforce rules to implement this part,
670 including, as applicable, ss. 400.506 and 400.509, which must
671 provide reasonable and fair minimum standards relating to:

672 (8) Preparation of a comprehensive emergency management

673 plan pursuant to s. 400.492.

674 (c) The plan is subject to review and approval by the
 675 county health department. During its review, the county health
 676 department shall contact state and local health and medical
 677 stakeholders during its review when necessary. ~~ensure that the~~
 678 ~~following agencies, at a minimum, are given the opportunity to~~
 679 ~~review the plan:~~

- 680 ~~1. The local emergency management agency.~~
- 681 ~~2. The Agency for Health Care Administration.~~
- 682 ~~3. The local chapter of the American Red Cross or other~~
 683 ~~lead sheltering agency.~~
- 684 ~~4. The district office of the Department of Children and~~
 685 ~~Family Services.~~

686
 687 The county health department shall complete its review to ensure
 688 that the plan is in accordance with the criteria set forth in
 689 the rules of the Agency for Health Care Administration within 90
 690 ~~60~~ days after receipt of the plan and shall either approve the
 691 plan or advise the home health agency of necessary revisions. If
 692 the home health agency fails to submit a plan or fails to submit
 693 the requested information or revisions to the county health
 694 department within 30 days after written notification from the
 695 county health department, the county health department shall
 696 notify the Agency for Health Care Administration. The agency
 697 shall notify the home health agency that such failure
 698 constitutes a deficiency, subject to a fine of \$5,000 per
 699 occurrence. If the plan is not submitted, information is not
 700 provided, or revisions are not made as requested, the agency may

HB 7139

2006

701 impose the fine.

702 (d) For any home health agency that operates in more than
 703 one county, the Department of Health shall review the plan,
 704 after consulting with state and local health and medical
 705 stakeholders, when necessary ~~all of the county health~~
 706 ~~departments, the agency, and all the local chapters of the~~
 707 ~~American Red Cross or other lead sheltering agencies in the~~
 708 ~~areas of operation for that particular home health agency.~~ The
 709 department ~~of Health~~ shall complete its review within 90 days
 710 after receipt of the plan and shall either approve the plan or
 711 advise the home health agency of necessary revisions. The
 712 department ~~of Health~~ shall make every effort to avoid imposing
 713 differing requirements on a home health agency that operates in
 714 more than one county as a result of differing or conflicting
 715 comprehensive plan requirements of the ~~based on differences~~
 716 ~~between~~ counties in which ~~on~~ the home health agency operates.

717 Section 8. Subsection (16) of section 400.506, Florida
 718 Statutes, is amended to read:

719 400.506 Licensure of nurse registries; requirements;
 720 penalties.--

721 (16) Each nurse registry shall prepare and maintain a
 722 comprehensive emergency management plan that is consistent with
 723 the criteria in this subsection and with the local special needs
 724 plan. The plan shall be updated annually. The plan shall include
 725 the means by which the nurse registry will continue to provide
 726 staff to perform the same type and quantity of services to their
 727 patients who evacuate to special needs shelters that were being
 728 provided to those patients prior to evacuation. The plan shall

HB 7139

2006

729 specify how the nurse registry shall facilitate the provision of
730 continuous care by persons referred for contract to persons who
731 are registered pursuant to s. 252.355 during an emergency that
732 interrupts the provision of care or services in private
733 residencies. Nurse registries may establish links to local
734 emergency operations centers to determine a mechanism to
735 approach specific areas within a disaster area in order for a
736 provider to reach its clients. The presentation of nurse
737 registry clients to a special needs shelter without the nurse
738 registry provider making a good faith effort to provide services
739 in the shelter setting shall be considered abandonment of the
740 patient and constitutes a class II deficiency, subject to
741 sanctions provided in s. 400.484(2)(b). For purposes of this
742 section, "good faith effort" may be demonstrated by documented
743 attempts of staff to follow procedures as outlined in the nurse
744 registry's comprehensive emergency management plan which support
745 a finding that continuing care has been provided for those
746 patients who have been identified as needing care by the nurse
747 registry in the event of an emergency under s. 400.506(1).

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

755 (b) Each nurse registry shall maintain a current
756 prioritized list of patients in private residences who are

757 registered pursuant to s. 252.355 and are under the care of
 758 persons referred for contract and who need continued services
 759 during an emergency. This list shall indicate, for each patient,
 760 if the client is to be transported to a special needs shelter
 761 and if the patient is receiving skilled nursing services. Nurse
 762 registries shall make this list available to county health
 763 departments and to local emergency management agencies upon
 764 request.

765 (c) Each person referred for contract who is caring for a
 766 patient who is registered pursuant to s. 252.355 shall provide a
 767 list of the patient's medication and equipment needs to the
 768 nurse registry. Each person referred for contract shall make
 769 this information available to county health departments and to
 770 local emergency management agencies upon request.

771 (d) Each person referred for contract shall not be
 772 required to continue to provide care to patients in emergency
 773 situations that are beyond the person's control and that make it
 774 impossible to provide services, such as when roads are
 775 impassable or when patients do not go to the location specified
 776 in their patient records.

777 (e) The comprehensive emergency management plan required
 778 by this subsection is subject to review and approval by the
 779 county health department. During its review, the county health
 780 department shall contact state and local health and medical
 781 stakeholders, when necessary ~~ensure that, at a minimum, the~~
 782 ~~local emergency management agency, the Agency for Health Care~~
 783 ~~Administration, and the local chapter of the American Red Cross~~
 784 ~~or other lead sheltering agency are given the opportunity to~~

785 ~~review the plan.~~ The county health department shall complete its
 786 review to ensure that the plan is in accordance with the
 787 criteria set forth in the rules of the Agency for Health Care
 788 Administration within 90 60 days after receipt of the plan and
 789 shall either approve the plan or advise the nurse registry of
 790 necessary revisions. If a nurse registry fails to submit a plan
 791 or fails to submit requested information or revisions to the
 792 county health department within 30 days after written
 793 notification from the county health department, the county
 794 health department shall notify the Agency for Health Care
 795 Administration. The agency shall notify the nurse registry that
 796 such failure constitutes a deficiency, subject to a fine of
 797 \$5,000 per occurrence. If the plan is not submitted, information
 798 is not provided, or revisions are not made as requested, the
 799 agency may impose the fine.

800 (f) The Department of Health shall review the
 801 comprehensive emergency management plan of any nurse registry
 802 that operates in more than one county. The department shall
 803 complete its review within 90 days after receipt of the plan and
 804 shall either approve the plan or advise the nurse registry of
 805 necessary revisions. The department shall make every effort to
 806 avoid imposing differing requirements on nurse registries that
 807 operate in more than one county as a result of differing or
 808 conflicting comprehensive plan requirements of the counties in
 809 which the nurse registry operates.

810 (g) ~~(f)~~ The Agency for Health Care Administration shall
 811 adopt rules establishing minimum criteria for the comprehensive
 812 emergency management plan and plan updates required by this

HB 7139

2006

813 subsection, with the concurrence of the Department of Health and
 814 in consultation with the Department of Community Affairs.

815 Section 9. Paragraph (b) of subsection (1) of section
 816 400.610, Florida Statutes, is amended to read:

817 400.610 Administration and management of a hospice.--

818 (1) A hospice shall have a clearly defined organized
 819 governing body, consisting of a minimum of seven persons who are
 820 representative of the general population of the community
 821 served. The governing body shall have autonomous authority and
 822 responsibility for the operation of the hospice and shall meet
 823 at least quarterly. The governing body shall:

824 (b)1. Prepare and maintain a comprehensive emergency
 825 management plan that provides for continuing hospice services in
 826 the event of an emergency that is consistent with local special
 827 needs plans. The plan shall include provisions for ensuring
 828 continuing care to hospice patients who go to special needs
 829 shelters. The plan shall include the means by which the hospice
 830 provider will continue to provide staff to perform the same type
 831 and quantity of services to their patients who evacuate to
 832 special needs shelters that were being provided to those
 833 patients prior to evacuation. The plan is subject to review and
 834 approval by the county health department, except as provided in
 835 subparagraph 2. During its review, the county health department
 836 shall contact state and local health and medical stakeholders,
 837 when necessary ~~ensure that the department, the agency, and the~~
 838 ~~local chapter of the American Red Cross or other lead sheltering~~
 839 ~~agency have an opportunity to review and comment on the plan.~~
 840 The county health department shall complete its review to ensure

HB 7139

2006

841 that the plan is in accordance with the criteria set forth in
842 the rules of the Department of Elderly Affairs within 90 ~~60~~ days
843 after receipt of the plan and shall either approve the plan or
844 advise the hospice of necessary revisions. Hospice providers may
845 establish links to local emergency operations centers to
846 determine a mechanism to approach specific areas within a
847 disaster area in order for the provider to reach its clients.
848 The presentation of hospice clients to a special needs shelter
849 without the hospice provider making a good faith effort to
850 provide services in the shelter setting shall be considered
851 abandonment of the client subject to sanction as provided by law
852 or rule. For the purposes of this section, "good faith effort"
853 may be demonstrated by documented attempts of staff to follow
854 procedures as outlined in the hospice's comprehensive emergency
855 management plan and to provide continuing care for those hospice
856 clients who have been identified as needing alternative
857 caregiver services in the event of an emergency.

858 2. For any hospice that operates in more than one county,
859 the Department of Health during its review shall contact state
860 and local health and medical stakeholders, when necessary review
861 ~~the plan, after consulting with all of the county health~~
862 ~~departments, the agency, and all the local chapters of the~~
863 ~~American Red Cross or other lead sheltering agency in the areas~~
864 ~~of operation for that particular hospice.~~ The Department of
865 Health shall complete its review to ensure that the plan is in
866 accordance with the criteria set forth in the rules of the
867 Department of Elderly Affairs within 90 days after receipt of
868 the plan and shall either approve the plan or advise the hospice

HB 7139

2006

869 of necessary revisions. The Department of Health shall make
870 every effort to avoid imposing ~~on the hospice~~ differing
871 requirements on a hospice that operates in more than one county
872 as a result of differing or conflicting comprehensive plan
873 requirements of the based on differences between counties in
874 which the hospice operates.

875 Section 10. Subsections (13) through (16) of section
876 400.925, Florida Statutes, are renumbered as subsections (14)
877 through (17), respectively, and a new subsection (13) is added
878 to that section to read:

879 400.925 Definitions.--As used in this part, the term:

880 (13) "Life-supporting or life-sustaining equipment" means
881 a device that is essential to, or that yields information that
882 is essential to, the restoration or continuation of a bodily
883 function important to the continuation of human life. Life-
884 supporting or life-sustaining equipment includes apnea monitors,
885 enteral feeding pumps, infusion pumps, portable home dialysis
886 equipment, and ventilator equipment and supplies for all related
887 equipment, including oxygen equipment and related respiratory
888 equipment.

889 Section 11. Subsections (20), (21), and (22) are added to
890 section 400.934, Florida Statutes, to read:

891 400.934 Minimum standards.--As a requirement of licensure,
892 home medical equipment providers shall:

893 (20) (a) Prepare and maintain a comprehensive emergency
894 management plan that meets minimum criteria established by the
895 agency in rule under s. 400.935. The plan shall be updated
896 annually and shall provide for continuing home medical equipment

897 services for life-supporting or life-sustaining equipment, as
 898 defined in 400.925, during an emergency that interrupts home
 899 medical equipment services in a patient's home. The plan shall
 900 include:

901 1. The means by which the home medical equipment provider
 902 will continue to provide equipment to perform the same type and
 903 quantity of services to its patients who evacuate to special
 904 needs shelters that were being provided to those patients prior
 905 to evacuation.

906 2. The means by which the home medical equipment provider
 907 establishes and maintains an effective response to emergencies
 908 and disasters, including plans for:

909 a. Notification of staff when emergency response measures
 910 are initiated.

911 b. Communication between staff members, county health
 912 departments, and local emergency management agencies, which
 913 shall include provisions for a backup communications system.

914 c. Identification of resources necessary to continue
 915 essential care or services or referrals to other organizations
 916 subject to written agreement.

917 d. Contacting and prioritizing patients in need of
 918 continued medical equipment services and supplies.

919 (b) The plan is subject to review and approval by the
 920 county health department. During its review, the county health
 921 department shall contact state and local health and medical
 922 stakeholders, when necessary. The county health department shall
 923 complete its review to ensure that the plan is in accordance
 924 with the criteria set forth in the rules of the Agency for

HB 7139

2006

925 Health Care Administration within 90 days after receipt of the
926 plan. If a home medical equipment provider fails to submit a
927 plan or fails to submit requested information or revisions to
928 the county health department within 30 days after written
929 notification from the county health department, the county
930 health department shall notify the Agency for Health Care
931 Administration. The agency shall notify the home medical
932 equipment provider that such failure constitutes a deficiency,
933 subject to a fine of \$5,000 per occurrence. If the plan is not
934 submitted, information is not provided, or revisions are not
935 made as requested, the agency may impose the fine.

936 (c) The Department of Health shall review the
937 comprehensive emergency management plan of any home medical
938 equipment provider that operates in more than one county. The
939 department shall complete its review within 90 days after
940 receipt of the plan and shall either approve the plan or advise
941 the home medical equipment provider of necessary revisions. The
942 department shall make every effort to avoid imposing differing
943 requirements on home medical equipment providers that operate in
944 more than one county as a result of differing or conflicting
945 comprehensive plan requirements of the counties in which the
946 home medical equipment provider operates.

947 (21) Each home medical equipment provider shall maintain a
948 current prioritized list of patients who need continued services
949 during an emergency. The list shall indicate the means by which
950 services shall be continued for each patient in the event of an
951 emergency or disaster, whether the patient is to be transported
952 to a special needs shelter, and whether the patient has life-

953 supporting or life-sustaining equipment, including the specific
 954 type of equipment and related supplies. The list shall be
 955 furnished to county health departments and local emergency
 956 management agencies, upon request.

957 (22) Home medical equipment providers may establish links
 958 to local emergency operations centers to determine a mechanism
 959 to approach specific areas within a disaster area in order for
 960 the provider to reach its patients.

961 Section 12. Subsection (11) is added to section 400.935,
 962 Florida Statutes, to read:

963 400.935 Rules establishing minimum standards.--The agency
 964 shall adopt, publish, and enforce rules to implement this part,
 965 which must provide reasonable and fair minimum standards
 966 relating to:

967 (11) Preparation of the comprehensive emergency management
 968 plan under s. 400.934 and the establishment of minimum criteria
 969 for the plan, including the maintenance of patient equipment and
 970 supply lists that can accompany patients who are transported
 971 from their homes. Such rules shall be formulated in consultation
 972 with the Department of Health and the Department of Community
 973 Affairs.

974 Section 13. Section 408.831, Florida Statutes, is amended
 975 to read:

976 408.831 Denial, suspension, or revocation of a license,
 977 registration, certificate, or application.--

978 (1) In addition to any other remedies provided by law, the
 979 agency may deny each application or suspend or revoke each
 980 license, registration, or certificate of entities regulated or

981 licensed by it:

982 (a) If the applicant, licensee, registrant, or
 983 certificateholder, or, in the case of a corporation,
 984 partnership, or other business entity, if any officer, director,
 985 agent, or managing employee of that business entity or any
 986 affiliated person, partner, or shareholder having an ownership
 987 interest equal to 5 percent or greater in that business entity,
 988 has failed to pay all outstanding fines, liens, or overpayments
 989 assessed by final order of the agency or final order of the
 990 Centers for Medicare and Medicaid Services, not subject to
 991 further appeal, unless a repayment plan is approved by the
 992 agency; or

993 (b) For failure to comply with any repayment plan.

994 (2) In reviewing any application requesting a change of
 995 ownership or change of the licensee, registrant, or
 996 certificateholder, the transferor shall, prior to agency
 997 approval of the change, repay or make arrangements to repay any
 998 amounts owed to the agency. Should the transferor fail to repay
 999 or make arrangements to repay the amounts owed to the agency,
 1000 the issuance of a license, registration, or certificate to the
 1001 transferee shall be delayed until repayment or until
 1002 arrangements for repayment are made.

1003 (3) Entities subject to this section may exceed their
 1004 licensed capacity to act as a receiving facility in accordance
 1005 with an emergency operations plan for clients of evacuating
 1006 providers from a geographic area where an evacuation order has
 1007 been issued by a local authority having jurisdiction. While in
 1008 an overcapacity status, each provider must furnish or arrange

1009 for appropriate care and services to all clients. In addition,
 1010 the agency may approve requests for overcapacity beyond 15 days,
 1011 which approvals may be based upon satisfactory justification and
 1012 need as provided by the receiving and sending facility.

1013 (4) An inactive license may be issued to a licensee
 1014 subject to this section when the provider is located in a
 1015 geographic area where a state of emergency was declared by the
 1016 Governor if the provider:

1017 (a) Suffered damage to the provider's operation during
 1018 that state of emergency.

1019 (b) Is currently licensed.

1020 (c) Does not have a provisional license.

1021 (d) Will be temporarily unable to provide services but is
 1022 reasonably expected to resume services within 12 months.

1023
 1024 An inactive license may be issued for a period not to exceed 12
 1025 months but may be renewed by the agency for up to 6 additional
 1026 months upon demonstration to the agency of progress toward
 1027 reopening. A request by a licensee for an inactive license or to
 1028 extend the previously approved inactive period must be submitted
 1029 in writing to the agency, accompanied by written justification
 1030 for the inactive license which states the beginning and ending
 1031 dates of inactivity and includes a plan for the transfer of any
 1032 clients to other providers and appropriate licensure fees. Upon
 1033 agency approval, the licensee shall notify clients of any
 1034 necessary discharge or transfer as required by authorizing
 1035 statutes or applicable rules. The beginning of the inactive
 1036 licensure period shall be the date the provider ceases

HB 7139

2006

1037 operations. The end of the inactive period shall become the
 1038 licensee expiration date, and all licensure fees must be
 1039 current, paid in full, and may be prorated. Reactivation of an
 1040 inactive license requires the prior approval by the agency of a
 1041 renewal application, including payment of licensure fees and
 1042 agency inspections indicating compliance with all requirements
 1043 of this part and applicable rules and statutes.

1044 (5)~~(3)~~ This section provides standards of enforcement
 1045 applicable to all entities licensed or regulated by the Agency
 1046 for Health Care Administration. This section controls over any
 1047 conflicting provisions of chapters 39, 381, 383, 390, 391, 393,
 1048 394, 395, 400, 408, 468, 483, and 641 or rules adopted pursuant
 1049 to those chapters.

1050 Section 14. This act shall take effect July 1, 2006.