

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 special needs for purposes of inclusion
6 within the registry of persons with special needs
7 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; providing
14 that a person with special needs shall be allowed to bring
15 his or her service animal into a special needs shelter;
16 revising provisions with respect to the required
17 notification of residential utility customers of the
18 availability of the special needs registration program;
19 providing that special needs shelter roster information
20 shall be provided to local law enforcement agencies upon
21 request; creating s. 252.3568, F.S.; requiring the
22 Division of Emergency Management to address strategies for
23 the evacuation of persons with pets in the shelter
24 component of the state comprehensive emergency management
25 plan; providing for the inclusion of the requirement for
26 similar strategies within local comprehensive emergency
27 management plans; requiring the Department of Agriculture

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

55 | county governments to assist the Department of Health with
56 | nonmedical staffing and operation of special needs
57 | shelters; requiring county health departments and
58 | emergency management agencies to coordinate such efforts
59 | to ensure appropriate staffing; providing that the
60 | appropriate county health department, Children's Medical
61 | Services office, and local emergency management agency
62 | shall jointly determine the responsibility for medical
63 | supervision in a special needs shelter; requiring the
64 | local health department and emergency management agency to
65 | coordinate efforts to ensure appropriate designation,
66 | operation, and closure of special needs shelters;
67 | requiring the Secretary of Elderly Affairs to convene
68 | multiagency special needs shelter discharge planning teams
69 | to assist local areas that are severely impacted by a
70 | natural or manmade disaster that requires the use of
71 | special needs shelters; providing duties and
72 | responsibilities of such discharge planning teams;
73 | providing for the inclusion of specified state agency
74 | representatives on each discharge planning team; revising
75 | provisions relating to reimbursement of health care
76 | practitioners; providing for eligibility of specified
77 | health care facilities for reimbursement when a
78 | multiagency special needs shelter discharge planning team
79 | discharges persons with special needs to such receiving
80 | facilities; providing procedures and requirements with
81 | respect to such reimbursement; requiring the department to

82 specify by rule expenses that are reimbursable and the
83 rate of reimbursement for services; revising provisions
84 which prescribe means of and procedures for reimbursement;
85 disallowing specified reimbursements; revising provisions
86 with respect to the organization, role, duties, and
87 composition of the special needs shelter interagency
88 committee; requiring the department to adopt specified
89 rules with respect to special needs shelters; amending ss.
90 400.492, 400.497, 400.506, 400.610, and 400.934, F.S.;
91 revising requirements with respect to the comprehensive
92 emergency management plans of home health agencies, nurse
93 registries, and hospices, and providing such requirements
94 with respect to home medical equipment providers, to
95 include the means by which continuing services will be
96 provided to patients who evacuate to special needs
97 shelters; authorizing the establishment of links to local
98 emergency operations centers for specified purposes;
99 revising requirements of a county health department with
100 respect to review of a comprehensive emergency management
101 plan submitted by a home health agency, nurse registry, or
102 hospice; providing requirements upon failure to submit a
103 plan or requested information to the department; providing
104 for imposition of a fine; revising requirements of the
105 Department of Health with respect to review of the plan of
106 a home health agency or hospice that operates in more than
107 one county; providing that the preparation and maintenance
108 of a comprehensive emergency management plan by a home

109 | medical equipment provider is a requirement for licensure
110 | and must meet minimum criteria established by the Agency
111 | for Health Care Administration; providing plan
112 | requirements; providing that the plan is subject to review
113 | and approval by the county health department; requiring
114 | each home medical equipment provider to maintain a current
115 | prioritized list of patients who need continued services
116 | during an emergency; amending s. 400.925, F.S.; defining
117 | "life-supporting or life-sustaining equipment" for
118 | purposes of pt. X of ch. 400, F.S., relating to home
119 | medical equipment providers; amending s. 400.935, F.S.;
120 | requiring the Agency for Health Care Administration to
121 | adopt rules with respect to the comprehensive emergency
122 | management plan prepared by a home medical equipment
123 | services provider; amending s. 408.831, F.S.; providing
124 | that entities regulated or licensed by the Agency for
125 | Health Care Administration may exceed their licensed
126 | capacity to act as a receiving facility under specified
127 | circumstances; providing requirements while such entities
128 | are in an overcapacity status; providing for issuance of
129 | an inactive license to such licensees under specified
130 | conditions; providing requirements and procedures with
131 | respect to the issuance and reactivation of an inactive
132 | license; providing fees; requiring certain health
133 | insurance entities to waive time restrictions on refilling
134 | prescriptions for medication during specified emergency
135 | conditions; providing legislative findings with respect to

136 the equipping of all designated public special needs
137 hurricane evacuation shelters with permanent emergency
138 power generating capacity by a specified date; requiring
139 the Department of Community Affairs to work with local
140 communities to ensure a sufficient number of public
141 special needs shelters designated to meet anticipated
142 demand; specifying the percentage of local match for such
143 projects; providing an appropriation to the Department of
144 Community Affairs to establish a competitive award
145 process; specifying a limit with respect to administration
146 of the funding; providing legislative findings with
147 respect to retrofitting public hurricane evacuation
148 shelters; providing criteria for the retrofitting of a
149 public hurricane evacuation shelter; providing an
150 appropriation to the Department of Community Affairs to
151 establish a competitive award process; specifying a limit
152 with respect to administration of the funding; providing
153 an appropriation to implement the provisions of emergency
154 management plan reviews for home health agencies and nurse
155 registry, hospice, and home medical equipment providers;
156 providing an effective date.

157
158 Be It Enacted by the Legislature of the State of Florida:

159
160 Section 1. Section 252.355, Florida Statutes, is amended
161 to read:

162 252.355 Registry of persons with special needs; notice.--

163 (1) In order to meet the special needs of persons who
164 would need assistance during evacuations and sheltering because
165 of physical, mental, cognitive impairment, or sensory
166 disabilities, each local emergency management agency in the
167 state shall maintain a registry of persons with special needs
168 located within the jurisdiction of the local agency. The
169 registration shall identify those persons in need of assistance
170 and plan for resource allocation to meet those identified needs.
171 To assist the local emergency management agency in identifying
172 such persons, home health agencies, hospices, nurse registries,
173 home medical equipment providers, the Department of Children and
174 Family Services, the Department of Health, the Agency for Health
175 Care Administration, the Department of Education, the Agency for
176 Persons with Disabilities, Department of Labor and Employment
177 Security, and the Department of Elderly Affairs shall provide
178 registration information to all of their special needs clients
179 and to all people with special needs who receive services
180 ~~incoming clients as a part of the intake process~~. The registry
181 shall be updated annually. The registration program shall give
182 persons with special needs the option of preauthorizing
183 emergency response personnel to enter their homes during search
184 and rescue operations if necessary to assure their safety and
185 welfare following disasters.

186 (2) The Department of Community Affairs shall be the
187 designated lead agency responsible for community education and
188 outreach to the general public, including special needs clients,

189 regarding registration and special needs shelters and general
190 information regarding shelter stays.

191 (3) A person with special needs shall be allowed to bring
192 his or her service animal into a special needs shelter in
193 accordance with s. 413.08.

194 (4)-(2) On or before May 1 of each year each electric
195 utility in the state shall annually notify residential customers
196 in its service area of the availability of the registration
197 program available through their local emergency management
198 agency with either:

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

202 (b) Two separate annual notifications between January 1
203 and May 31.

204
205 The notification required under this subsection may be made by
206 any available means, including, but not limited to, written,
207 electronic, or verbal notification, and may be made concurrently
208 with any other notification to residential customers required by
209 law or rule.

210 (5)-(3) All records, data, information, correspondence, and
211 communications relating to the registration of persons with
212 special needs as provided in subsection (1) are confidential and
213 exempt from the provisions of s. 119.07(1), except that such
214 information shall be available to other emergency response
215 agencies, as determined by the local emergency management

216 | director. Local law enforcement agencies shall be provided
217 | complete shelter roster information upon request.

218 | ~~(6)~~(4) All appropriate agencies and community-based
219 | service providers, including home health care providers,
220 | hospices, nurse registries, and home medical equipment
221 | providers, shall assist emergency management agencies by
222 | collecting registration information for persons with special
223 | needs as part of program intake processes, establishing programs
224 | to increase the awareness of the registration process, and
225 | educating clients about the procedures that may be necessary for
226 | their safety during disasters. Clients of state or federally
227 | funded service programs with physical, mental, cognitive
228 | impairment, or sensory disabilities who need assistance in
229 | evacuating, or when in shelters, must register as persons with
230 | special needs.

231 | Section 2. Section 252.3568, Florida Statutes, is created
232 | to read:

233 | 252.3568 Emergency sheltering of persons with pets.--In
234 | accordance with the provisions of s. 252.35, the division shall
235 | address strategies for the evacuation of persons with pets in
236 | the shelter component of the state comprehensive emergency
237 | management plan and shall include the requirement for similar
238 | strategies in its standards and requirements for local
239 | comprehensive emergency management plans. The Department of
240 | Agriculture and Consumer Services shall assist the division in
241 | determining strategies regarding this activity.

242 Section 3. Section 252.357, Florida Statutes, is created
243 to read:

244 252.357 Monitoring of nursing homes and assisted living
245 facilities during disaster.--The Florida Comprehensive Emergency
246 Management Plan shall permit the Agency for Health Care
247 Administration, working from the agency's offices or in the
248 Emergency Operations Center, ESF-8, to make initial contact with
249 each nursing home and assisted living facility in the disaster
250 area. The agency, by July 15, 2006, and annually thereafter,
251 shall publish on the Internet an emergency telephone number that
252 may be used by nursing homes and assisted living facilities to
253 contact the agency on a schedule established by the agency to
254 report requests for assistance. The agency may also provide the
255 telephone number to each facility when it makes the initial
256 facility call.

257 Section 4. Subsection (2) and paragraphs (a) and (b) of
258 subsection (4) of section 252.385, Florida Statutes, are amended
259 to read:

260 252.385 Public shelter space.--

261 (2)(a) The division shall administer a program to survey
262 existing schools, universities, community colleges, and other
263 state-owned, municipally owned, and county-owned public
264 buildings and any private facility that the owner, in writing,
265 agrees to provide for use as a public hurricane evacuation
266 shelter to identify those that are appropriately designed and
267 located to serve as such shelters. The owners of the facilities
268 must be given the opportunity to participate in the surveys. The

269 state university boards of trustees ~~Board of Regents~~, district
270 school boards, community college boards of trustees, and the
271 Department of Education are responsible for coordinating and
272 implementing the survey of public schools, universities, and
273 community colleges with the division or the local emergency
274 management agency.

275 (b) By January 31 of each even-numbered year, the division
276 shall prepare and submit a statewide emergency shelter plan to
277 the Governor and the Cabinet for approval, subject to the
278 requirements for approval provided in s. 1013.37(2). The plan
279 shall identify the general location and square footage of
280 special needs shelters, by regional planning council region,
281 during the next 5 years. The plan shall also include information
282 on the availability of shelters that accept pets. The Department
283 of Health shall assist the division in determining the estimated
284 need for special needs shelter space and the adequacy of
285 facilities to meet the needs of persons with special needs based
286 on information from the registries of persons with special needs
287 and other information.

288 (4) (a) Public facilities, including schools, postsecondary
289 education facilities, and other facilities owned or leased by
290 the state or local governments, but excluding hospitals, hospice
291 care facilities, assisted living facilities, or nursing homes,
292 which are suitable for use as public hurricane evacuation
293 shelters shall be made available at the request of the local
294 emergency management agencies. The local emergency management
295 agency shall coordinate with these entities to ensure that

296 designated facilities are ready to activate prior to a specific
297 hurricane or disaster. Such agencies shall coordinate with the
298 appropriate school board, university, community college, or
299 local governing board when requesting the use of such facilities
300 as public hurricane evacuation shelters.

301 (b) The Department of Management Services shall
302 incorporate provisions for the use of suitable leased public
303 facilities as public hurricane evacuation shelters into lease
304 agreements for state agencies. Suitable leased public facilities
305 include leased public facilities that are solely occupied by
306 state agencies and have at least 2,000 square feet of net floor
307 area in a single room or in a combination of rooms having a
308 minimum of 400 square feet in each room. The net square footage
309 of floor area shall ~~must~~ be determined by subtracting from the
310 gross square footage the square footage of spaces such as
311 mechanical and electrical rooms, storage rooms, open corridors,
312 restrooms, kitchens, science or computer laboratories, shop or
313 mechanical areas, administrative offices, records vaults, and
314 crawl spaces.

315 Section 5. Section 381.0303, Florida Statutes, is amended
316 to read:

317 381.0303 ~~Health practitioner recruitment for~~ Special needs
318 shelters.--

319 (1) PURPOSE.--The purpose of this section is to provide
320 for the operation and closure of special needs shelters and to
321 designate the Department of Health, through its county health
322 departments, as the lead agency for coordination of the

323 recruitment of health care practitioners, as defined in s.
 324 456.001(4), to staff special needs shelters in times of
 325 emergency or disaster and to provide resources to the department
 326 to carry out this responsibility. However, nothing in this
 327 section prohibits a county health department from entering into
 328 an agreement with a local emergency management agency to assume
 329 the lead responsibility for recruiting health care
 330 practitioners.

331 (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; STATE AGENCY
 332 ASSISTANCE ~~AND STAFFING~~.--Provided funds have been appropriated
 333 to support ~~medical services~~ disaster coordinator positions in
 334 county health departments:7

335 (a) The department shall assume lead responsibility for
 336 the ~~local~~ coordination of local medical and health care
 337 providers, the American Red Cross, and other interested parties
 338 in developing a plan for the staffing and medical management of
 339 special needs shelters. The local Children's Medical Services
 340 offices shall assume lead responsibility for the coordination of
 341 local medical and health care providers, the American Red Cross,
 342 and other interested parties in developing a plan for the
 343 staffing and medical management of pediatric special needs
 344 shelters. Plans shall conform to ~~The plan shall be in~~
 345 ~~conformance with~~ the local comprehensive emergency management
 346 plan.

347 (b) ~~(a)~~ County health departments shall, in conjunction
 348 with the local emergency management agencies, have the lead
 349 responsibility for coordination of the recruitment of health

350 care practitioners to staff local special needs shelters. County
351 health departments shall assign their employees to work in
352 special needs shelters when those employees are needed to
353 protect the health and safety of persons with special needs ~~of~~
354 ~~patients~~. County governments shall assist the department with
355 nonmedical staffing and the operation of special needs shelters.
356 The local health department and emergency management agency
357 shall coordinate these efforts to ensure appropriate staffing in
358 special needs shelters.

359 (c) ~~(b)~~ The appropriate county health department,
360 Children's Medical Services office, and local emergency
361 management agency shall jointly decide ~~determine~~ who has
362 responsibility for medical supervision in each ~~a~~ special needs
363 shelter.

364 (d) ~~(e)~~ Local emergency management agencies shall be
365 responsible for the designation and operation of special needs
366 shelters during times of emergency or disaster and the closure
367 of the facilities following an emergency or disaster. The local
368 health department and emergency management agency shall
369 coordinate these efforts to ensure the appropriate designation,
370 operation, and closure of special needs shelters. County health
371 departments shall assist the local emergency management agency
372 with regard to the management of medical services in special
373 needs shelters.

374 (e) The Secretary of Elderly Affairs, or his or her
375 designee, shall convene, at any time that he or she deems
376 appropriate and necessary, a multiagency special needs shelter

377 discharge planning team or teams to assist local areas that are
378 severely impacted by a natural or manmade disaster that requires
379 the use of special needs shelters. Multiagency special needs
380 shelter discharge planning teams shall provide assistance to
381 local emergency management agencies with the continued operation
382 or closure of the shelters, as well as with the discharge of
383 special needs clients to alternate facilities if necessary.
384 Local emergency management agencies may request the assistance
385 of a multiagency special needs shelter discharge planning team
386 by alerting statewide emergency management officials of the
387 necessity for additional assistance in their area. The Secretary
388 of Elderly Affairs is encouraged to proactively work with other
389 state agencies prior to any natural disasters for which warnings
390 are provided to ensure that multiagency special needs shelter
391 discharge planning teams are ready to assemble and deploy
392 rapidly upon a determination by state emergency management
393 officials that a disaster area requires additional assistance.
394 The Secretary of Elderly Affairs may call upon any state agency
395 or office to provide staff to assist a multiagency special needs
396 shelter discharge planning team or teams. Unless the secretary
397 determines that the nature or circumstances surrounding the
398 disaster do not warrant participation from a particular agency's
399 staff, each multiagency special needs shelter discharge planning
400 team shall include at least one representative from each of the
401 following state agencies:

- 402 1. Department of Elderly Affairs.
- 403 2. Department of Health.

404 3. Department of Children and Family Services.

405 4. Department of Veterans' Affairs.

406 5. Department of Community Affairs.

407 6. Agency for Health Care Administration.

408 7. Agency for Persons with Disabilities.

409 (3) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND
 410 FACILITIES.---

411 (a) The department ~~of Health~~ shall upon request reimburse,
 412 in accordance with paragraph (b): subject to the availability of
 413 ~~funds for this purpose,~~

414 1. Health care practitioners, as defined in s. 456.001,
 415 provided the practitioner is not providing care to a patient
 416 under an existing contract, and emergency medical technicians
 417 and paramedics licensed under ~~pursuant to~~ chapter 401 for
 418 medical care provided at the request of the department in
 419 special needs shelters or at other locations during times of
 420 emergency or a declared major ~~major~~ disaster. Reimbursement for health
 421 care practitioners, except for physicians licensed under
 422 ~~pursuant to~~ chapter 458 or chapter 459, shall be based on the
 423 average hourly rate that such practitioners were paid according
 424 to the most recent survey of Florida hospitals conducted by the
 425 Florida Hospital Association or other nationally or state
 426 recognized data source. ~~Reimbursement shall be requested on~~
 427 ~~forms prepared by the Department of Health.~~

428 2. Health care facilities, such as hospitals, nursing
 429 homes, assisted living facilities, and community residential
 430 homes, if, upon closure of a special needs shelter, a

431 multiagency special needs shelter discharge planning team
432 determines that it is necessary to discharge persons with
433 special needs to other health care facilities. The receiving
434 facilities shall be eligible for reimbursement for services
435 provided to the individuals for up to 90 days. A facility must
436 show proof of a written request from a representative of an
437 agency serving on the multiagency special needs shelter
438 discharge planning team that the individual for whom the
439 facility is seeking reimbursement for services rendered was
440 referred to that facility from a special needs shelter. The
441 department shall specify by rule which expenses are reimbursable
442 and the rate of reimbursement for each service.

443 (b) Reimbursement is subject to the availability of
444 federal funds and shall be requested on forms prepared by the
445 department. If a Presidential Disaster Declaration has been
446 issued made, and the Federal Government makes funds available,
447 the department shall request federal use such funds for
448 reimbursement of eligible expenditures. In other situations, or
449 if federal funds do not fully compensate the department for
450 reimbursement made pursuant to this section, the department
451 shall process a budget amendment to obtain reimbursement from
452 unobligated, unappropriated moneys in the General Revenue Fund.
453 The department shall not provide reimbursement to facilities
454 under this subsection for services provided to a person with
455 special needs if, during the period of time in which the
456 services were provided, the individual was enrolled in another
457 state-funded program, such as Medicaid or another similar

458 program, was covered under a policy of health insurance as
 459 defined in s. 624.603, or was a member of a health maintenance
 460 organization or prepaid health clinic as defined in chapter 641,
 461 which would otherwise pay for the same services. Travel expense
 462 and per diem costs shall be reimbursed pursuant to s. 112.061.

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

468 (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.--The
 469 Secretary ~~Department~~ of Health may establish a special needs
 470 shelter interagency committee and serve as or appoint a designee
 471 to serve as the committee's chair. The department shall provide
 472 any necessary staff and resources to support the committee in
 473 the performance of its duties, ~~to be chaired and staffed by the~~
 474 ~~department.~~ The committee shall address and resolve problems
 475 related to special needs shelters not addressed in the state
 476 comprehensive emergency medical plan and shall consult on ~~serve~~
 477 ~~as an oversight committee to monitor~~ the planning and operation
 478 of special needs shelters.

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

480 1. Develop, ~~and~~ negotiate, and regularly review any
 481 necessary interagency agreements.

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

484 3. Submit recommendations to the Legislature as necessary.

485 (b) The special needs shelter interagency committee shall
486 be composed of representatives of emergency management, health,
487 medical, and social services organizations. Membership shall
488 include, but shall not be limited to, representatives of the
489 Departments of Health, Community Affairs, Children and Family
490 Services, Elderly Affairs, ~~Labor and Employment Security,~~ and
491 Education; the Agency for Health Care Administration; the
492 Florida Medical Association; the Florida Osteopathic Medical
493 Association; Associated Home Health Industries of Florida, Inc.;
494 the Florida Nurses Association; the Florida Health Care
495 Association; the Florida Assisted Living Affiliation
496 ~~Association;~~ the Florida Hospital Association; the Florida
497 Statutory Teaching Hospital Council; the Florida Association of
498 Homes for the Aging; the Florida Emergency Preparedness
499 Association; the American Red Cross; Florida Hospices and
500 Palliative Care, Inc.; the Association of Community Hospitals
501 and Health Systems; the Florida Association of Health
502 Maintenance Organizations; the Florida League of Health Systems;
503 Private Care Association; ~~and~~ the Salvation Army; the Florida
504 Association of Aging Services Providers; AARP; and the Florida
505 Renal Coalition.

506 (c) Meetings of the committee shall be held in
507 Tallahassee, and members of the committee shall serve at the
508 expense of the agencies or organizations they represent. The
509 committee shall make every effort to use teleconference or video
510 conference capabilities in order to ensure statewide input and
511 participation.

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

515 (a) The a definition of a "person with special needs",
516 including eligibility criteria for individuals with physical,
517 mental, cognitive impairment, or sensory disabilities and the
518 services a person with special needs can expect to receive in a
519 special needs shelter patient, ~~specify physician reimbursement,~~
520 and designate which county health departments will have
521 responsibility for implementation of subsections (2) and (3).

522 (b) The process for special needs shelter health care
523 practitioners and facility reimbursement for services provided
524 in a disaster.

525 (c) Guidelines for special needs shelter staffing levels
526 to provide services.

527 (d) The definition of and standards for special needs
528 shelter supplies and equipment, including durable medical
529 equipment.

530 (e) Standards for the special needs shelter registration
531 process, including guidelines for addressing the needs of
532 unregistered persons in need of a special needs shelter.

533 (f) Standards for addressing the needs of families where
534 only one dependent is eligible for admission to a special needs
535 shelter and the needs of adults with special needs who are
536 caregivers for individuals without special needs.

537 (g) The requirement of the county health departments to
538 seek the participation of hospitals, nursing homes, assisted

539 living facilities, home health agencies, hospice providers,
540 nurse registries, home medical equipment providers, dialysis
541 centers, and other health and medical emergency preparedness
542 stakeholders in pre-event planning activities.

543 (7) ~~REVIEW OF EMERGENCY MANAGEMENT PLANS.~~--The submission
544 of emergency management plans to county health departments by
545 home health agencies, ~~pursuant to s. 400.497(8)(c) and (d) and~~
546 ~~by nurse registries, pursuant to s. 400.506(16)(c) and by~~
547 ~~hospice programs, pursuant to s. 400.610(1)(b) and home medical~~
548 equipment providers is conditional upon the receipt of an
549 appropriation by the department to establish ~~medical services~~
550 disaster coordinator positions in county health departments
551 unless the secretary of the department and a local county
552 commission jointly determine to require such plans to be
553 submitted based on a determination that there is a special need
554 to protect public health in the local area during an emergency.

555 Section 6. Section 400.492, Florida Statutes, is amended
556 to read:

557 400.492 Provision of services during an emergency.--Each
558 home health agency shall prepare and maintain a comprehensive
559 emergency management plan that is consistent with the standards
560 adopted by national or state accreditation organizations and
561 consistent with the local special needs plan. The plan shall be
562 updated annually and shall provide for continuing home health
563 services during an emergency that interrupts patient care or
564 services in the patient's home. The plan shall include the means
565 by which the home health agency will continue to provide staff

566 to perform the same type and quantity of services to their
567 patients who evacuate to special needs shelters that were being
568 provided to those patients prior to evacuation. The plan shall
569 describe how the home health agency establishes and maintains an
570 effective response to emergencies and disasters, including:
571 notifying staff when emergency response measures are initiated;
572 providing for communication between staff members, county health
573 departments, and local emergency management agencies, including
574 a backup system; identifying resources necessary to continue
575 essential care or services or referrals to other organizations
576 subject to written agreement; and prioritizing and contacting
577 patients who need continued care or services.

578 (1) Each patient record for patients who are listed in the
579 registry established pursuant to s. 252.355 shall include a
580 description of how care or services will be continued in the
581 event of an emergency or disaster. The home health agency shall
582 discuss the emergency provisions with the patient and the
583 patient's caregivers, including where and how the patient is to
584 evacuate, procedures for notifying the home health agency in the
585 event that the patient evacuates to a location other than the
586 shelter identified in the patient record, and a list of
587 medications and equipment which must either accompany the
588 patient or will be needed by the patient in the event of an
589 evacuation.

590 (2) Each home health agency shall maintain a current
591 prioritized list of patients who need continued services during
592 an emergency. The list shall indicate how services shall be

593 continued in the event of an emergency or disaster for each
594 patient and if the patient is to be transported to a special
595 needs shelter, and shall indicate if the patient is receiving
596 skilled nursing services and the patient's medication and
597 equipment needs. The list shall be furnished to county health
598 departments and to local emergency management agencies, upon
599 request.

600 (3) Home health agencies shall not be required to continue
601 to provide care to patients in emergency situations that are
602 beyond their control and that make it impossible to provide
603 services, such as when roads are impassable or when patients do
604 not go to the location specified in their patient records. Home
605 health agencies may establish links to local emergency
606 operations centers to determine a mechanism to approach specific
607 areas within a disaster area in order for the agency to reach
608 its clients. Home health agencies shall demonstrate a good faith
609 effort to comply with the requirements of this subsection by
610 documenting attempts of staff to follow procedures as outlined
611 in the home health agency's comprehensive emergency management
612 plan, and by the patient's record, which support a finding that
613 attempts were made to provide continuing care for those patients
614 who have been identified as needing care by the home health
615 agency and who are registered under s. 252.355 in the event of
616 an emergency or disaster under subsection (1).

617 (4) Notwithstanding the provisions of s. 400.464(2) or any
618 other provision of law to the contrary, a home health agency may

619 provide services in a special needs shelter located in any
 620 county.

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

623 400.497 Rules establishing minimum standards.--The agency
 624 shall adopt, publish, and enforce rules to implement this part,
 625 including, as applicable, ss. 400.506 and 400.509, which must
 626 provide reasonable and fair minimum standards relating to:

627 (8) Preparation of a comprehensive emergency management
 628 plan pursuant to s. 400.492.

629 (c) The plan is subject to review and approval by the
 630 county health department. During its review, the county health
 631 department shall contact state and local health and medical
 632 stakeholders during its review when necessary. ~~ensure that the~~
 633 ~~following agencies, at a minimum, are given the opportunity to~~
 634 ~~review the plan:~~

- 635 1. ~~The local emergency management agency.~~
- 636 2. ~~The Agency for Health Care Administration.~~
- 637 3. ~~The local chapter of the American Red Cross or other~~
 638 ~~lead sheltering agency.~~
- 639 4. ~~The district office of the Department of Children and~~
 640 ~~Family Services.~~

641
 642 The county health department shall complete its review to ensure
 643 that the plan is in accordance with the criteria set forth in
 644 the rules of the Agency for Health Care Administration within 90
 645 ~~60~~ days after receipt of the plan and shall either approve the

646 | plan or advise the home health agency of necessary revisions. If
647 | the home health agency fails to submit a plan or fails to submit
648 | the requested information or revisions to the county health
649 | department within 30 days after written notification from the
650 | county health department, the county health department shall
651 | notify the Agency for Health Care Administration. The agency
652 | shall notify the home health agency that such failure
653 | constitutes a deficiency, subject to a fine of \$5,000 per
654 | occurrence. If the plan is not submitted, information is not
655 | provided, or revisions are not made as requested, the agency may
656 | impose the fine.

657 | (d) For any home health agency that operates in more than
658 | one county, the Department of Health shall review the plan,
659 | after consulting with state and local health and medical
660 | stakeholders, when necessary all of the county health
661 | departments, the agency, and all the local chapters of the
662 | American Red Cross or other lead sheltering agencies in the
663 | areas of operation for that particular home health agency. The
664 | department of Health shall complete its review within 90 days
665 | after receipt of the plan and shall either approve the plan or
666 | advise the home health agency of necessary revisions. The
667 | department of Health shall make every effort to avoid imposing
668 | differing requirements on a home health agency that operates in
669 | more than one county as a result of differing or conflicting
670 | comprehensive plan requirements of the based on differences
671 | between counties in which on the home health agency operates.

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

674 400.506 Licensure of nurse registries; requirements;
675 penalties.--

676 (16) Each nurse registry shall prepare and maintain a
677 comprehensive emergency management plan that is consistent with
678 the criteria in this subsection and with the local special needs
679 plan. The plan shall be updated annually. The plan shall include
680 the means by which the nurse registry will continue to perform
681 the same type and quantity of services to their patients who
682 evacuate to special needs shelters that were being provided to
683 those patients prior to evacuation. The plan shall specify how
684 the nurse registry shall facilitate the provision of continuous
685 care by persons referred for contract to persons who are
686 registered pursuant to s. 252.355 during an emergency that
687 interrupts the provision of care or services in private
688 residencies. Nurse registries may establish links to local
689 emergency operations centers to determine a mechanism to
690 approach specific areas within a disaster area in order for a
691 provider to reach its clients. Nurse registries shall
692 demonstrate a good faith effort to comply with the requirements
693 of this subsection by documenting attempts of staff to follow
694 procedures as outlined in the nurse registry's comprehensive
695 emergency management plan which support a finding that attempts
696 were made to provide continuing care for those patients who have
697 been identified as needing care by the nurse registry and who
698 are registered under s. 252.355 in the event of an emergency.

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

706 (b) Each nurse registry shall maintain a current
707 prioritized list of patients in private residences who are
708 registered pursuant to s. 252.355 and are under the care of
709 persons referred for contract and who need continued services
710 during an emergency. This list shall indicate, for each patient,
711 if the client is to be transported to a special needs shelter
712 and if the patient is receiving skilled nursing services. Nurse
713 registries shall make this list available to county health
714 departments and to local emergency management agencies upon
715 request.

716 (c) Each person referred for contract who is caring for a
717 patient who is registered pursuant to s. 252.355 shall provide a
718 list of the patient's medication and equipment needs to the
719 nurse registry. Each person referred for contract shall make
720 this information available to county health departments and to
721 local emergency management agencies upon request.

722 (d) Each person referred for contract shall not be
723 required to continue to provide care to patients in emergency
724 situations that are beyond the person's control and that make it
725 impossible to provide services, such as when roads are

726 impassable or when patients do not go to the location specified
727 in their patient records.

728 (e) The comprehensive emergency management plan required
729 by this subsection is subject to review and approval by the
730 county health department. During its review, the county health
731 department shall contact state and local health and medical
732 stakeholders, when necessary ~~ensure that, at a minimum, the~~
733 ~~local emergency management agency, the Agency for Health Care~~
734 ~~Administration, and the local chapter of the American Red Cross~~
735 ~~or other lead sheltering agency are given the opportunity to~~
736 ~~review the plan.~~ The county health department shall complete its
737 review to ensure that the plan is in accordance with the
738 criteria set forth in the rules of the Agency for Health Care
739 Administration within 90 ~~60~~ days after receipt of the plan and
740 shall either approve the plan or advise the nurse registry of
741 necessary revisions. If a nurse registry fails to submit a plan
742 or fails to submit requested information or revisions to the
743 county health department within 30 days after written
744 notification from the county health department, the county
745 health department shall notify the Agency for Health Care
746 Administration. The agency shall notify the nurse registry that
747 such failure constitutes a deficiency, subject to a fine of
748 \$5,000 per occurrence. If the plan is not submitted, information
749 is not provided, or revisions are not made as requested, the
750 agency may impose the fine.

751 (f) The Agency for Health Care Administration shall adopt
752 rules establishing minimum criteria for the comprehensive

753 emergency management plan and plan updates required by this
754 subsection, with the concurrence of the Department of Health and
755 in consultation with the Department of Community Affairs.

756 Section 9. Paragraph (b) of subsection (1) of section
757 400.610, Florida Statutes, is amended to read:

758 400.610 Administration and management of a hospice.--

759 (1) A hospice shall have a clearly defined organized
760 governing body, consisting of a minimum of seven persons who are
761 representative of the general population of the community
762 served. The governing body shall have autonomous authority and
763 responsibility for the operation of the hospice and shall meet
764 at least quarterly. The governing body shall:

765 (b)1. Prepare and maintain a comprehensive emergency
766 management plan that provides for continuing hospice services in
767 the event of an emergency that is consistent with local special
768 needs plans. The plan shall include provisions for ensuring
769 continuing care to hospice patients who go to special needs
770 shelters. The plan shall include the means by which the hospice
771 provider will continue to provide staff to perform the same type
772 and quantity of services to their patients who evacuate to
773 special needs shelters that were being provided to those
774 patients prior to evacuation. The plan is subject to review and
775 approval by the county health department, except as provided in
776 subparagraph 2. During its review, the county health department
777 shall contact state and local health and medical stakeholders,
778 when necessary ensure that the department, the agency, and the
779 local chapter of the American Red Cross or other lead sheltering

780 ~~agency have an opportunity to review and comment on the plan.~~
781 The county health department shall complete its review to ensure
782 that the plan is in accordance with the criteria set forth in
783 the rules of the Department of Elderly Affairs within 90 ~~60~~ days
784 after receipt of the plan and shall either approve the plan or
785 advise the hospice of necessary revisions. Hospice providers may
786 establish links to local emergency operations centers to
787 determine a mechanism to approach specific areas within a
788 disaster area in order for the provider to reach its clients. A
789 hospice shall demonstrate a good faith effort to comply with the
790 requirements of this paragraph by documenting attempts of staff
791 to follow procedures as outlined in the hospice's comprehensive
792 emergency management plan and to provide continuing care for
793 those hospice clients who have been identified as needing
794 alternative caregiver services in the event of an emergency.

795 2. For any hospice that operates in more than one county,
796 the Department of Health during its review shall contact state
797 and local health and medical stakeholders, when necessary ~~review~~
798 ~~the plan, after consulting with all of the county health~~
799 ~~departments, the agency, and all the local chapters of the~~
800 ~~American Red Cross or other lead sheltering agency in the areas~~
801 ~~of operation for that particular hospice.~~ The Department of
802 Health shall complete its review to ensure that the plan is in
803 accordance with the criteria set forth in the rules of the
804 Department of Elderly Affairs within 90 days after receipt of
805 the plan and shall either approve the plan or advise the hospice
806 of necessary revisions. The Department of Health shall make

807 every effort to avoid imposing ~~on the hospice~~ differing
808 requirements on a hospice that operates in more than one county
809 as a result of differing or conflicting comprehensive plan
810 requirements of the ~~based on differences between~~ counties in
811 which the hospice operates.

812 Section 10. Subsections (13) through (16) of section
813 400.925, Florida Statutes, are renumbered as subsections (14)
814 through (17), respectively, and a new subsection (13) is added
815 to that section to read:

816 400.925 Definitions.--As used in this part, the term:

817 (13) "Life-supporting or life-sustaining equipment" means
818 a device that is essential to, or that yields information that
819 is essential to, the restoration or continuation of a bodily
820 function important to the continuation of human life. Life-
821 supporting or life-sustaining equipment includes apnea monitors,
822 enteral feeding pumps, infusion pumps, portable home dialysis
823 equipment, and ventilator equipment and supplies for all related
824 equipment, including oxygen equipment and related respiratory
825 equipment.

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

828 400.934 Minimum standards.--As a requirement of licensure,
829 home medical equipment providers shall:

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

834 services for life-supporting or life-sustaining equipment, as
835 defined in 400.925, during an emergency that interrupts home
836 medical equipment services in a patient's home. The plan shall
837 include:

838 1. The means by which the home medical equipment provider
839 will continue to provide equipment to perform the same type and
840 quantity of services to its patients who evacuate to special
841 needs shelters that were being provided to those patients prior
842 to evacuation.

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

846 a. Notification of staff when emergency response measures
847 are initiated.

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

851 c. Identification of resources necessary to continue
852 essential care or services or referrals to other organizations
853 subject to written agreement.

854 d. Contacting and prioritizing patients in need of
855 continued medical equipment services and supplies.

856 (b) The plan is subject to review and approval by the
857 county health department. During its review, the county health
858 department shall contact state and local health and medical
859 stakeholders, when necessary. The county health department shall
860 complete its review to ensure that the plan is in accordance

861 with the criteria set forth in the rules of the Agency for
862 Health Care Administration within 90 days after receipt of the
863 plan. If a home medical equipment provider fails to submit a
864 plan or fails to submit requested information or revisions to
865 the county health department within 30 days after written
866 notification from the county health department, the county
867 health department shall notify the Agency for Health Care
868 Administration. The agency shall notify the home medical
869 equipment provider that such failure constitutes a deficiency,
870 subject to a fine of \$5,000 per occurrence. If the plan is not
871 submitted, information is not provided, or revisions are not
872 made as requested, the agency may impose the fine.

873 (21) Each home medical equipment provider shall maintain a
874 current prioritized list of patients who need continued services
875 during an emergency. The list shall indicate the means by which
876 services shall be continued for each patient in the event of an
877 emergency or disaster, whether the patient is to be transported
878 to a special needs shelter, and whether the patient has life-
879 supporting or life-sustaining equipment, including the specific
880 type of equipment and related supplies. The list shall be
881 furnished to county health departments and local emergency
882 management agencies, upon request.

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

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

889 400.935 Rules establishing minimum standards.--The agency
 890 shall adopt, publish, and enforce rules to implement this part,
 891 which must provide reasonable and fair minimum standards
 892 relating to:

893 (11) Preparation of the comprehensive emergency management
 894 plan under s. 400.934 and the establishment of minimum criteria
 895 for the plan, including the maintenance of patient equipment and
 896 supply lists that can accompany patients who are transported
 897 from their homes. Such rules shall be formulated in consultation
 898 with the Department of Health and the Department of Community
 899 Affairs.

900 Section 13. Section 408.831, Florida Statutes, is amended
 901 to read:

902 408.831 Denial, suspension, or revocation of a license,
 903 registration, certificate, or application.--

904 (1) In addition to any other remedies provided by law, the
 905 agency may deny each application or suspend or revoke each
 906 license, registration, or certificate of entities regulated or
 907 licensed by it:

908 (a) If the applicant, licensee, registrant, or
 909 certificateholder, or, in the case of a corporation,
 910 partnership, or other business entity, if any officer, director,
 911 agent, or managing employee of that business entity or any
 912 affiliated person, partner, or shareholder having an ownership
 913 interest equal to 5 percent or greater in that business entity,

914 has failed to pay all outstanding fines, liens, or overpayments
915 assessed by final order of the agency or final order of the
916 Centers for Medicare and Medicaid Services, not subject to
917 further appeal, unless a repayment plan is approved by the
918 agency; or

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

920 (2) In reviewing any application requesting a change of
921 ownership or change of the licensee, registrant, or
922 certificateholder, the transferor shall, prior to agency
923 approval of the change, repay or make arrangements to repay any
924 amounts owed to the agency. Should the transferor fail to repay
925 or make arrangements to repay the amounts owed to the agency,
926 the issuance of a license, registration, or certificate to the
927 transferee shall be delayed until repayment or until
928 arrangements for repayment are made.

929 (3) Entities subject to this section may exceed their
930 licensed capacity to act as a receiving facility in accordance
931 with an emergency operations plan for clients of evacuating
932 providers from a geographic area where an evacuation order has
933 been issued by a local authority having jurisdiction. While in
934 an overcapacity status, each provider must furnish or arrange
935 for appropriate care and services to all clients. In addition,
936 the agency may approve requests for overcapacity beyond 15 days,
937 which approvals may be based upon satisfactory justification and
938 need as provided by the receiving and sending facility.

939 (4) An inactive license may be issued to a licensee
940 subject to this section when the provider is located in a

941 geographic area where a state of emergency was declared by the
942 Governor if the provider:

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

945 (b) Is currently licensed.

946 (c) Does not have a provisional license.

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

949

950 An inactive license may be issued for a period not to exceed 12
951 months but may be renewed by the agency for up to 12 additional
952 months upon demonstration to the agency of progress toward
953 reopening. A request by a licensee for an inactive license or to
954 extend the previously approved inactive period must be submitted
955 in writing to the agency, accompanied by written justification
956 for the inactive license which states the beginning and ending
957 dates of inactivity and includes a plan for the transfer of any
958 clients to other providers and appropriate licensure fees. Upon
959 agency approval, the licensee shall notify clients of any
960 necessary discharge or transfer as required by authorizing
961 statutes or applicable rules. The beginning of the inactive
962 licensure period shall be the date the provider ceases
963 operations. The end of the inactive period shall become the
964 licensee expiration date, and all licensure fees must be
965 current, paid in full, and may be prorated. Reactivation of an
966 inactive license requires the prior approval by the agency of a
967 renewal application, including payment of licensure fees and

968 agency inspections indicating compliance with all requirements
969 of this part and applicable rules and statutes.

970 (5)-(3)— This section provides standards of enforcement
971 applicable to all entities licensed or regulated by the Agency
972 for Health Care Administration. This section controls over any
973 conflicting provisions of chapters 39, 381, 383, 390, 391, 393,
974 394, 395, 400, 408, 468, 483, and 641 or rules adopted pursuant
975 to those chapters.

976 Section 14. Emergency preparedness prescription medication
977 refills.--

978 (1) All health insurers, managed care organizations, and
979 other entities licensed by the Office of Insurance Regulation
980 that provide prescription medication coverage as part of a
981 policy or contract shall waive time restrictions on prescription
982 medication refills, which includes suspension of electronic
983 "refill too soon" edits to pharmacies, to enable insureds or
984 subscribers to refill prescriptions in advance, as long as there
985 are authorized refills remaining, and shall authorize payment to
986 pharmacies for at least a 30-day supply of any prescription
987 medication, regardless of the date upon which the prescription
988 had most recently been filled by a pharmacist, when the
989 following conditions occur:

990 (a) The person seeking the prescription medication refill
991 resides in a county that:

992 1. Is under a hurricane warning issued by the National
993 Weather Service;

994 2. Is declared to be under a state of emergency in an
 995 executive order issued by the Governor; or

996 3. Has activated its emergency operations center and its
 997 emergency management plan.

998 (b) The prescription medication refill is requested:

999 1. Within 30 days of the date upon which the conditions
 1000 set forth in paragraph (a) originated; or

1001 2. Prior to the date upon which the conditions set forth
 1002 in paragraph (a) are terminated by the issuing authority or no
 1003 longer exist.

1004
 1005 The time period for the waiver of prescription medication
 1006 refills may be extended in 15-day or 30-day increments by
 1007 emergency orders issued by the Office of Insurance Regulation.

1008 (2) Nothing in this section excuses or exempts an insured
 1009 or subscriber from compliance with all the other terms of the
 1010 policy or contract providing prescription medication coverage.

1011 Section 15. The Legislature finds that all designated
 1012 public special needs hurricane evacuation shelters should be
 1013 equipped with permanent emergency power generating capacity to
 1014 provide the necessary equipment, heating, ventilation, and air-
 1015 conditioning to meet the medical needs of patients by June 1,
 1016 2007. The Department of Community Affairs shall work with local
 1017 communities to ensure that there is a sufficient number of
 1018 public special needs shelters designated to meet the anticipated
 1019 demand based on best available data as determined by the
 1020 department and the Department of Health. Local match for these

1021 projects shall be no less than 25 percent of project cost. There
1022 is hereby appropriated \$21.5 million from the U.S. Contributions
1023 Trust Fund in fixed capital outlay to the Department of
1024 Community Affairs to establish a competitive award process to
1025 implement this section. No more than 5 percent of the funds
1026 provided under this section may be used by the department for
1027 administration of the funding.

1028 Section 16. The Legislature finds that retrofitting public
1029 hurricane evacuation shelters is an efficient and economical
1030 method of accelerating the state and local efforts to reduce the
1031 shelter deficit. Criteria for the retrofitting of a public
1032 hurricane evacuation shelter shall include, but not be limited
1033 to, the project's ability to meet the structural and siting
1034 requirements of American Red Cross Standard ARC 4496,
1035 "Guidelines for Hurricane Evacuation Shelter Selection," once
1036 completed; the shelter needs for the local government, as well
1037 as the overall needs of the hurricane evacuation planning
1038 region; the cost-effectiveness of the project in terms of the
1039 number of public hurricane evacuation spaces; and the priority
1040 ranking of the proposed project in the applicable local
1041 mitigation strategy. There is hereby appropriated \$9 million
1042 from the U.S. Contributions Trust Fund in fixed capital outlay
1043 to the Department of Community Affairs to establish a
1044 competitive award process to implement this section. No more
1045 than 5 percent of the funds provided under this section may be
1046 used by the department for administration of this funding.

1047 Section 17. For the 2006-2007 fiscal year, the sums of
1048 \$896,799 from recurring general revenue funds and \$104,156 from
1049 nonrecurring general revenue funds are appropriated, and 20
1050 full-time equivalent positions are authorized at 872,644 salary
1051 rate, to implement the provisions of emergency management plan
1052 reviews for home health agencies and nurse registry, hospice,
1053 and home medical equipment providers.

1054 Section 18. This act shall take effect July 1, 2006.