

The Florida Senate
PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Health Regulation Committee

BILL: SB 716

INTRODUCER: Senator Siplin

SUBJECT: Hospitals

DATE: March 10, 2007

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Bedford	Wilson	HR	Pre-meeting
2.			MS	
3.			HA	
4.				
5.				
6.				

I. Summary:

The bill requires the Agency for Health Care Administration (AHCA or agency) to adopt a model protocol of uniform policies and procedures for hospitals to follow in the event of a natural disaster or declared state of emergency. The model protocol must include the following:

- Agreements with ambulance services for the evacuation of patients.
- Staffing and training requirements.
- Special consideration by the hospital during the post-disaster response and recovery period to employees in supplying them with ice, food, and gasoline, if supplies are available.
- Shelter space for children of hospital employees who are required to be on duty.

Each hospital must adopt policies and procedures based on the agency’s model protocol and submit them to the agency for approval.

This bill creates section 395.1033 of the Florida Statutes.

II. Present Situation:

Florida’s Recent Experiences Responding to Natural Disasters

Florida’s geographical location makes this state vulnerable to a variety of natural disasters. Various state agencies coordinate with local and federal governments, interstate organizations, and the private sector to prepare residents and visitors before disasters to help protect them during such events and assist with recovery afterward.

The 2004 and 2005 hurricane seasons placed extreme demands on the state's ability to respond to natural disasters. Post-season analysis of the state's Special Needs Shelter (SpNS) operations highlighted issues of concern such as organizational deficiencies, damage to shelter structures, power outages, demographic based changes in demand for the SpNSs, and the stress on patients, caregivers, and emergency managers. Special needs shelters provide refuge to persons who because of a health or medical condition require the supervision of a health care professional during a disaster or emergency. These shelters operate and coordinate services with state, local agency and volunteer organizations.

Both in 2004 and 2005, some hospitals provided shelter and/or daycare services for their employees and their families as a voluntary service to ensure that the workforce would show up for their shifts.

The AHCA developed and implemented the Emergency Status System (ESS) for the 2005 hurricane season in response to past natural disasters. The ESS is a database used by the AHCA staff to track the effect of hurricanes and other disasters on hospitals, nursing homes and other residential health care providers. In the event of an approaching hurricane, facilities in the target area are contacted by phone, email and/or fax at least a day in advance concerning their preparations and plan activation. During and after the event, facilities are to report their damage and evacuation status into the ESS. Facilities are also reminded to contact their local Emergency Operations Center to report needs. Reports from the ESS are distributed to the State Emergency Operations Center, federal government agencies such as the National Disaster Medical System (NDMS), health care provider associations, state ombudsmen and other interested parties.

For the 2006 storm season, the AHCA implemented internet access for health care facilities to enter their data directly into the ESS. It provides faster data collection while minimizing the disruption of services provided by the health care providers. In the past, a hospital may get calls from the AHCA, provider association, accrediting organization, federal agencies, and emergency operations centers asking for the same information. The ESS can also quickly identify damaged facilities and those in need of immediate assistance either by a lack of communication or contact established by a third party. Currently, internet access to the ESS is voluntary. Hospitals and other health care providers are not required to participate. Those not participating will be contacted via phone, email, and/or fax and by personal visit as needed if; other means of communication cannot be established.

Coordination and distribution of facility needs, such as food, ice, water and fuel is done via the local Emergency Operations Center. Aid provided to the community by organizations such as the American Red Cross, FEMA and the Florida Emergency Support Functions (ESF 8 for health care facilities) is funneled through the local agency.

Emergency Management

Under s. 252.35, F.S., the Division of Emergency Management in the Department of Community Affairs is responsible for maintaining a comprehensive statewide program of emergency management and for coordinating with efforts of the Federal Government, other departments and agencies of state government, county and municipal governments and school boards, and private

agencies that have a role in emergency management. Included is a provision to set forth policy guidance for sheltering people with special needs.

Section 252.355, F.S., requires each local emergency management agency to maintain a registry of persons with special needs located within the jurisdiction of the local agency. This section requires specified state agencies and other entities to assist the local emergency management agencies in identifying persons to be included in the registry by having the agencies provide to and collect registration information from all of their special needs clients. The section also requires electric utilities to annually notify residential customers of the registration program. Section 252.385, F.S., requires the Division of Emergency Management to provide for public shelter space.

Requirements for Hospital Licensure

Hospitals are licensed under part I of ch. 395, F.S. Under s. 395.1055, F.S., the AHCA is given the authority to adopt rules to implement the provisions of this part.

Under s. 395.1055(1)(c), F.S., the AHCA must adopt rules establishing minimum criteria for the preparation and annual update of a hospital's comprehensive emergency management plan (CEMP) after consultation with the Department of Community Affairs. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; post disaster activities, including emergency power, food, and water; post-disaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; and responding to family inquiries. Each hospital is required to develop a CEMP, based on the criteria outlined by the AHCA. The CEMP is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency must ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the AHCA, and the Department of Community Affairs. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency must complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

Hospitals must have a policy and procedure to provide for adequate staffing before, during and after the disaster or state of emergency. This requirement does not dictate how the hospital is to assure adequate staffing, but allows the hospital to devise a plan that is best suited to its situation. Existing requirements would allow the facility to shelter family members of employees, but does not require it. Disaster planning must include staff training to ensure that employees will be aware of their duties and responsibilities as the need arises. The hospital's comprehensive emergency management plan must also address evacuation and transportation of patients, updating arrangements with service providers in the area as well as other hospitals. The hospital must have contingency plans in the event of a "transportation shortfall." Good communication with the local Emergency Operations Center is essential as needs and damage assessment is assimilated at the county level, consistent with ch. 252, F.S.

III. Effect of Proposed Changes:

The bill creates s. 395.1033, F.S., to require the agency to adopt by rule a model protocol of uniform policies and procedures to be followed by hospitals licensed under ch. 395, F.S., in the event of a natural disaster or state of emergency. The model protocol must require the following:

- Updated agreements between the hospital and ambulance services that provide transportation services within the boundaries served by the hospital for the prompt and orderly evacuation of the patients.
- Training of hospital personnel to carry out key roles during a state of emergency. Any reassignment of personnel must be based on the employee's professional training, experience and abilities. The protocol must provide direction to hospital administrators in reassigning personnel.
- Shelter space for the children of hospital employees who are required to be on duty during the natural disaster or declared state of emergency. There must be adequate staff for the shelter and a reliable communications system.
- During the postdisaster response and recovery period if supplies are available, the hospital must give special consideration to its employees when giving out food, ice, and gasoline.

Each hospital is required to adopt uniform policies and procedures to be implemented in the event of a natural disaster or state of emergency. Proper staffing must be provided before and during a declared state of emergency and for the evacuation of the hospital if necessary. The hospital must update its existing agreements with ambulance services in order to reflect the procedures to be followed if it is necessary to evacuate the hospital.

The agency must prescribe by rule a schedule for each hospital to submit its policies and procedures for approval.

The bill will take effect July 1, 2007.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill may have an impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution. This depends on how many public hospitals there are and the cost associated with sheltering the children of their employees.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

There will be expenses to hospitals for providing shelter to their employee's children, as well as increased liability. The amount cannot be determined at this time. There will also be expenses for providing supplies to employees, to the extent that they are available.

C. Government Sector Impact:

There will be additional costs to the agency due to the increased responsibilities of reviewing and approving policies and procedures for each hospital. The review would require the addition of a qualified staff member, one FTE, with knowledge of disaster management and capable of writing hospital policies and procedures. The first year cost of this FTE would be \$67,275 and the second year cost would be \$64,275.

VI. Technical Deficiencies:

None.

VII. Related Issues:

It is unclear what is meant by reliable communication system on page 2, line 20.

Although rule-making authority is authorized for the development and review of policies and procedures by the agency, there is no specific rule-making authority for enforcement of these requirements nor of the sanction, the agency can impose should such policies and procedures not be developed and submitted by the hospital.

Given the time necessary for normal rule-making, the July 1, 2007, effective date does not allow sufficient time for a rule to be developed and adopted, and for the providers to implement.

No funding or authorization for fee assessment is provided in this bill. A general revenue appropriation would be required to fund the costs related to the activity required. Chapter 252, F.S., authorizes the county emergency operations center, to collect a fee per application reviewed, but no other entity has such authorization.

VIII. Summary of Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
