

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

Date: April 7, 1998 Revised: _____

Subject: Emergency Management Planning

	<u>Analyst</u>	<u>Staff Director</u>	<u>Reference</u>	<u>Action</u>
1.	<u>Williams</u>	<u>Wilson</u>	<u>HC</u>	<u>Favorable/CS</u>
2.	_____	_____	<u>CA</u>	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I. Summary:

Committee Substitute for Senate Bill 1036 requires county health departments to coordinate with local medical and health care providers, the American Red Cross, and other interested parties in developing and implementing the plan for the management, operation, logistics, and staffing of, units or shelters for persons with special needs who require assistance during major emergencies or disasters. County health departments shall, in conjunction with the local emergency management agency, coordinate recruitment of medical personnel to staff local special needs units or shelters. County health departments are further required, during times of emergency or major disaster, to assist in the operation of the special needs units or shelters. The Department of Health is given rulemaking authority for these functions.

The bill modifies existing provisions relating to the “registry of disabled persons,” to re-designate the registry as the “registry of persons with special needs” and clarify agency participation in the registry.

The bill requires home health agencies, with certain exceptions, and hospices to prepare comprehensive emergency management plans, specifies the topics to be addressed by these plans and provides for plan review by state and local agencies.

The bill adds to the duties and responsibilities of the Agency for Health Care Administration a requirement for the establishment, in coordination with the Department of Health, of uniform standards of care to be provided in special needs units or shelters during times of emergency or major disaster.

The bill creates within the Department of Community Affairs a special needs shelter interagency committee, to be chaired and staffed by the department. The committee is to resolve those special

needs sheltering problems and issues not addressed in the state comprehensive emergency management plan and serve as an oversight committee to monitor the effectiveness of an implemented special needs sheltering program. Specific tasks are indicated, as is committee membership.

This bill amends the following sections of the Florida Statutes: 20.43(5), 252.355(1) and (3), 400.497, 400.610(1)(b), and 408.15. The bill creates one undesignated section of law.

II. Present Situation:

There were difficulties getting enough health care personnel to staff shelters and provide care to aged and disabled persons who were evacuated to shelters from homes and residential facilities during and after Hurricane Andrew in August 1992. In the 1993 session, the Legislature amended s. 252.355, F.S., relating to the registry of disabled persons, to require all appropriate agencies and community-based service providers, including home health care providers, to assist local emergency management agencies by: collecting registration information for people with special health care needs as part of program intake processes; establishing programs to increase awareness of the registration process; and educating clients regarding the procedures that are necessary for their safety during disasters. In addition, all clients of state- and federally-funded service programs with handicapping conditions who might need assistance in evacuating, or need assistance when in shelters, are supposed to register as people with special needs as part of the local emergency management agency registry.

The various health care facility licensure statutes have been amended to require each facility to prepare and annually update emergency management plans. For example, s. 395.1055(1)(c), F.S., requires hospitals to meet this requirement, and s. 400.23(2)(g), F.S., imposes the requirement on nursing homes. These requirements have not been imposed on non-facility providers such as home health agencies or hospices.

A State Special Needs Task Force was formed in September, 1993, with its final report submitted in February, 1996. The following are specific problems identified by the State Special Needs Task Force:

There is an inability to meet minimum recommended staffing levels in special needs units/shelters. Public health unit and volunteer nurses are unable to provide the level of care in the numbers required. Home health providers must be responsible for shelter care of their clients.

The population at risk is changing and growing due to the trend toward more "in home care" and less hospital and institutional care. This population exceeds the pre-registered population and results in last minute calls for assistance.

There is a lack of education for potential special needs clients, and training programs for service providers and shelter staffs.

Financial responsibility for sheltering costs in special needs units/shelters and health care facilities is undetermined.

The responsibility for provision of sufficient special needs unit/shelter spaces, equipment, and supplies is not clearly defined.

Representatives of state and local agencies have been meeting as a special needs task force to address the unresolved problems associated with providing services and staffing in special needs shelters in the event of a disaster. Current responsibilities for the management and operation of special needs units and shelters have been only vaguely referred to in legislation adopted to date. The state continues to attract a large number of retirees and people with special health care needs, and plans need to be made to provide continuing care to people with special health care needs in the aftermath of emergencies and natural disasters.

III. Effect of Proposed Changes:

Section 1. Amends s. 20.43(5), F.S., relating to the Department of Health, to require county health departments to coordinate with local medical and health care providers, the American Red Cross, and other interested parties in developing and implementing the plan for the management, operation, logistics, and staffing of, units or shelters for persons with special needs who require assistance during major emergencies or disasters. County health departments shall, in conjunction with the local emergency management agency, coordinate recruitment of medical personnel to staff local special needs units or shelters. County health departments are further required, during times of emergency or major disaster, to assist in the operation of the special needs units or shelters. The Department of Health is given rulemaking authority for these functions.

Section 2. Amends s. 252.355(1) and (3), F.S., relating to the registry of disabled persons, to: re-designate the registry as the “registry for persons with special needs;” specify the applicability of the registry to include persons with mental or sensory disabilities; replace reference to the Department of Health and Rehabilitative Services with reference to the Department of Children and Family Services, the Department of Health, and the Department of Elderly Affairs; and incorporate conforming revisions.

Section 3. Amends s. 400.497, F.S., relating to rules developed by the Agency for Health Care Administration (AHCA) establishing minimum standards for home health services, to add a requirement that such rules include provisions relating to skilled nursing services to be provided during emergency evacuation and sheltering. Home health agencies are required to prepare and annually update a comprehensive emergency management plan, based on minimum criteria established by AHCA rule. The criteria are specified, as is a requirement for review and approval of each home health agency plan by the local emergency management agency, including review by specified agencies, within a time certain. Exceptions from these requirements are provided for a facility certified under ch. 651, F.S., that has a licensed home health agency used exclusively by the facility’s residents; and for a retirement community that consists of residential units for

independent living and either a licensed nursing home or an assisted living facility, and has a licensed home health agency used exclusively by the retirement community's residents.

Section 4. Amends s. 400.610(1)(b), F.S., relating to hospice administration and management, to add a requirement that each hospice prepare and annually update a comprehensive emergency management plan, based on minimum criteria established by rule of the Department of Elderly Affairs. The criteria are specified, as is a requirement for review and approval of each hospice plan by the local emergency management agency, including review by specified agencies, within a time certain.

Section 5. Amends s. 408.15, F.S., relating to duties and responsibilities of AHCA, to add a requirement for the establishment, in coordination with the Department of Health, of uniform standards of care to be provided in special needs units or shelters during times of emergency or major disaster.

Section 6. The bill creates within the Department of Community Affairs a special needs shelter interagency committee, to be chaired and staffed by the department. The committee is to resolve those special needs sheltering problems and issues not addressed in the state comprehensive emergency management plan and serve as an oversight committee to monitor the effectiveness of an implemented special needs sheltering program. Specific tasks are indicated, as is committee membership.

Section 7. Provides for the bill to take effect October 1, 1998.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

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, Subsections 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:

Florida's home health agencies, of which there are 1,432, and hospices, of which there are 60, will bear the cost of preparing and annually updating an emergency management plan.

C. Government Sector Impact:

The county health departments will incur the ongoing expenses relating to the coordination of planning for the management, operation, logistics, and staffing of the special needs units and shelters. The Department of Health indicates the need for one full-time position to coordinate these activities. The bill provides no funding to the Department of Health for this purpose.

The local emergency management agencies, as well as the specified state agencies, will incur the direct costs associated with the review of home health agency and hospice emergency management plans, initially and annually.

VI. Technical Deficiencies:

None.

VII. Related Issues:

This proposal deals with a problem that is very difficult to resolve. No agency wants to assume sole responsibility for special needs units or shelters because of the open-ended potential for the number of users and the great challenge of bringing communities together to cope with staffing and operating special needs units or shelters. While the Red Cross designates, inspects, and operates "non-special needs shelters," they have been unwilling to operate special needs shelters. No agencies within the local communities have been willing to step forward and assume the responsibility. This bill is an attempt to specifically identify responsibilities and designate roles for organizations. The major short-coming of the bill is the lack of funding sources to implement the assigned responsibilities.

Section 6 of the bill creates an interagency committee on special needs sheltering. One of the specific tasks of the committee is to establish clear roles and responsibilities of state agencies and other organizations. In light of this task, it seems somewhat premature to assign to county health departments the lead role for special needs shelters. County health departments have no resources from which to provide the coordination function for emergency needs units or shelters. To impose

this function without adequate accompanying resources could result in minimum preparation for future emergencies or disasters.

VIII. Amendments:

None.

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