

# 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.)

BILL: CS/SB 2348

SPONSOR: Comprehensive Planning, Local and Military Affairs Committee and Senator Carlton

SUBJECT: Emergency Management Planning

DATE: March 29, 1999 REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Cooper</u>	<u>Yeatman</u>	<u>CA</u>	<u>Favorable/CS</u>
2.	_____	_____	<u>HC</u>	_____
3.	_____	_____	<u>FP</u>	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

## I. Summary:

This bill addresses the provision of services to persons requiring special needs assistance during an emergency or disaster. The bill requires:

- additional state agencies submit information intended to improve the state registry of persons with special needs;
- the Department of Health to establish a system to recruit and coordinate, through county health departments, health care practitioners to staff special needs shelters in the times of emergencies;
- all home health agencies, nurse registries, and hospices to prepare and maintain a comprehensive emergency management plan;
- the Department of Health to develop (1) emergency medical technician and paramedic and (2) health care practitioner registries for disasters and emergencies;
- state agencies who contract with providers giving care to disabled persons to include emergency and disaster planning provisions in such contracts; and
- appropriates \$4 million to implement this act.

This bill substantially amends sections 252.355, 400.497, 400.506, 400.610, 408.15, and creates sections 381.0303, 400.492, 401.273, 455.276 of the Florida Statutes.

## II. Present Situation:

Part 1 of chapter 252, F.S., contains the State Emergency Management Act. Section 252.35, F.S., requires the Division of Emergency Management (division) in the Department of Community Affairs (DCA) to be responsible for maintaining a comprehensive statewide program of emergency management. The division must coordinate their efforts with the federal government, other departments and agencies of the state government, the various local governments, and private agencies that have a role in emergency management.

The statewide plan must include a shelter component that includes specific regional and interregional planning provisions and promotes coordination of shelter activities between the public, private, and nonprofit sectors. One component of the plan must include strategies to assist local emergency management efforts to ensure that adequate staffing plans exist for all shelters, including medical and security personnel.

Pursuant to s. 252.355, F.S., each local emergency management agency in the state must maintain a registry of disabled persons located within the jurisdiction of the local agency. The registry must be updated annually. All appropriate agencies and community-based service providers, including home health care providers, must assist emergency management agencies by collecting registration information for people with special needs as part of program intake processes.

Currently, hospital and nursing homes are required to have disaster plans to provide continuous care to their patients during emergencies. Florida law does not require home health agencies, nurse registries or hospices to prepare disaster plans, nor does it require them to provide continuous care during emergencies.

### III. Effect of Proposed Changes:

**Section 1** amends s. 252.355, F.S., to replace the term “disabled” with “special needs,” and to require the Departments of Children and Family Services (DCF), Health (DOH), Labor and Employment Security(DLES), and Elderly Affairs (DEA) to assist the local emergency management agencies with identifying persons for the “registry of persons with special needs.”

**Section 2** creates s. 381.0303, F.S., to establish a system to recruit and coordinate health care practitioners to staff special needs shelters in the times of emergencies. This section contains the following requirements:

- If funds are appropriated, DOH, through the county health departments, is responsible for coordinating local medical and health care providers, the American Red Cross, and other interested parties, in developing a plan, which is in conformance with the local comprehensive emergency management plan, for staffing and medical management of special needs shelters. The county health department is responsible for recruiting of health care practitioners, while the county health department and the local emergency management agency must jointly determine who has responsibility for medical supervision in a special needs shelter. The local emergency management agencies are responsible for the designation and operation of special needs shelters.
- DOH is responsible for the reimbursement, if funds are available, of health care providers providing services in special needs shelters, or other locations, during times of disaster. Guidelines for reimbursement are specified.
- DOH is authorized to use the health care practitioner registry (created in section 9) and the emergency medical technician and paramedic registry (created in section 7) to identify staff special needs shelters or disaster medical assistance teams.

- DOH is authorized to establish a special needs shelter interagency committee to resolve problems related to special needs shelters and to monitor the planning and operation of special needs shelters. This provision establishes the purpose, duties, composition, responsibilities, and meeting guidelines of the committee. DOH is authorized to adopt rules necessary to implement the provisions relating to the committee.

**Section 3** creates s. 400.492, F.S., to require home health agencies to prepare and maintain a comprehensive emergency management plan that is consistent with national standards and the local plan. The plan must be updated annually and must provide for continuing services during an emergency. Plan components are specified. Patient records for patients listed in DOH's registry of persons with special needs must include a description of how care or services will be continued in the event of an emergency. The agency must discuss the emergency provision with the patient and the patient's care givers. Each agency must maintain a current prioritized list of patients who need continued services during an emergency. Agencies are released from health care responsibility in emergency situations that are beyond their control and that make it impossible to provide services. Agencies are allowed to provide services in a special needs shelter located in any county.

**Section 4** amends s. 400.497, F.S., to provide that the Agency for Health Care Administration's (AHCA) rules must provide reasonable and fair minimum standards relating to the:

- scope of home health services to be provided particularly during emergency evacuation and sheltering, and
- preparation of a comprehensive emergency management plan, with minimum criteria for the plan and plan updates; the plan must provide for the maintenance of patient-specific medication lists that can accompany transported patients; the plan must be developed with DOH and DCA, and subject to approval by the county health department, who must give area health care related entities an opportunity to review the plan. The county health department must complete its review within 60 days after receipt of the plan.

Paragraph 400.497(11)(d), F.S., is created to require DOH, in consultation with local entities, review the comprehensive emergency management plans of home health agencies operating in more than one county.

**Section 5** creates subsections (15) and (16) of s. 400.506, F.S., to direct nurse registries to assist at-risk clients with special needs registration with the appropriate local emergency management agency. Each nurse registry must prepare and maintain a comprehensive emergency management plan that is consistent with national standards. The plan must be updated annually and must provide for continuing nursing services during an emergency that interrupts patient care or services during an emergency, which are to be delivered pursuant to a written agreement. The plan must describe how the nurse registry establishes and maintains an effective response to emergencies and disasters. The plan must include identifying special needs shelters and provisions for ensuring care to patients who go to such shelters.

Records of patients listed in the registry must include a description of how care will be continued in an emergency. The registry must discuss these and related provisions with the patient and the patient's care givers. The registry must maintain a current prioritized list of patients who need

services during an emergency, and must provide it to the local emergency management agencies, upon request. The registries are released from health care responsibility in emergency situations that are beyond their control and that make it impossible to provide services.

The nurse registries comprehensive emergency plan is subject to review and approval by the county health department, with review by other affected agencies.

AHCA is required to adopt rules to establish minimum criteria for these plans and plan updates, with the concurrency of DOH and in consultation with DCA.

**Section 6** amends s. 400.605, F.S., require the Department of Elderly Affairs to establish minimum standards, by rule, in consultation with DOH and DCA, for components of a comprehensive emergency management plan for hospices.

**Section 7** amends s. 400.6095, F.S., to requires a description of how care and services will be provided in the event of an emergency to be included on a hospice patient's medical record.

**Section 8** amends s. 400.610, F.S., to direct the governing body of a hospice to prepare and maintain a comprehensive emergency management plan that provides for continuing hospice services in the event of an emergency consistent with local special needs plans. The plan must include provisions for ensuring continuing care to hospice patients who go to special needs shelters. The plan is subject to review by the local emergency management agency. The county health department must review the plan within 60 days.

**Section 9** creates s. 401.273, F.S., to establish an emergency medical technician and paramedic registry. DOH is responsible for gathering information for the registry from emergency medical technicians and paramedics certification and recertification forms, and maintaining the names of those available to serve.

**Section 10** amends s. 408.15, F.S., 1998 Supplement; to authorize AHCA to establish, in coordination with the DOH, uniform standards of care for special needs units or shelters during times of emergency or major disaster.

**Section 11** creates s. 455.276, F.S., to establish a health care practitioners registry for disasters and emergencies. DOH is required to include certain information on licensure or certification forms for various medical personnel to ascertain if such personnel will be available to assist DOH in the event of an emergency or disaster.

**Section 12** requires state agencies who contract with providers giving care to disabled persons to include emergency and disaster planning provisions in such contracts and lists provisions that must be included in such contracts.

**Section 13** provides for \$4 million plus General Revenue funds to the following departments: DOH (\$3,798,932, 2 FTEs), DCF (\$58,898, 1 FTE), DEA (\$58,898, 1 FTE), AHCA (\$58,898, 1 FTE), and DCA (\$ 58,898, 1 FTE).

**Section 14** provides that this bill will take effect October 1, 1999.

**IV. Constitutional Issues:**

## A. Municipality/County Mandates Restrictions:

None.

## B. Public Records/Open Meetings Issues:

None.

## C. Trust Funds Restrictions:

None.

**V. Economic Impact and Fiscal Note:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

The home health agencies, nurse registries, and hospices will be required to prepare and maintain comprehensive emergency management plans. According to DOH, the cost to provide a plan for each home health agency, hospice, and nurse registry varies depending upon the size of the organization. Those agencies that are currently accredited by the Joint Commission for the Accreditation of Health Care Organizations require minimal additional expenditures, if any, to carry out this responsibility. Additional costs will be incurred by some organizations in providing continuous care during emergencies.

## C. Government Sector Impact:

The DOH has the statewide coordination responsibilities, through its county health departments, to mobilize certain health care professionals to provide services to special needs shelters during emergency events. The department must also maintain two additional health care provider registries. According to DOH, a significant amount of additional staff time is needed to implement the provisions of this bill. The impacts on DCF, DCA, DEA, and AHCA are comparatively minimal.

State agencies who contract with providers giving care to disabled persons must include specific emergency and disaster planning provisions in such contracts.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Amendments:**

None.

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

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