

# 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 430

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

SUBJECT: Emergency Management Planning

DATE: January 18, 2000                      REVISED: 02/10/00                      \_\_\_\_\_

	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:

CS for Senate Bill 430 provides for the continuation of health care services to persons requiring special needs assistance during an emergency or disaster. The bill:

- adds the Department of Labor and Employment Security to the list of departments required to provide registration information to their special needs clients for inclusion in the mandatory local emergency management agency registry of persons with special needs;
- requires the Department of Health to establish a system to recruit and coordinate, through county health departments, health care practitioners for staffing of special needs shelters in the times of emergencies;
- requires all home health agencies, nurse registries, and hospices to prepare and maintain a comprehensive emergency management plan;
- requires the Department of Health to compile registries of emergency medical technicians, paramedics and various health care practitioners for disasters and emergencies;
- requires state agencies that contract with providers giving care to disabled persons to include emergency and disaster planning provisions in such contracts; and
- appropriates \$4,034,524 to implement this act.

This bill amends ss. 252.355, 400.497, 400.506, 400.605, 400.6095, 400.610, and 408.15, F.S.; creates ss. 381.0303, 400.492, 401.273, and 455.718, F.S.; and creates two undesignated sections of law.

## 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 its 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 require local emergency management agencies to maintain a registry of persons with “special needs,” which includes persons with mental or sensory disabilities, rather than a registry of disabled persons. The Department of Labor and Employment Security (DLES), as well as the departments of Children and Family Services (DCF), Health (DOH), and Elderly Affairs (DEA) as required in current law, is required to assist the local emergency management agencies with identifying persons for the registry.

**Section 2** creates s. 381.0303, F.S., to establish a system to recruit health care practitioners to staff special needs shelters in the times of emergencies or disasters. 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 the 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 practitioners 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 11) and the emergency medical technician and paramedic registry (created in section 9) to 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 accreditation standards and the local special needs 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 home health agency must discuss the emergency provision with the patient and the patient's care givers. Each home health agency must maintain a current prioritized list of patients who need continued services during an emergency. Home health agencies are released from health care responsibility in emergency situations that are beyond their control and that make it impossible to provide services. Home health 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 by the home health service, with minimum criteria for such a plan and plan updates; the plan must provide for the maintenance of patient-specific medication lists that can accompany transported patients; the plan is subject to review and approval by the county health department; ACHA, the local district office of DCF, the local chapter of the American Red Cross or other lead sheltering agency and the local emergency management agency must be given an opportunity to review the plan; county health department review must be completed within 60 days after receipt of the plan; DOH must complete its review within 90 days after receipt of the plan.
- DOH, in consultation with local entities, is required to review the comprehensive emergency management plans of home health agencies operating in more than one county.

Exemptions to the plan requirements are specified.

**Section 5** amends 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. In addition, nurse registries must prepare and maintain a comprehensive emergency management plan. 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.

Records of patients listed in the registry must include a description of how care will be continued in an emergency. 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.

ACHA 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., to require DEA 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 require 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 which is 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.

If a hospice operates in more than one county, DOH must review the plan. The review must be completed within 90 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., to authorize AHCA to establish, in coordination with DOH, uniform standards of care for special needs units or shelters during times of emergency or major disaster.

**Section 11** creates s. 455.718, F.S., to authorize DOH to establish and maintain a registry of health care practitioners who are willing to assist with special needs persons during emergencies or disasters. DOH is required to include certain information on licensure or certification forms for various medical personnel to ascertain if such practitioners will be available to assist DOH in the event of an emergency or disaster.

**Section 12** requires state agencies that contract with providers giving care to disabled persons to include emergency and disaster planning provisions in such contracts. These provisions include:

- designation of an emergency coordinating officer;
- a procedure for contacting all at-risk provider clients, on a priority basis, prior to and immediately following an emergency or disaster;
- a procedure to help at-risk clients register with the special needs registry of the local emergency management agency;
- a procedure to dispatch the emergency coordinating officer or other staff members to special needs shelters to assist clients with special needs, if necessary; and
- a procedure for providing the essential services the organization currently provides to special needs clients in preparation for, and during and following, a disaster.

**Section 13** appropriates approximately \$4 million from the General Revenue Fund to various specified state agencies for the implementation of the provisions of the bill as follows:

- DOH \$3,798,932 and 2 full-time-equivalent positions (FTE);
- DCF \$58,898 and 1 FTE;
- DEA \$58,898 and 1 FTE;
- AHCA \$58,898 and 1 FTE; and
- DCA \$58,898 and 1 FTE.

**Section 14.** Provides for the bill to take effect October 1, 2000.

#### **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:

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:**

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. Section 13 of the bill provides an appropriation anticipated to cover these costs to the respective departments.

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.