Florida Senate - 2006

CS for CS for CS for CS for SB 1058

By the Committees on Transportation and Economic Development Appropriations; Health Care; Community Affairs; Domestic Security; and Senators Diaz de la Portilla and Wise

606-2157-06 1 A bill to be entitled 2 An act relating to emergency management; 3 amending s. 252.355, F.S.; specifying 4 additional entities and agencies that are 5 required to provide registration information to б persons with disabilities or special needs for 7 purposes of inclusion within the registry of 8 persons with special needs maintained by local 9 emergency management agencies; providing that 10 the Department of Community Affairs shall be the designated lead agency responsible for 11 12 community education and outreach to the general 13 public, including persons with special needs, regarding registration as a person with special 14 needs, special needs shelters, and general 15 16 information regarding shelter stays; requiring 17 the department to disseminate educational and 18 outreach information through local emergency management offices; requiring the department to 19 coordinate community education and outreach 20 21 related to special needs shelters with 22 specified agencies and entities; providing that 23 special needs shelters must allow persons with special needs to bring service animals into 24 special needs shelters; revising provisions 25 with respect to the required notification of 26 27 residential utility customers of the 2.8 availability of the special needs registration program; providing that specified confidential 29 and exempt information relating to registration 30 of persons with special needs be provided to 31

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1	the Department of Health and local law
2	enforcement agencies; creating s. 252.3568,
3	F.S.; requiring the Division of Emergency
4	Management to address evacuation of persons
5	with pets in the shelter component of the state
6	comprehensive emergency management plan;
7	creating s. 252.357, F.S., requiring the
8	Florida Comprehensive Emergency Management Plan
9	to permit the Agency for Health Care
10	Administration to make initial contact with
11	each nursing home and assisted living facility
12	in a disaster area; requiring the agency to
13	annually publish an emergency telephone number
14	that may be used by nursing homes and assisted
15	living facilities to contact the agency;
16	amending s. 252.385, F.S., relating to public
17	shelter space; requiring the Division of
18	Emergency Management of the Department of
19	Community Affairs to biennially prepare and
20	submit a statewide emergency shelter plan to
21	the Governor and the Cabinet for approval;
22	providing plan requirements; requiring the
23	Department of Health to provide specified
24	assistance to the division; revising those
25	facilities which are excluded as being suitable
26	for use as public hurricane evacuation
27	shelters; requiring local emergency management
28	agencies to inspect a designated facility prior
29	to activation to determine its readiness;
30	amending s. 381.0303, F.S.; providing for the
31	operation, maintenance, and closure of special
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1	needs shelters; providing that local Children's
2	Medical Services offices shall assume lead
3	responsibility for specified coordination with
4	respect to the development of a plan for the
5	staffing and medical management of pediatric
б	special needs shelters; requiring such plans to
7	conform to the local comprehensive emergency
8	management plan; requiring county governments
9	to assist the Department of Health with
10	nonmedical staffing and operation of special
11	needs shelters; requiring local health
12	departments and emergency management agencies
13	to coordinate such efforts to ensure
14	appropriate staffing; providing that the
15	appropriate county health department,
16	Children's Medical Services office, and local
17	emergency management agency shall jointly
18	determine the responsibility for medical
19	supervision in a special needs shelter;
20	providing notification requirements; requiring
21	local emergency management agencies to be
22	responsible for the infrastructure and closure
23	of special needs shelters; requiring the
24	emergency management agency and the local
25	health department to coordinate efforts to
26	ensure appropriate designation, operation, and
27	infrastructure in special needs shelters;
28	providing that a county health department is
29	not prohibited from entering into an
30	alternative agreement with a local emergency
31	management agency to assume the lead
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1	responsibility for special needs shelter
2	supplies and equipment; providing that state
3	employees with a preestablished role in
4	disaster response are subject to serve in times
5	of disaster in specified capacities; requiring
6	the Secretary of Elderly Affairs to convene
7	multiagency special needs shelter discharge
8	planning teams to assist local areas that are
9	severely impacted by a natural or manmade
10	disaster that requires the use of special needs
11	shelters; providing duties and responsibilities
12	of such discharge planning teams; providing for
13	the inclusion of specified state agency
14	representatives on each discharge planning
15	team; revising provisions relating to
16	reimbursement of health care practitioners;
17	providing for eligibility of specified health
18	care facilities for reimbursement when a
19	multiagency special needs shelter discharge
20	planning team discharges persons with special
21	needs to such receiving facilities; providing
22	procedures and requirements with respect to
23	such reimbursement; requiring the department to
24	specify by rule expenses that are reimbursable
25	and the rate of reimbursement for services;
26	revising provisions which prescribe means of
27	and procedures for reimbursement; disallowing
28	specified reimbursements; revising provisions
29	with respect to the organization, role, duties,
30	and composition of the special needs shelter
31	interagency committee; requiring the department

CODING: Words stricken are deletions; words <u>underlined</u> are additions.

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1	to adopt specified rules with respect to
2	special needs shelters; providing requirements
3	with respect to emergency management plans
4	submitted to a county health department by a
5	home health agency, nurse registry, hospice, or
б	home medical equipment provider; amending ss.
7	400.492, 400.497, 400.506, 400.610, and
8	400.934, F.S.; revising requirements with
9	respect to the comprehensive emergency
10	management plans of home health agencies, nurse
11	registries, and hospices, and providing such
12	requirements with respect to home medical
13	equipment providers, to include the means by
14	which continuing services will be provided to
15	patients who evacuate to special needs
16	shelters; authorizing the establishment of
17	links to local emergency operations centers for
18	specified purposes; providing actions that
19	constitute abandonment of a patient; providing
20	sanctions for abandonment; revising
21	requirements of a county health department with
22	respect to review of a comprehensive emergency
23	management plan submitted by a home health
24	agency, nurse registry, or hospice, and
25	providing such requirements with respect to a
26	home medical equipment provider; providing
27	requirements upon failure to submit a plan or
28	requested information to the department;
29	providing for imposition of a fine; revising
30	requirements of the Department of Health with
31	respect to review of the plan of a home health
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1	agency, nurse registry, or hospice that
2	operates in more than one county, and providing
3	such requirements with respect to a home
4	medical equipment provider that operates in
5	more than one county; providing that the
6	preparation and maintenance of a comprehensive
7	emergency management plan by a home medical
8	equipment provider is a requirement for
9	licensure and must meet minimum criteria
10	established by the Agency for Health Care
11	Administration; providing plan requirements;
12	providing that the plan is subject to review
13	and approval by the county health department;
14	requiring each home medical equipment provider
15	to maintain a current prioritized list of
16	patients who need continued services during an
17	emergency; amending s. 400.925, F.S.; defining
18	"life-supporting or life-sustaining equipment"
19	for purposes of pt. X of ch. 400, F.S.,
20	relating to home medical equipment providers;
21	amending s. 400.935, F.S.; requiring the Agency
22	for Health Care Administration to adopt rules
23	with respect to the comprehensive emergency
24	management plan prepared by a home medical
25	equipment services provider; amending s.
26	408.831, F.S.; providing that entities
27	regulated or licensed by the Agency for Health
28	Care Administration may exceed their licensed
29	capacity to act as a receiving facility under
30	specified circumstances; providing requirements
31	while such entities are in an overcapacity

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1 status; providing for issuance of an inactive 2 license to such licensees under specified conditions; providing requirements and 3 4 procedures with respect to the issuance and 5 reactivation of an inactive license; providing б fees; providing an effective date. 7 8 Be It Enacted by the Legislature of the State of Florida: 9 10 Section 1. Section 252.355, Florida Statutes, is amended to read: 11 12 252.355 Registry of persons with special needs; 13 notice.--(1) In order to meet the special needs of persons who 14 would need assistance during evacuations and sheltering 15 16 because of physical, mental, cognitive impairment, or sensory 17 disabilities, each local emergency management agency in the state shall maintain a registry of persons with special needs 18 located within the jurisdiction of the local agency. The 19 registration shall identify those persons in need of 20 21 assistance and plan for resource allocation to meet those 22 identified needs. To assist the local emergency management 23 agency in identifying such persons, home health agencies, hospices, nurse registries, home medical equipment providers, 2.4 the Department of Children and Family Services, the Department 25 of Health, the Agency for Health Care Administration, the 26 27 Department of Education, the Agency for Persons with 2.8 Disabilities, Department of Labor and Employment Security, and 29 the Department of Elderly Affairs shall provide registration information to all of their special needs clients and to all 30 people with disabilities or special needs who receive services 31

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1 incoming clients as a part of the intake process. The registry 2 shall be <u>continuously maintained</u> updated annually. The 3 registration program shall give persons with special needs the 4 option of preauthorizing emergency response personnel to enter 5 their homes during search and rescue operations if necessary 6 to assure their safety and welfare following disasters. 7 (2) The Department of Community Affairs shall be the 8 designated lead agency responsible for community education and 9 outreach to the general public, including special needs 10 clients, reqarding registration and special needs shelters and general information regarding shelter stays. The Department of 11 12 Community Affairs shall disseminate such educational and 13 outreach information through the local emergency management offices. The department shall coordinate the development of 14 curriculum and dissemination of all community education and 15 outreach related to special needs shelters with the 16 17 Clearinghouse on Disability Information of the Governor's 18 Working Group on the Americans with Disabilities Act, the Department of Children and Family Services, the Department of 19 Health, the Agency for Health Care Administration, the 2.0 21 Department of Education, the Agency for Persons with 2.2 Disabilities, and the Department of Elderly Affairs. 23 (3) A person with special needs shall be allowed to bring his or her service animal into a special needs shelter 2.4 in compliance with the Americans with Disabilities Act of 25 1990, Pub. L. No. 101-336. Because a special needs shelter is 26 27 considered a public facility when it is activated for a 2.8 disaster, persons with disabilities must be allowed access to special needs shelters when accompanied by a service animal in 29 compliance with the Americans with Disabilities Act, which 30 provides that businesses and organizations that serve the 31

1 public must allow people with disabilities to bring their 2 service animals into all areas of a facility where customers 3 are normally allowed to go. 4 (4)(2) On or before May 1 of each year Each electric utility in the state shall annually notify residential 5 6 customers in its service area of the availability of the 7 registration program available through their local emergency 8 management agency with either: -(a) An initial notification upon the activation of new 9 10 residential service with the electric utility followed by one annual notification between January 1 and May 31; or 11 12 (b) Two separate annual notifications between January 13 <u>1 and May 31.</u> 14 The notification required under this subsection may be made by 15 any available means, including, but not limited to, written, 16 electronic, or verbal notification, and may be made 17 18 concurrently with any other notification to residential customers required by law or rule. 19 (5)(3) All records, data, information, correspondence, 20 21 and communications relating to the registration of persons 22 with special needs as provided in subsection (1) are 23 confidential and exempt from the provisions of s. 119.07(1), except that such information shall be available to other 2.4 25 emergency response agencies, as determined by the local 26 emergency management director, and to the Department of Health 27 in the furtherance of its duties and responsibilities. Local 2.8 law enforcement agencies shall be provided complete shelter 29 registration information upon request. 30 (6)(4) All appropriate agencies and community-based service providers, including home health care providers, 31

1 hospices, nurse registries, and home medical equipment 2 providers, shall assist emergency management agencies by collecting registration information for persons with special 3 4 needs as part of program intake processes, establishing 5 programs to increase the awareness of the registration 6 process, and educating clients about the procedures that may 7 be necessary for their safety during disasters. Clients of 8 state or federally funded service programs with physical, 9 mental, <u>cognitive impairment</u>, or sensory disabilities who need assistance in evacuating, or when in shelters, must register 10 as persons with special needs. 11 12 Section 2. Section 252.3568, Florida Statutes, is 13 created to read: 252.3568 Emergency sheltering of persons with 14 pets. -- In accordance with the provisions of s. 252.35, the 15 division shall address the evacuation of persons with pets in 16 17 the shelter component of the state comprehensive emergency 18 management plan. The Department of Agriculture and Consumer Services shall assist the division in determining strategies 19 regarding this activity. 20 21 Section 3. Section 252.357, Florida Statutes, is 2.2 created to read: 23 252.357 Monitoring of nursing homes and assisted living facilities during disaster. -- The Florida Comprehensive 2.4 Emergency Management Plan shall permit the Agency for Health 25 Care Administration, working from the agency's offices or in 26 27 the Emergency Operations Center, ESF-8, to make initial 2.8 contact with each nursing home and assisted living facility in the disaster area. The agency, by July 15, 2006, and annually 29 thereafter, shall publish on the Internet an emergency 30 telephone number that may be used by nursing homes and 31

1 assisted living facilities to contact the agency on a schedule 2 established by the agency to report requests for assistance. The agency may also provide the telephone number to each 3 4 facility when it makes the initial facility call. 5 Section 4. Subsection (2) and paragraphs (a) and (b) б of subsection (4) of section 252.385, Florida Statutes, are 7 amended to read: 252.385 Public shelter space.--8 9 (2)(a) The division shall administer a program to survey existing schools, universities, community colleges, and 10 other state-owned, municipally owned, and county-owned public 11 12 buildings and any private facility that the owner, in writing, 13 agrees to provide for use as a public hurricane evacuation shelter to identify those that are appropriately designed and 14 located to serve as such shelters. The owners of the 15 16 facilities must be given the opportunity to participate in the 17 surveys. The Board of Governors Regents, district school 18 boards, community college boards of trustees, and the Department of Education are responsible for coordinating and 19 implementing the survey of public schools, universities, and 20 21 community colleges with the division or the local emergency 22 management agency. 23 (b) By January 31 of each even-numbered year, the division shall prepare and submit a statewide emergency 2.4 shelter plan to the Governor and the Cabinet for approval, 25 subject to the requirements for approval provided in s. 26 27 1013.37(2). The plan shall identify the general location and 2.8 square footage of special needs shelters, by regional planning council region, during the next 5 years. The plan shall also 29 include information on the availability of shelters that 30 accept pets. The Department of Health shall assist the 31

1 division in determining the estimated need for special needs 2 shelter space and the adequacy of facilities to meet the needs of persons with special needs based on information from the 3 4 registries of persons with special needs and other 5 information. б (4)(a) Public facilities, including schools, 7 postsecondary education facilities, and other facilities owned 8 or leased by the state or local governments, but excluding hospitals, hospice care facilities, assisted living 9 facilities, or nursing homes, which are suitable for use as 10 public hurricane evacuation shelters shall be made available 11 12 at the request of the local emergency management agencies. The 13 local emergency management agency shall inspect a designated facility to determine its readiness prior to activating the 14 facility for a specific hurricane or disaster. Such agencies 15 16 shall coordinate with the appropriate school board, 17 university, community college, or local governing board when requesting the use of such facilities as public hurricane 18 evacuation shelters. 19 20 (b) The Department of Management Services shall 21 incorporate provisions for the use of suitable leased public 22 facilities as public hurricane evacuation shelters into lease 23 agreements for state agencies. Suitable leased public facilities include leased public facilities that are solely 2.4 25 occupied by state agencies and have at least 2,000 square feet 26 of net floor area in a single room or in a combination of 27 rooms having a minimum of 400 square feet in each room. The 2.8 net square footage of floor area shall must be determined by 29 subtracting from the gross square footage the square footage of spaces such as mechanical and electrical rooms, storage 30 rooms, open corridors, restrooms, kitchens, science or 31

1 computer laboratories, shop or mechanical areas, administrative offices, records vaults, and crawl spaces. 2 Section 5. Section 381.0303, Florida Statutes, is 3 amended to read: 4 5 381.0303 Health practitioner recruitment for Special б needs shelters.--7 (1) PURPOSE. -- The purpose of this section is to 8 provide for the operation, maintenance, and closure of special needs shelters and to designate the Department of Health, 9 10 through its county health departments, as the lead agency for coordination of the recruitment of health care practitioners, 11 12 as defined in s. 456.001(4), to staff special needs shelters 13 in times of emergency or disaster and to provide resources to the department to carry out this responsibility. However, 14 nothing in this section prohibits a county health department 15 16 from entering into an agreement with a local emergency 17 management agency to assume the lead responsibility for 18 recruiting health care practitioners. (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; CLOSURE; 19 STATE AGENCY ASSISTANCE AND STAFFING. -- Provided funds have 20 21 been appropriated to support medical services disaster 22 coordinator positions in county health departments:-23 (a) The department shall assume lead responsibility for the local coordination of local medical and health care 2.4 providers, the American Red Cross, and other interested 25 26 parties in developing a plan for the staffing and medical 27 management of special needs shelters. The local Children's 2.8 Medical Services offices shall assume lead responsibility for the coordination of local medical and health care providers, 29 the American Red Cross, and other interested parties in 30 developing a plan for the staffing and medical management of 31

1 pediatric special needs shelters. Plans shall conform to The 2 plan shall be in conformance with the local comprehensive 3 emergency management plan. 4 (b)(a) County health departments shall, in conjunction 5 with the local emergency management agencies, have the lead б responsibility for coordination of the recruitment of health 7 care practitioners to staff local special needs shelters. 8 County health departments shall assign their employees to work 9 in special needs shelters when those employees are needed to protect the health and safety of persons with special needs of 10 patients. County governments shall assist the Department of 11 12 Health with nonmedical staffing and the operation of special 13 needs shelters. The local health department and emergency management agency shall coordinate these efforts to ensure 14 appropriate staffing in special needs shelters. 15 16 (c) (b) The appropriate county health department, 17 Children's Medical Services office, and local emergency 18 management agency shall jointly decide determine who has responsibility for medical supervision in <u>each</u> a special needs 19 shelter and shall notify the Division of Emergency Management 20 21 and the Department of Health of their decision. 22 (d)(c) Local emergency management agencies shall be 23 responsible for the designation, and operation, and infrastructure of special needs shelters during times of 2.4 25 emergency or disaster and the closure of the facilities following an emergency or disaster. The emergency management 26 27 agency and the local health department shall coordinate these 2.8 efforts to ensure appropriate designation, operation, and infrastructure in special needs shelters. County health 29 departments shall assist the local emergency management agency 30 with regard to the management of medical services in special 31

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1 needs shelters. However, nothing in this section prohibits a 2 county health department from entering into an alternative 3 agreement with a local emergency management agency to assume 4 the lead responsibility for special needs shelter supplies and 5 equipment. б (e) Any state employee with a preestablished role in 7 disaster response that has been designated by the employing 8 agency is subject to serve in times of disaster in a capacity that is commensurate with the employee's knowledge, skills, 9 10 and abilities and to participate in any needed activities related to the disaster unless the employee has other mandated 11 12 response activities that preclude participation. 13 (f) The Secretary of Elderly Affairs, or his or her designee, shall convene, at any time that he or she deems 14 appropriate and necessary, a multiagency special needs shelter 15 16 discharge planning team or teams to assist local areas that 17 are severely impacted by a natural or manmade disaster that 18 requires the use of special needs shelters. Multiagency special needs shelter discharge planning teams shall provide 19 assistance to local emergency management agencies with the 2.0 21 continued operation or closure of the shelters, as well as 2.2 with the discharge of special needs clients to alternate 23 facilities if necessary. Local emergency management agencies may request the assistance of a multiagency special needs 2.4 shelter discharge planning team by alerting statewide 25 emergency management officials of the necessity for additional 26 27 assistance in their area. The Secretary of Elderly Affairs is 2.8 encouraged to proactively work with other state agencies prior to any natural disasters for which warnings are provided to 29 ensure that multiagency special needs shelter discharge 30 planning teams are ready to assemble and deploy rapidly upon a 31

1	determination by state emergency management officials that a
2	disaster area requires additional assistance. The Secretary of
3	Elderly Affairs may call upon any state agency or office to
4	provide staff to assist a multiagency special needs shelter
5	discharge planning team or teams. Unless the secretary
6	determines that the nature or circumstances surrounding the
7	<u>disaster do not warrant participation from a particular</u>
8	agency's staff, each multiagency special needs shelter
9	discharge planning team shall include at least one
10	representative from each of the following state agencies:
11	1. Department of Elderly Affairs.
12	2. Department of Health.
13	3. Department of Children and Family Services.
14	4. Department of Veterans' Affairs.
15	5. Department of Community Affairs.
16	6. Agency for Health Care Administration.
17	7. Agency for Persons with Disabilities.
18	(3) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND
19	FACILITIES
20	(a) The Department of Health shall <u>upon request</u>
21	reimburse, subject to the availability of funds for this
22	purpose, health care practitioners, as defined in s. 456.001,
23	provided the practitioner is not providing care to a patient
24	under an existing contract, and emergency medical technicians
25	and paramedics licensed <u>under</u> pursuant to chapter 401 for
26	medical care provided at the request of the department in
27	special needs shelters or at other locations during times of
28	emergency or <u>a declared</u> major d isaster. Reimbursement for
29	health care practitioners, except for physicians licensed
30	<u>under</u> pursuant to chapter 458 or chapter 459, shall be based
31	on the average hourly rate that such practitioners were paid

1 according to the most recent survey of Florida hospitals 2 conducted by the Florida Hospital Association or other nationally or state recognized data source. Reimbursement 3 4 shall be requested on forms prepared by the Department of Health and shall be paid as specified in paragraph (c). 5 б (b) If, upon closure of a special needs shelter, a 7 multiagency special needs shelter discharge planning team 8 determines that it is necessary to discharge persons with special needs to other facilities, such as hospitals, nursing 9 homes, assisted living facilities, and community residential 10 homes, the receiving facilities shall be eligible for 11 12 reimbursement for services provided to the individuals for up to 90 days. Any facility eligible for reimbursement under this 13 paragraph shall submit invoices for reimbursement on forms 14 developed by the department. A facility must show proof of a 15 16 written request from a representative of an agency serving on 17 the multiagency special needs shelter discharge planning team 18 that the individual for whom the facility is seeking reimbursement for services rendered was referred to that 19 facility from a special needs shelter. The department shall 20 21 specify by rule which expenses are reimbursable and the rate 22 of reimbursement for each service. Reimbursement for the 23 services described in this paragraph shall be paid as 2.4 <u>specified in paragraph (c).</u> (c) If a Presidential Disaster Declaration has been 25 26 issued made, and the Federal Government makes funds available, 27 the department shall request federal use such funds for 2.8 reimbursement of eligible expenditures. In other situations, 29 or if federal funds do not fully compensate the department for reimbursements permissible under reimbursement made pursuant 30 to this section, the department shall process a budget 31

1 amendment to obtain reimbursement from unobligated, 2 unappropriated moneys in the General Revenue Fund. The department shall not provide reimbursement to facilities under 3 this subsection for services provided to a person with special 4 needs if, during the period of time in which the services were 5 6 provided, the individual was enrolled in another state-funded 7 program, such as Medicaid or another similar program, was 8 covered under a policy of health insurance as defined in s. 624.603, or was a member of a health maintenance organization 9 10 or prepaid health clinic as defined in chapter 641, which would otherwise pay for the same services. Travel expense and 11 12 per diem costs shall be reimbursed pursuant to s. 112.061. 13 (4) HEALTH CARE PRACTITIONER REGISTRY.--The department may use the registries established in ss. 401.273 and 456.38 14 when health care practitioners are needed to staff special 15 needs shelters or to assist with other disaster-related 16 17 activities staff disaster medical assistance teams. 18 (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.--The Secretary Department of Health may establish a special needs 19 shelter interagency committee and serve as or appoint a 20 21 designee to serve as the committee's chair. The department 22 shall provide any necessary staff and resources to support the 23 committee in the performance of its duties, to be chaired and staffed by the department. The committee shall address and 2.4 25 resolve problems related to special needs shelters not 26 addressed in the state comprehensive emergency medical plan 27 and shall consult on serve as an oversight committee to 2.8 monitor the planning and operation of special needs shelters. 29 (a) The committee shall may: 1. Develop, and negotiate, and regularly review any 30 necessary interagency agreements. 31

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1 2. Undertake other such activities as the department 2 deems necessary to facilitate the implementation of this 3 section. 4 3. Submit recommendations to the Legislature as 5 necessary. б (b) The special needs shelter interagency committee 7 shall be composed of representatives of emergency management, 8 health, medical, and social services organizations. Membership shall include, but shall not be limited to, representatives of 9 the Departments of Health, Community Affairs, Children and 10 Family Services, Elderly Affairs, Labor and Employment 11 12 Security, and Education; the Agency for Health Care 13 Administration; the Florida Medical Association; the Florida Osteopathic Medical Association; Associated Home Health 14 Industries of Florida, Inc.; the Florida Nurses Association; 15 the Florida Health Care Association; the Florida Assisted 16 17 Living Affiliation Association; the Florida Hospital 18 Association; the Florida Statutory Teaching Hospital Council; the Florida Association of Homes for the Aging; the Florida 19 Emergency Preparedness Association; the American Red Cross; 20 21 Florida Hospices and Palliative Care, Inc.; the Association of 22 Community Hospitals and Health Systems; the Florida 23 Association of Health Maintenance Organizations; the Florida League of Health Systems; Private Care Association; and the 2.4 Salvation Army; the Florida Association of Aging Services 25 Providers; AARP; the Florida Area Health Education Center 26 27 Network; and the Florida Renal Coalition. 2.8 (c) Meetings of the committee shall be held in Tallahassee, and members of the committee shall serve at the 29 expense of the agencies or organizations they represent. The 30 committee shall make every effort to use teleconference or 31

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1 video conference capabilities in order to ensure statewide 2 input and participation. (6) RULES.--The department has the authority to adopt 3 rules necessary to implement this section. Rules shall may 4 5 include: б (a) The a definition of a "person with special needs," 7 including eligibility criteria for individuals with physical, 8 mental, cognitive impairment, or sensory disabilities and the services a person with special needs can expect to receive in 9 a special needs shelter patient, specify physician 10 reimbursement, and designate which county health departments 11 12 will have responsibility for implementation of subsections (2) 13 $\frac{\text{and}}{3}$. (b) The process for special needs shelter health care 14 practitioners and facility reimbursement for services provided 15 16 in a disaster. 17 (c) Guidelines for special needs shelter staffing 18 levels to provide services. (d) The definition of and standards for special needs 19 shelter supplies and equipment, including durable medical 20 21 equipment. 22 (e) Compliance with applicable laws relating to 23 service animals. (f) Standards for the special needs shelter 2.4 registration process, including guidelines for addressing the 25 needs of unregistered persons in need of a special needs 26 27 shelter. 2.8 (q) Standards for addressing the needs of families where only one dependent is eligible for admission to a 29 30 special needs shelter and the needs of adults with special 31

1 needs who are careqivers for individuals without special 2 needs. (h) The requirement of the county health departments 3 to seek the participation of hospitals, nursing homes, 4 5 assisted living facilities, home health agencies, hospice 6 providers, nurse registries, home medical equipment providers, 7 dialysis centers, and other health and medical emergency 8 preparedness stakeholders in preevent planning activities. (7) **REVIEW OF** EMERGENCY MANAGEMENT PLANS; CONTINUITY 9 10 OF CARE. -- Each emergency management plan submitted to a county health department by a home health agency under s. 400.492, by 11 12 a nurse registry pursuant to s. 400.506(16)(e), by a hospice 13 pursuant to s. 400.610(1)(b), or by a home medical equipment provider pursuant to s. 400.934(20)(a) shall specify the means 14 by which the home health agency, nurse registry, hospice, or 15 home medical equipment provider will continue to provide staff 16 17 and equipment to perform the same type and quantity of 18 services for their patients who evacuate to special needs shelters that were being provided to those patients prior to 19 evacuation. The submission of emergency management plans to 20 21 county health departments by home health agencies, pursuant to 2.2 s. 400.497(8)(c) and (d) and by nurse registries, pursuant to 23 s. 400.506(16)(e) and by hospice programs, pursuant to s. 400.610(1)(b) and home medical equipment providers is 2.4 25 conditional upon the receipt of an appropriation by the 26 department to establish medical services disaster coordinator 27 positions in county health departments unless the secretary of 2.8 the department and a local county commission jointly determine 29 to require such plans to be submitted based on a determination that there is a special need to protect public health in the 30 local area during an emergency. 31

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1 Section 6. Section 400.492, Florida Statutes, is 2 amended to read: 3 400.492 Provision of services during an 4 emergency. -- Each home health agency shall prepare and maintain 5 a comprehensive emergency management plan that is consistent 6 with the standards adopted by national or state accreditation 7 organizations and consistent with the local special needs 8 plan. The plan shall be updated annually and shall provide for 9 continuing home health services during an emergency that interrupts patient care or services in the patient's home. The 10 plan shall include the means by which the home health agency 11 12 will continue to provide staff to perform the same type and 13 quantity of services to their patients who evacuate to special needs shelters that were being provided to those patients 14 prior to evacuation. The plan shall describe how the home 15 health agency establishes and maintains an effective response 16 17 to emergencies and disasters, including: notifying staff when 18 emergency response measures are initiated; providing for communication between staff members, county health 19 departments, and local emergency management agencies, 20 21 including a backup system; identifying resources necessary to 22 continue essential care or services or referrals to other 23 organizations subject to written agreement; and prioritizing and contacting patients who need continued care or services. 2.4 (1) Each patient record for patients who are listed in 25 the registry established pursuant to s. 252.355 shall include 26 27 a description of how care or services will be continued in the 2.8 event of an emergency or disaster. The home health agency 29 shall discuss the emergency provisions with the patient and the patient's caregivers, including where and how the patient 30 is to evacuate, procedures for notifying the home health 31

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agency in the event that the patient evacuates to a location other than the shelter identified in the patient record, and a list of medications and equipment which must either accompany the patient or will be needed by the patient in the event of an evacuation.

б (2) Each home health agency shall maintain a current 7 prioritized list of patients who need continued services 8 during an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster 9 10 for each patient and if the patient is to be transported to a special needs shelter, and shall indicate if the patient is 11 12 receiving skilled nursing services and the patient's 13 medication and equipment needs. The list shall be furnished to county health departments and to local emergency management 14 15 agencies, upon request.

(3) Home health agencies shall not be required to 16 17 continue to provide care to patients in emergency situations 18 that are beyond their control and that make it impossible to provide services, such as when roads are impassable or when 19 patients do not go to the location specified in their patient 20 21 records. Home health agencies may establish links to local 22 emergency operations centers to determine a mechanism to 23 approach specific areas within a disaster area in order for the agency to reach its clients. The presentation of a home 2.4 health agency client to a special needs shelter without the 25 home health agency making a good faith effort to provide 26 27 services in the shelter setting shall be considered 2.8 abandonment of the client and constitutes a class II deficiency, subject to sanctions provided in s. 400.484(2)(b). 29 For purposes of this section, "good faith effort" may be 30 demonstrated by documented attempts of staff to follow 31

1 procedures as outlined in the home health agency's 2 comprehensive emergency management plan, and by the patient's record, which support a finding that continuing care has been 3 4 provided for those patients who have been identified as 5 needing care by the home health agency in the event of an б emergency or disaster under subsection (1). 7 (4) Notwithstanding the provisions of s. 400.464(2) or 8 any other provision of law to the contrary, a home health 9 agency may provide services in a special needs shelter located 10 in any county. Section 7. Paragraphs (c) and (d) of subsection (8) of 11 12 section 400.497, Florida Statutes, are amended to read: 13 400.497 Rules establishing minimum standards.--The agency shall adopt, publish, and enforce rules to implement 14 this part, including, as applicable, ss. 400.506 and 400.509, 15 which must provide reasonable and fair minimum standards 16 17 relating to: 18 (8) Preparation of a comprehensive emergency 19 management plan pursuant to s. 400.492. (c) The plan is subject to review and approval by the 20 21 county health department. During its review, the county health 22 department shall contact state and local health and medical 23 stakeholders during its review when necessary. ensure that the 2.4 following agencies, at a minimum, are given the opportunity to 25 review the plan: 26 The local emergency management agency. 1 27 2. The Agency for Health Care Administration. 2.8 3. The local chapter of the American Red Cross or 29 other lead sheltering agency. 30 The district office of the Department of Children 31 and Family Services.

1 2 The county health department shall complete its review to ensure that the plan is in accordance with the criteria set 3 4 forth in the rules of the Agency for Health Care Administration within 90 60 days after receipt of the plan and 5 б shall either approve the plan or advise the home health agency 7 of necessary revisions. If the home health agency fails to 8 submit a plan or fails to submit the requested information or revisions to the county health department within 30 days after 9 written notification from the county health department, the 10 county health department shall notify the Agency for Health 11 12 Care Administration. The agency shall notify the home health 13 agency that such failure constitutes a deficiency, subject to a fine of \$5,000 per occurrence. If the plan is not submitted, 14 information is not provided, or revisions are not made as 15 16 requested, the agency may impose the fine. 17 (d) For any home health agency that operates in more 18 than one county, the Department of Health shall review the plan, after consulting with state and local health and medical 19 stakeholders, when necessary all of the county health 20 21 departments, the agency, and all the local chapters of the American Red Cross or other lead sheltering agencies in the 22 23 areas of operation for that particular home health agency. The 2.4 department of Health shall complete its review within 90 days 25 after receipt of the plan and shall either approve the plan or 26 advise the home health agency of necessary revisions. The 27 department of Health shall make every effort to avoid imposing 2.8 differing requirements on a home health agency that operates 29 in more than one county as a result of differing or 30 conflicting comprehensive plan requirements of the based on 31

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1 differences between counties in which on the home health 2 agency operates. Section 8. Subsection (16) of section 400.506, Florida 3 Statutes, is amended to read: 4 5 400.506 Licensure of nurse registries; requirements; б penalties.--7 (16) Each nurse registry shall prepare and maintain a 8 comprehensive emergency management plan that is consistent with the criteria in this subsection and with the local 9 special needs plan. The plan shall be updated annually. The 10 plan shall include the means by which the nurse registry will 11 12 continue to provide staff to perform the same type and guantity of services to their patients who evacuate to special 13 needs shelters that were being provided to those patients 14 prior to evacuation. The plan shall specify how the nurse 15 registry shall facilitate the provision of continuous care by 16 17 persons referred for contract to persons who are registered 18 pursuant to s. 252.355 during an emergency that interrupts the provision of care or services in private residencies. Nurse 19 registries may establish links to local emergency operations 2.0 21 centers to determine a mechanism to approach specific areas 22 within a disaster area in order for a provider to reach its 23 clients. The presentation of nurse registry clients to a special needs shelter without the nurse registry provider 2.4 making a good faith effort to provide services in the shelter 25 setting shall be considered abandonment of the patient and 26 constitutes a class II deficiency, subject to sanctions 27 2.8 provided in s. 400.484(2)(b). For purposes of this section, "good faith effort" may be demonstrated by documented attempts 29 of staff to follow procedures as outlined in the nurse 30 registry's comprehensive emergency management plan which 31

1 support a finding that continuing care has been provided for
2 those patients who have been identified as needing care by the
3 nurse registry in the event of an emergency under s.
4 400.506(1).

5 (a) All persons referred for contract who care for 6 persons registered pursuant to s. 252.355 must include in the 7 patient record a description of how care will be continued 8 during a disaster or emergency that interrupts the provision 9 of care in the patient's home. It shall be the responsibility 10 of the person referred for contract to ensure that continuous 11 care is provided.

12 (b) Each nurse registry shall maintain a current 13 prioritized list of patients in private residences who are registered pursuant to s. 252.355 and are under the care of 14 persons referred for contract and who need continued services 15 during an emergency. This list shall indicate, for each 16 17 patient, if the client is to be transported to a special needs 18 shelter and if the patient is receiving skilled nursing services. Nurse registries shall make this list available to 19 county health departments and to local emergency management 20 21 agencies upon request.

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

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

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1 impassable or when patients do not go to the location 2 specified in their patient records. 3 (e) The comprehensive emergency management plan 4 required by this subsection is subject to review and approval 5 by the county health department. During its review, the county 6 health department shall contact state and local health and 7 medical stakeholders, when necessary ensure that, at a 8 minimum, the local emergency management agency, the Agency for 9 Health Care Administration, and the local chapter of the 10 American Red Cross or other lead sheltering agency are given 11 the opportunity to review the plan. The county health 12 department shall complete its review to ensure that the plan 13 is in accordance with the criteria set forth in the rules of the Agency for Health Care Administration within 90 60 days 14 after receipt of the plan and shall either approve the plan or 15 16 advise the nurse registry of necessary revisions. If a nurse 17 registry fails to submit a plan or fails to submit requested 18 information or revisions to the county health department within 30 days after written notification from the county 19 health department, the county health department shall notify 2.0 21 the Agency for Health Care Administration. The agency shall 22 notify the nurse registry that such failure constitutes a 23 deficiency, subject to a fine of \$5,000 per occurrence. If the plan is not submitted, information is not provided, or 2.4 25 revisions are not made as requested, the agency may impose the fine. 26 27 (f) The Department of Health shall review the 2.8 comprehensive emergency management plan of any nurse registry that operates in more than one county. The department shall 29 complete its review within 90 days after receipt of the plan 30 and shall either approve the plan or advise the nurse registry 31

1 of necessary revisions. The department shall make every effort 2 to avoid imposing differing requirements on nurse registries that operate in more than one county as a result of differing 3 4 or conflicting comprehensive plan requirements of the counties in which the nurse registry operates. 5 6 (q)(f) The Agency for Health Care Administration shall 7 adopt rules establishing minimum criteria for the 8 comprehensive emergency management plan and plan updates required by this subsection, with the concurrence of the 9 Department of Health and in consultation with the Department 10 of Community Affairs. 11 12 Section 9. Paragraph (b) of subsection (1) of section 13 400.610, Florida Statutes, is amended to read: 400.610 Administration and management of a hospice .--14 (1) A hospice shall have a clearly defined organized 15 16 governing body, consisting of a minimum of seven persons who 17 are representative of the general population of the community 18 served. The governing body shall have autonomous authority and responsibility for the operation of the hospice and shall meet 19 at least quarterly. The governing body shall: 20 21 (b)1. Prepare and maintain a comprehensive emergency 22 management plan that provides for continuing hospice services 23 in the event of an emergency that is consistent with local special needs plans. The plan shall include provisions for 2.4 25 ensuring continuing care to hospice patients who go to special 26 needs shelters. The plan shall include the means by which the 27 hospice provider will continue to provide staff to perform the 2.8 same type and quantity of services to their patients who evacuate to special needs shelters that were being provided to 29 those patients prior to evacuation. The plan is subject to 30 review and approval by the county health department, except as 31

1 provided in subparagraph 2. During its review, the county 2 health department shall contact state and local health and 3 medical stakeholders, when necessary ensure that the 4 department, the agency, and the local chapter of the American 5 Red Cross or other lead sheltering agency have an opportunity б to review and comment on the plan. The county health 7 department shall complete its review to ensure that the plan 8 is in accordance with the criteria set forth in the rules of the Department of Elderly Affairs within 90 60 days after 9 receipt of the plan and shall either approve the plan or 10 advise the hospice of necessary revisions. Hospice providers 11 12 may establish links to local emergency operations centers to 13 determine a mechanism to approach specific areas within a disaster area in order for the provider to reach its clients. 14 The presentation of hospice clients to a special needs shelter 15 without the hospice provider making a good faith effort to 16 17 provide services in the shelter setting shall be considered 18 abandonment of the client subject to sanction as provided by law or rule. For the purposes of this section, "good faith 19 effort" may be demonstrated by documented attempts of staff to 2.0 21 follow procedures as outlined in the hospice's comprehensive 22 emergency management plan and to provide continuing care for 23 those hospice clients who have been identified as needing alternative caregiver services in the event of an emergency. 2.4 25 2. For any hospice that operates in more than one county, the Department of Health during its review shall 26 27 contact state and local health and medical stakeholders, when 2.8 necessary review the plan, after consulting with all of the 29 county health departments, the agency, and all the local chapters of the American Red Cross or other lead sheltering 30 31 agency in the areas of operation for that particular hospice.

1 The Department of Health shall complete its review to ensure 2 that the plan is in accordance with the criteria set forth in the rules of the Department of Elderly Affairs within 90 days 3 after receipt of the plan and shall either approve the plan or 4 5 advise the hospice of necessary revisions. The Department of б Health shall make every effort to avoid imposing on the 7 hospice differing requirements on a hospice that operates in 8 more than one county as a result of differing or conflicting comprehensive plan requirements of the based on differences 9 between counties in which the hospice operates. 10 Section 10. Subsections (13) through (16) of section 11 12 400.925, Florida Statutes, are renumbered as subsections (14) 13 through (17), respectively, and a new subsection (13) is added 14 to that section to read: 400.925 Definitions.--As used in this part, the term: 15 (13) "Life-supporting or life-sustaining equipment" 16 17 means a device that is essential to, or that yields 18 information that is essential to, the restoration or continuation of a bodily function important to the 19 continuation of human life. Life-supporting or life-sustaining 20 21 equipment includes apnea monitors, enteral feeding pumps, 22 infusion pumps, portable home dialysis equipment, and 23 ventilator equipment and supplies for all related equipment, including oxygen equipment and related respiratory equipment. 2.4 25 Section 11. Subsections (20), (21), and (22) are added to section 400.934, Florida Statutes, to read: 26 27 400.934 Minimum standards. -- As a requirement of 2.8 licensure, home medical equipment providers shall: 29 (20)(a) Prepare and maintain a comprehensive emergency management plan that meets minimum criteria established by the 30 agency in rule under s. 400.935. The plan shall be updated 31

1 annually and shall provide for continuing home medical 2 equipment services for life-supporting or life-sustaining equipment, as defined in 400.925, during an emergency that 3 4 interrupts home medical equipment services in a patient's home. The plan shall include: 5 б The means by which the home medical equipment 7 provider will continue to provide equipment to perform the same type and quantity of services to its patients who 8 evacuate to special needs shelters that were being provided to 9 10 those patients prior to evacuation. 2. The means by which the home medical equipment 11 12 provider establishes and maintains an effective response to emergencies and disasters, including plans for: 13 a. Notification of staff when emergency response 14 measures are initiated. 15 Communication between staff members, county health 16 17 departments, and local emergency management agencies, which 18 shall include provisions for a backup communications system. c. Identification of resources necessary to continue 19 20 essential care or services or referrals to other organizations 21 subject to written agreement. 22 d. Contacting and prioritizing patients in need of 23 continued medical equipment services and supplies. (b) The plan is subject to review and approval by the 2.4 county health department. During its review, the county health 25 department shall contact state and local health and medical 26 27 stakeholders, when necessary. The county health department 2.8 shall complete its review to ensure that the plan is in accordance with the criteria set forth in the rules of the 29 Agency for Health Care Administration within 90 days after 30 receipt of the plan. If a home medical equipment provider 31

1 fails to submit a plan or fails to submit requested information or revisions to the county health department 2 within 30 days after written notification from the county 3 4 health department, the county health department shall notify the Agency for Health Care Administration. The agency shall 5 6 notify the home medical equipment provider that such failure 7 constitutes a deficiency, subject to a fine of \$5,000 per 8 occurrence. If the plan is not submitted, information is not provided, or revisions are not made as requested, the agency 9 10 may impose the fine. (c) The Department of Health shall review the 11 12 comprehensive emergency management plan of any home medical 13 equipment provider that operates in more than one county. The department shall complete its review within 90 days after 14 receipt of the plan and shall either approve the plan or 15 16 advise the home medical equipment provider of necessary 17 revisions. The department shall make every effort to avoid 18 imposing differing requirements on home medical equipment providers that operate in more than one county as a result of 19 differing or conflicting comprehensive plan requirements of 2.0 21 the counties in which the home medical equipment provider 2.2 operates. 23 (21) Each home medical equipment provider shall maintain a current prioritized list of patients who need 2.4 continued services during an emergency. The list shall 25 indicate the means by which services shall be continued for 26 27 each patient in the event of an emergency or disaster, whether 2.8 the patient is to be transported to a special needs shelter, and whether the patient has life-supporting or life-sustaining 29 equipment, including the specific type of equipment and 30 related supplies. The list shall be furnished to county health 31

1 departments and local emergency management agencies, upon 2 request. (22) Home medical equipment providers may establish 3 links to local emergency operations centers to determine a 4 5 mechanism to approach specific areas within a disaster area in 6 order for the provider to reach its patients. 7 Section 12. Subsection (11) is added to section 8 400.935, Florida Statutes, to read: 9 400.935 Rules establishing minimum standards.--The 10 agency shall adopt, publish, and enforce rules to implement this part, which must provide reasonable and fair minimum 11 12 standards relating to: 13 (11) Preparation of the comprehensive emergency management plan under s. 400.934 and the establishment of 14 minimum criteria for the plan, including the maintenance of 15 patient equipment and supply lists that can accompany patients 16 17 who are transported from their homes. Such rules shall be 18 formulated in consultation with the Department of Health and the Department of Community Affairs. 19 20 Section 13. Section 408.831, Florida Statutes, is 21 amended to read: 22 408.831 Denial, suspension, or revocation of a 23 license, registration, certificate, or application .--(1) In addition to any other remedies provided by law, 2.4 the agency may deny each application or suspend or revoke each 25 26 license, registration, or certificate of entities regulated or 27 licensed by it: 2.8 (a) If the applicant, licensee, registrant, or certificateholder, or, in the case of a corporation, 29 partnership, or other business entity, if any officer, 30 director, agent, or managing employee of that business entity 31 34

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1 or any affiliated person, partner, or shareholder having an 2 ownership interest equal to 5 percent or greater in that business entity, has failed to pay all outstanding fines, 3 liens, or overpayments assessed by final order of the agency 4 or final order of the Centers for Medicare and Medicaid 5 б Services, not subject to further appeal, unless a repayment 7 plan is approved by the agency; or 8 (b) For failure to comply with any repayment plan. 9 (2) In reviewing any application requesting a change of ownership or change of the licensee, registrant, or 10 certificateholder, the transferor shall, prior to agency 11 12 approval of the change, repay or make arrangements to repay 13 any amounts owed to the agency. Should the transferor fail to repay or make arrangements to repay the amounts owed to the 14 agency, the issuance of a license, registration, or 15 16 certificate to the transferee shall be delayed until repayment 17 or until arrangements for repayment are made. 18 (3) Entities subject to this section may exceed their licensed capacity to act as a receiving facility in accordance 19 with an emergency operations plan for clients of evacuating 2.0 21 providers from a geographic area where an evacuation order has been issued by a local authority having jurisdiction. While in 22 23 an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, 2.4 the agency may approve requests for overcapacity beyond 15 25 days, which approvals may be based upon satisfactory 26 27 justification and need as provided by the receiving and 2.8 sending facility. (4) An inactive license may be issued to a licensee 29 30 subject to this section when the provider is located in a 31

1 geographic area where a state of emergency was declared by the 2 Governor if the provider: (a) Suffered damage to the provider's operation during 3 4 that state of emergency. 5 (b) Is currently licensed. б (c) Does not have a provisional license. 7 (d) Will be temporarily unable to provide services but 8 is reasonably expected to resume services within 12 months. 9 10 An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 11 12 additional months upon demonstration to the agency of progress 13 toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period 14 must be submitted in writing to the agency, accompanied by 15 written justification for the inactive license which states 16 17 the beginning and ending dates of inactivity and includes a 18 plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee 19 shall notify clients of any necessary discharge or transfer as 2.0 21 required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date 2.2 23 the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure 2.4 fees must be current, paid in full, and may be prorated. 25 Reactivation of an inactive license requires the prior 26 27 approval by the agency of a renewal application, including 2.8 payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable 29 30 rules and statutes. 31

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(5) (3) This section provides standards of enforcement applicable to all entities licensed or regulated by the Agency for Health Care Administration. This section controls over any conflicting provisions of chapters 39, 381, 383, 390, 391, 393, 394, 395, 400, 408, 468, 483, and 641 or rules adopted б pursuant to those chapters. Section 14. This act shall take effect July 1, 2006. STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR CS/CS/CS Senate Bill 1058 The committee substitute for Senate Bill 1058 revises s. 252.357, F.S., to include assisted living facilities, in addition to nursing homes, as facilities within a disaster area that will receive initial contact from the Agency for Health Care Administration along with a process for requesting assistance. 2.4