

2882

2013-2014 Regular Sessions

I N S E N A T E

January 24, 2013

Introduced by Sen. LAVALLE -- read twice and ordered printed, and when printed to be committed to the Committee on Veterans, Homeland Security and Military Affairs

AN ACT to amend the executive law, in relation to establishing a pandemic preparedness task force

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. The executive law is amended by adding a new section 719 to
2 read as follows:
3 S 719. PANDEMIC PREPAREDNESS TASK FORCE. 1. THERE IS HEREBY ESTAB-
4 LISHED IN THE OFFICE OF HOMELAND SECURITY A PANDEMIC PREPAREDNESS TASK
5 FORCE TO BE COMPOSED OF EIGHTEEN MEMBERS WHO SHALL BE APPOINTED IN THE
6 FOLLOWING MANNER: THREE SHALL BE APPOINTED BY THE TEMPORARY PRESIDENT OF
7 THE SENATE; TWO SHALL BE APPOINTED BY THE MINORITY LEADER OF THE SENATE;
8 THREE SHALL BE APPOINTED BY THE SPEAKER OF THE ASSEMBLY; TWO SHALL BE
9 APPOINTED BY THE MINORITY LEADER OF THE ASSEMBLY; AND EIGHT SHALL BE
10 APPOINTED BY THE GOVERNOR. THE GOVERNOR SHALL DESIGNATE THE CHAIRPERSON
11 OF THE TASK FORCE. THE MEMBERS OF THE TASK FORCE SHALL BE REPRESENTATIVE
12 OF STATE GOVERNMENT, THE PUBLIC HEALTH FIELD, HEALTH CARE SERVICES
13 PROVIDERS, EMERGENCY RESPONSE ORGANIZATIONS AND AGRICULTURE. SUCH
14 APPOINTING OFFICIALS SHALL EITHER REPLACE OR REAPPOINT THE MEMBERS OF
15 SUCH COMMITTEE FOR THREE YEAR TERMS, ACCORDING TO THE FOLLOWING SCHED-
16 ULE:
17 (A) EFFECTIVE JANUARY FIRST, TWO THOUSAND FIFTEEN: ANY THREE ORIGINAL
18 APPOINTEES OF THE GOVERNOR, ONE ORIGINAL APPOINTEE OF THE TEMPORARY
19 PRESIDENT OF THE SENATE, ONE ORIGINAL APPOINTEE OF THE SPEAKER OF THE
20 ASSEMBLY AND ONE ORIGINAL APPOINTEE OF THE MINORITY LEADER OF THE
21 SENATE;
22 (B) EFFECTIVE JANUARY FIRST, TWO THOUSAND SIXTEEN: ANY THREE OF THE
23 REMAINING ORIGINAL APPOINTEES OF THE GOVERNOR, ONE OF THE REMAINING
24 ORIGINAL APPOINTEES OF THE TEMPORARY PRESIDENT OF THE SENATE, ONE OF THE

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets
[] is old law to be omitted.

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1 REMAINING ORIGINAL APPOINTEES OF THE SPEAKER OF THE ASSEMBLY AND ONE
2 ORIGINAL APPOINTEE OF THE MINORITY LEADER OF THE ASSEMBLY;

3 (C) EFFECTIVE JANUARY FIRST, TWO THOUSAND SEVENTEEN: THE TWO REMAINING
4 ORIGINAL APPOINTEES OF THE GOVERNOR, THE REMAINING ORIGINAL APPOINTEE OF
5 THE TEMPORARY PRESIDENT OF THE SENATE, THE REMAINING ORIGINAL APPOINTEE
6 OF THE SPEAKER OF THE ASSEMBLY, THE REMAINING ORIGINAL APPOINTEE OF THE
7 MINORITY LEADER OF THE SENATE AND THE REMAINING ORIGINAL APPOINTEE OF
8 THE MINORITY LEADER OF THE ASSEMBLY;

9 (D) REPLACEMENTS OR REAPPOINTMENTS THEREAFTER SHALL BE MADE AT THE
10 EXPIRATION OF THE TERM OF EACH MEMBER, BY THE APPOINTING OFFICIAL WHO
11 ORIGINALLY APPOINTED SUCH MEMBER; AND

12 (E) VACANCIES SHALL BE FILLED BY APPOINTMENT IN LIKE MANNER FOR UNEX-
13 PIRENED TERMS.

14 2. THE TASK FORCE SHALL PREPARE AN INFLUENZA PANDEMIC PLAN. SUCH PLAN
15 SHALL SET FORTH:

16 (A) A PROTOCOL FOR THE DETECTION OF AND RESPONSE TO AN INFLUENZA
17 PANDEMIC;

18 (B) GUIDANCE TO LOCAL HEALTH DEPARTMENTS AND LOCAL INFORMATION NETWORK
19 AND COMMUNICATION SYSTEM AGENCIES IN THE DEVELOPMENT OF THEIR INFLUENZA
20 PANDEMIC PLANS; AND

21 (C) GUIDANCE TO OTHER PUBLIC HEALTH CARE PARTNERS REGARDING THEIR
22 ROLES RELATED TO AN INFLUENZA PANDEMIC.

23 3. IN ADDITION TO PREPARING THE PLAN SET FORTH IN SUBDIVISION TWO OF
24 THIS SECTION, THE TASK FORCE SHALL:

25 (A) DELINEATE ACCOUNTABILITY AND RESPONSIBILITY, CAPABILITIES, AND
26 RESOURCES FOR AGENCIES ENGAGED IN PLANNING AND EXECUTING SPECIFIC COMPO-
27 NENTS OF THE INFLUENZA PANDEMIC PLAN TO ASSURE THAT THE PLAN INCLUDES
28 TIMELINES, DELIVERABLES, AND PERFORMANCE MEASURES;

29 (B) CLARIFY WHICH ACTIVITIES WILL BE PERFORMED AT A STATE, LOCAL, OR
30 COORDINATED LEVEL, AND INDICATE WHAT ROLE THE STATE WILL HAVE IN PROVID-
31 ING GUIDANCE AND ASSISTANCE;

32 (C) ADDRESS INTEGRATION OF STATE, LOCAL, TRIBAL, TERRITORIAL, AND
33 REGIONAL PLANS ACROSS JURISDICTIONAL BOUNDARIES IN THE PLAN;

34 (D) FORMALIZE AGREEMENTS WITH NEIGHBORING JURISDICTIONS AND ADDRESS
35 COMMUNICATION, MUTUAL AID, AND OTHER CROSS-JURISDICTIONAL NEEDS;

36 (E) ADDRESS PROVISION OF PSYCHOSOCIAL SUPPORT SERVICES FOR THE COMMU-
37 NITY, INCLUDING PATIENTS AND THEIR FAMILIES, AND THOSE AFFECTED BY
38 COMMUNITY CONTAINMENT PROCEDURES IN THE PLAN;

39 (F) TEST A COMMUNICATION OPERATIONAL PLAN THAT: (I) ADDRESSES THE
40 NEEDS OF TARGETED PUBLIC, PRIVATE SECTOR, GOVERNMENTAL, PUBLIC HEALTH,
41 MEDICAL, AND EMERGENCY RESPONSE AUDIENCES; (II) IDENTIFIES PRIORITY
42 CHANNELS OF COMMUNICATION; (III) DELINEATES THE NETWORK OF COMMUNICATION
43 PERSONNEL, INCLUDING LEAD SPOKESPERSONS AND PERSONS TRAINED IN EMERGENCY
44 RISK COMMUNICATIONS; AND (IV) LINKS TO OTHER COMMUNICATION NETWORKS;

45 (G) IDENTIFY FOR ALL STAKEHOLDERS THE LEGAL AUTHORITIES RESPONSIBLE
46 FOR EXECUTING THE INFLUENZA PANDEMIC PLAN, ESPECIALLY THOSE AUTHORITIES
47 RESPONSIBLE FOR CASE IDENTIFICATION, ISOLATION, QUARANTINE, MOVEMENT
48 RESTRICTION, HEALTHCARE SERVICES, EMERGENCY CARE, AND MUTUAL AID;

49 (H) MAKE CLEAR TO ALL AGENCIES THE PROCESS FOR REQUESTING, COORDINAT-
50 ING, AND APPROVING REQUESTS FOR RESOURCES TO STATE AND FEDERAL AGENCIES;

51 (I) CREATE AN INCIDENT COMMAND SYSTEM FOR THE PANDEMIC PLAN BASED ON
52 THE NATIONAL INCIDENT MANAGEMENT SYSTEM AND EXERCISE THIS SYSTEM ALONG
53 WITH OTHER OPERATIONAL ELEMENTS OF THE PLAN;

54 (J) ASSIST IN ESTABLISHING AND PROMOTING COMMUNITY-BASED TASK FORCES
55 THAT SUPPORT HEALTHCARE INSTITUTIONS ON A LOCAL OR REGIONAL BASIS;

1 (K) IDENTIFY THE AUTHORITY RESPONSIBLE FOR DECLARING A PUBLIC HEALTH
2 EMERGENCY AT THE STATE AND LOCAL LEVELS AND FOR OFFICIALLY ACTIVATING
3 THE PANDEMIC INFLUENZA RESPONSE PLAN;

4 (L) IDENTIFY THE STATE AND LOCAL LAW ENFORCEMENT PERSONNEL WHO WILL
5 MAINTAIN PUBLIC ORDER AND HELP IMPLEMENT CONTROL MEASURES AND DETERMINE
6 IN ADVANCE WHAT WILL CONSTITUTE A "LAW ENFORCEMENT" EMERGENCY AND
7 EDUCATE LAW ENFORCEMENT OFFICIALS SO THAT THEY CAN PRE-PLAN FOR THEIR
8 FAMILIES TO SUSTAIN THEMSELVES DURING THE EMERGENCY;

9 (M) ENSURE THAT THE PLANS ARE SCALABLE TO THE MAGNITUDE AND SEVERITY
10 OF THE PANDEMIC AND AVAILABLE RESOURCES;

11 (N) LINK AND ROUTINELY SHARE INFLUENZA DATA FROM ANIMAL AND HUMAN
12 HEALTH SURVEILLANCE SYSTEMS;

13 (O) OBTAIN AND TRACK INFORMATION DAILY DURING A PANDEMIC (COORDINATING
14 WITH EPIDEMIOLOGIC AND MEDICAL PERSONNEL) ON THE NUMBERS AND LOCATION OF
15 NEWLY HOSPITALIZED CASES, NEWLY QUARANTINED PERSONS, AND HOSPITALS WITH
16 PANDEMIC INFLUENZA CASES AND USE SUCH REPORTS TO DETERMINE PRIORITIES
17 AMONG COMMUNITY OUTREACH AND EDUCATION EFFORTS;

18 (P) INFORM FRONTLINE CLINICIANS AND LABORATORY PERSONNEL OF PROTOCOLS
19 FOR SAFE SPECIMEN COLLECTION AND TESTING, HOW AND TO WHOM A POTENTIAL
20 CASE OF NOVEL INFLUENZA SHOULD BE REPORTED, AND THE INDICATIONS AND
21 MECHANISM FOR SUBMITTING SPECIMENS TO REFERRAL LABORATORIES;

22 (Q) TEST THE INFLUENZA PANDEMIC PLAN FOR THE HEALTHCARE SECTOR (AS
23 PART OF THE OVERALL PLAN) THAT ADDRESSES SAFE AND EFFECTIVE: (I) HEALTH-
24 CARE OF PERSONS WITH INFLUENZA DURING A PANDEMIC; (II) THE LEGAL ISSUES
25 THAT CAN AFFECT STAFFING AND PATIENT CARE; (III) CONTINUITY OF SERVICES
26 FOR OTHER PATIENTS; (IV) PROTECTION OF THE HEALTHCARE WORKFORCE; AND (V)
27 MEDICAL SUPPLY CONTINGENCY PLANS;

28 (R) ENSURE ALL COMPONENTS OF THE HEALTHCARE DELIVERY NETWORK (E.G.,
29 HOSPITALS, LONG-TERM CARE, HOME CARE, EMERGENCY CARE) ARE INCLUDED IN
30 THE INFLUENZA PANDEMIC PLAN AND THAT THE SPECIAL NEEDS OF VULNERABLE AND
31 HARD-TO-REACH PATIENTS ARE ADDRESSED;

32 (S) ENSURE THAT THE PLAN PROVIDES FOR REAL-TIME SITUATIONAL AWARENESS
33 OF PATIENT VISITS, HOSPITAL BED AND INTENSIVE CARE NEEDS, MEDICAL SUPPLY
34 NEEDS, AND MEDICAL STAFFING NEEDS DURING A PANDEMIC;

35 (T) TEST THE INFLUENZA PANDEMIC PLAN FOR SURGE CAPACITY OF HEALTHCARE
36 SERVICES, WORKFORCE, AND SUPPLIES TO MEET THE NEEDS OF THE JURISDICTION
37 DURING A PANDEMIC;

38 (U) DETERMINE WHAT CONSTITUTES A MEDICAL STAFFING EMERGENCY AND EXER-
39 CISE THE INFLUENZA PANDEMIC PLAN TO OBTAIN APPROPRIATE CREDENTIALS OF
40 VOLUNTEER HEALTHCARE PERSONNEL (INCLUDING IN-STATE, OUT-OF-STATE, INTER-
41 NATIONAL, RETURNING RETIRED, AND NON-MEDICAL VOLUNTEERS) TO MEET STAFF-
42 ING NEEDS DURING A PANDEMIC;

43 (V) ENSURE HEALTHCARE FACILITIES IN THE JURISDICTION HAVE TESTED A
44 PLAN FOR ISOLATING AND COHORTING PATIENTS WITH KNOWN OR SUSPECTED INFLU-
45 ENZA, FOR TRAINING CLINICIANS, AND FOR SUPPORTING THE NEEDS FOR PERSONAL
46 PROTECTIVE EQUIPMENT;

47 (W) ENSURE THE HEALTH ALERT NETWORK IN THE JURISDICTION REACHES AT
48 LEAST EIGHTY PERCENT OF ALL PRACTICING, LICENSED, FRONTLINE HEALTHCARE
49 PERSONNEL AND LINKS VIA THE COMMUNICATION NETWORK TO OTHER PANDEMIC
50 RESPONDERS;

51 (X) CRAFT MESSAGES TO HELP EDUCATE HEALTHCARE PROVIDERS ABOUT NOVEL
52 AND PANDEMIC INFLUENZA, AND INFECTION CONTROL AND CLINICAL GUIDELINES,
53 AND THE PUBLIC ABOUT PERSONAL PREPAREDNESS METHODS;

54 (Y) DEVELOP AND TEST A PLAN (AS PART OF THE COMMUNICATION PLAN) TO
55 REGULARLY UPDATE PROVIDERS AS THE INFLUENZA PANDEMIC UNFOLDS;

1 (Z) ENSURE APPROPRIATE LOCAL HEALTH AUTHORITIES HAVE ACCESS TO EPI-X
2 AND ARE TRAINED IN ITS USE;

3 (AA) WORK WITH HEALTHCARE PARTNERS AND OTHER STAKEHOLDERS TO DEVELOP
4 STATE-BASED PLANS FOR VACCINE DISTRIBUTION, USE, AND MONITORING; AND FOR
5 COMMUNICATION OF VACCINE STATUS;

6 (BB) EXERCISE AN OPERATIONAL PLAN THAT ADDRESSES THE PROCUREMENT,
7 STORAGE, SECURITY, DISTRIBUTION, AND MONITORING ACTIONS NECESSARY
8 (INCLUDING VACCINE SAFETY) TO ENSURE ACCESS TO THIS PRODUCT DURING A
9 PANDEMIC;

10 (CC) ENSURE THE INFLUENZA PANDEMIC PLAN DELINEATES PROCEDURES FOR
11 TRACKING THE NUMBER AND PRIORITY OF VACCINE RECIPIENTS, WHERE AND BY
12 WHOM VACCINATIONS WILL BE GIVEN, A DISTRIBUTION PLAN FOR ENSURING THAT
13 VACCINE AND NECESSARY EQUIPMENT AND SUPPLIES ARE AVAILABLE AT ALL POINTS
14 OF DISTRIBUTION IN THE COMMUNITY, THE SECURITY AND LOGISTICAL SUPPORT
15 FOR THE POINTS OF DISTRIBUTION, AND THE TRAINING REQUIREMENTS FOR
16 INVOLVED PERSONNEL;

17 (DD) ADDRESS VACCINE SECURITY ISSUES, COLD CHAIN REQUIREMENTS, TRANS-
18 PORT AND STORAGE ISSUES, AND BIOHAZARDOUS WASTE ISSUES IN THE OPERA-
19 TIONAL PLAN;

20 (EE) ADDRESS THE NEEDS OF VULNERABLE AND HARD-TO-REACH POPULATIONS IN
21 THE INFLUENZA PANDEMIC PLAN;

22 (FF) DOCUMENT WITH WRITTEN AGREEMENTS THE COMMITMENTS OF PARTICIPATING
23 PERSONNEL AND ORGANIZATIONS IN THE VACCINATION OPERATIONAL PLAN;

24 (GG) INFORM CITIZENS IN ADVANCE ABOUT WHERE THEY WILL BE VACCINATED;

25 (HH) DEVELOP STATE-BASED PLANS FOR DISTRIBUTION AND USE OF ANTIVIRAL
26 DRUGS DURING A PANDEMIC VIA THE STRATEGIC NATIONAL STOCKPILE (SNS), AS
27 APPROPRIATE, TO HEALTHCARE FACILITIES THAT WILL ADMINISTER THEM TO
28 PRIORITY GROUPS AND ESTABLISH METHODS FOR MONITORING AND INVESTIGATING
29 ADVERSE EVENTS;

30 (II) TEST THE OPERATIONAL PLAN THAT ADDRESSES THE PROCUREMENT, STOR-
31 AGE, SECURITY, DISTRIBUTION, AND MONITORING ACTIONS NECESSARY TO ASSURE
32 ACCESS TO THESE TREATMENTS DURING A PANDEMIC;

33 (JJ) ENSURE THE JURISDICTION HAS A CONTINGENCY PLAN IF UNLICENSED
34 ANTIVIRAL DRUGS ADMINISTERED UNDER INVESTIGATIONAL NEW DRUG OR EMERGENCY
35 USE AUTHORIZATION PROVISIONS ARE NEEDED;

36 (KK) EXERCISE THE JURISDICTION'S INFLUENZA PANDEMIC PLAN TO INVESTI-
37 GATE AND CONTAIN POTENTIAL CASES OR LOCAL OUTBREAKS OF INFLUENZA POTEN-
38 Tially CAUSED BY A NOVEL OR PANDEMIC STRAIN;

39 (LL) EXERCISE THE JURISDICTION'S CONTAINMENT OPERATIONAL PLAN THAT
40 DELINEATES PROCEDURES FOR ISOLATION AND QUARANTINE, THE PROCEDURES AND
41 LEGAL AUTHORITIES FOR IMPLEMENTING AND ENFORCING THESE CONTAINMENT MEAS-
42 URES (SUCH AS SCHOOL CLOSURES, CANCELING PUBLIC TRANSPORTATION, AND
43 OTHER MOVEMENT RESTRICTIONS WITHIN, TO, AND FROM THE JURISDICTION) AND
44 THE METHODS THAT WILL BE USED TO SUPPORT, SERVICE, AND MONITOR THOSE
45 AFFECTED BY THESE CONTAINMENT MEASURES IN HEALTHCARE FACILITIES, OTHER
46 RESIDENTIAL FACILITIES, HOMES, COMMUNITY FACILITIES, AND OTHER SETTINGS;

47 (MM) ENSURE THE JURISDICTION HAS EXERCISED THE OPERATIONAL PLAN TO
48 IMPLEMENT VARIOUS LEVELS OF MOVEMENT RESTRICTIONS WITHIN, TO, AND FROM
49 THE JURISDICTION;

50 (NN) INFORM CITIZENS IN ADVANCE ABOUT WHAT CONTAINMENT PROCEDURES MAY
51 BE USED IN THE COMMUNITY;

52 (OO) ASSESS READINESS TO MEET COMMUNICATIONS NEEDS IN PREPARATION FOR
53 AN INFLUENZA PANDEMIC, INCLUDING REGULAR REVIEW, EXERCISE, AND UPDATE OF
54 COMMUNICATIONS PLANS;

1 (PP) PLAN AND COORDINATE EMERGENCY COMMUNICATION ACTIVITIES WITH
2 PRIVATE INDUSTRY, EDUCATION, AND NON-PROFIT PARTNERS (E.G., LOCAL RED
3 CROSS CHAPTERS);

4 (QQ) IDENTIFY AND TRAIN LEAD SUBJECT-SPECIFIC SPOKESPERSONS;

5 (RR) PROVIDE PUBLIC HEALTH COMMUNICATIONS STAFF WITH TRAINING ON RISK
6 COMMUNICATIONS FOR USE DURING AN INFLUENZA PANDEMIC;

7 (SS) DEVELOP AND MAINTAIN UP-TO-DATE COMMUNICATIONS CONTACTS OF KEY
8 STAKEHOLDERS AND EXERCISE THE PLAN TO PROVIDE REGULAR UPDATES AS THE
9 INFLUENZA PANDEMIC UNFOLDS;

10 (TT) IMPLEMENT AND MAINTAIN, AS APPROPRIATE, COMMUNITY RESOURCES, SUCH
11 AS HOTLINES AND WEBSITES, TO RESPOND TO LOCAL QUESTIONS FROM THE PUBLIC
12 AND PROFESSIONAL GROUPS;

13 (UU) ENSURE THE PROVISION OF REDUNDANT COMMUNICATION SYSTEMS/CHANNELS
14 THAT ALLOW FOR THE EXPEDITED TRANSMISSION AND RECEIPT OF INFORMATION;
15 AND

16 (VV) ASSURE THE DEVELOPMENT OF PUBLIC HEALTH MESSAGES HAS INCLUDED THE
17 EXPERTISE OF BEHAVIORAL HEALTH EXPERTS.

18 4. THE TASK FORCE SHALL MEET AT LEAST SIX TIMES A YEAR, AT THE REQUEST
19 OF THE CHAIRPERSON.

20 5. THE MEMBERS OF THE TASK FORCE SHALL RECEIVE NO COMPENSATION FOR
21 THEIR SERVICES, BUT SHALL BE ALLOWED THEIR ACTUAL AND NECESSARY EXPENSES
22 INCURRED IN THE PERFORMANCE OF THEIR DUTIES.

23 6. THE TASK FORCE SHALL REPORT TO THE GOVERNOR AND THE LEGISLATURE
24 WITH A PRELIMINARY DRAFT OF THE INFLUENZA PANDEMIC PLAN REQUIRED BY
25 SUBDIVISION TWO OF THIS SECTION ON OR BEFORE JULY FIRST, TWO THOUSAND
26 FOURTEEN AND A FINAL PLAN ON OR BEFORE DECEMBER THIRTY-FIRST, TWO THOU-
27 SAND FOURTEEN.

28 S 2. This act shall take effect on the first of January next succeed-
29 ing the date on which it shall have become a law; provided that the
30 appointments required to be made pursuant to subdivision 1 of section
31 719 of the executive law, as added by section one of this act, shall be
32 made on or before such effective date.