S T A T E O F N E W Y O R K

2882--A

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 -- recommitted to the Committee on Veterans, Homeland Security and Military Affairs in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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:

Section 1. The executive law is amended by adding a new section 719 to read as follows:

S 719. PANDEMIC PREPAREDNESS TASK FORCE. 1. THERE IS HEREBY ESTABLISHED IN THE OFFICE OF HOMELAND SECURITY A PANDEMIC PREPAREDNESS TASK FORCE TO BE COMPOSED OF EIGHTEEN MEMBERS WHO SHALL BE APPOINTED IN THE FOLLOWING MANNER: THREE SHALL BE APPOINTED BY THE TEMPORARY PRESIDENT OF THE SENATE; TWO SHALL BE APPOINTED BY THE MINORITY LEADER OF THE SENATE; THREE SHALL BE APPOINTED BY THE SPEAKER OF THE ASSEMBLY; TWO SHALL BE APPOINTED BY THE MINORITY LEADER OF THE ASSEMBLY; AND EIGHT SHALL BE APPOINTED BY THE GOVERNOR. THE GOVERNOR SHALL DESIGNATE THE CHAIRPERSON OF THE TASK FORCE. THE MEMBERS OF THE TASK FORCE SHALL BE REPRESENTATIVE OF STATE GOVERNMENT, THE PUBLIC HEALTH FIELD, HEALTH CARE SERVICES PROVIDERS, EMERGENCY RESPONSE ORGANIZATIONS AND AGRICULTURE. SUCH APPOINTING OFFICIALS SHALL EITHER REPLACE OR REAPPOINT THE MEMBERS OF SUCH COMMITTEE FOR THREE YEAR TERMS, ACCORDING TO THE FOLLOWING SCHEDULE:

(A) EFFECTIVE JANUARY FIRST, TWO THOUSAND SIXTEEN: ANY THREE ORIGINAL APPOINTEES OF THE GOVERNOR, ONE ORIGINAL APPOINTEE OF THE TEMPORARY PRESIDENT OF THE SENATE, ONE ORIGINAL APPOINTEE OF THE SPEAKER OF THE ASSEMBLY AND ONE ORIGINAL APPOINTEE OF THE MINORITY LEADER OF THE SENATE;

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

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(B) EFFECTIVE JANUARY FIRST, TWO THOUSAND SEVENTEEN: ANY THREE OF THE REMAINING ORIGINAL APPOINTEES OF THE GOVERNOR, ONE OF THE REMAINING ORIGINAL APPOINTEES OF THE TEMPORARY PRESIDENT OF THE SENATE, ONE OF THE REMAINING ORIGINAL APPOINTEES OF THE SPEAKER OF THE ASSEMBLY AND ONE ORIGINAL APPOINTEE OF THE MINORITY LEADER OF THE ASSEMBLY;

(C) EFFECTIVE JANUARY FIRST, TWO THOUSAND EIGHTEEN: THE TWO REMAINING ORIGINAL APPOINTEES OF THE GOVERNOR, THE REMAINING ORIGINAL APPOINTEE OF THE TEMPORARY PRESIDENT OF THE SENATE, THE REMAINING ORIGINAL APPOINTEE OF THE SPEAKER OF THE ASSEMBLY, THE REMAINING ORIGINAL APPOINTEE OF THE MINORITY LEADER OF THE SENATE AND THE REMAINING ORIGINAL APPOINTEE OF THE MINORITY LEADER OF THE ASSEMBLY;

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

(E) VACANCIES SHALL BE FILLED BY APPOINTMENT IN LIKE MANNER FOR UNEXPIRED TERMS.

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

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

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

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

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

(A) DELINEATE ACCOUNTABILITY AND RESPONSIBILITY, CAPABILITIES, AND RESOURCES FOR AGENCIES ENGAGED IN PLANNING AND EXECUTING SPECIFIC COMPONENTS OF THE INFLUENZA PANDEMIC PLAN TO ASSURE THAT THE PLAN INCLUDES TIMELINES, DELIVERABLES, AND PERFORMANCE MEASURES;

(B) CLARIFY WHICH ACTIVITIES WILL BE PERFORMED AT A STATE, LOCAL, OR COORDINATED LEVEL, AND INDICATE WHAT ROLE THE STATE WILL HAVE IN PROVIDING GUIDANCE AND ASSISTANCE;

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

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

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

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

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

(H) MAKE CLEAR TO ALL AGENCIES THE PROCESS FOR REQUESTING, COORDINATING, AND APPROVING REQUESTS FOR RESOURCES TO STATE AND FEDERAL AGENCIES;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(DD) ADDRESS VACCINE SECURITY ISSUES, COLD CHAIN REQUIREMENTS, TRANSPORT AND STORAGE ISSUES, AND BIOHAZARDOUS WASTE ISSUES IN THE OPERATIONAL PLAN;

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

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

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

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

(II) TEST THE OPERATIONAL PLAN THAT ADDRESSES THE PROCUREMENT, STORAGE, SECURITY, DISTRIBUTION, AND MONITORING ACTIONS NECESSARY TO ASSURE ACCESS TO THESE TREATMENTS DURING A PANDEMIC;

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

(KK) EXERCISE THE JURISDICTION'S INFLUENZA PANDEMIC PLAN TO INVESTIGATE AND CONTAIN POTENTIAL CASES OR LOCAL OUTBREAKS OF INFLUENZA POTENTIALLY CAUSED BY A NOVEL OR PANDEMIC STRAIN;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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