



U.S. Senate Special Committee on Aging  
Disaster Planning for Older Americans  
September 22, 2017

STATEMENT FOR THE RECORD  
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LeadingAge appreciates this opportunity to comment on the need to improve planning, preparation and protection for vulnerable populations threatened by disasters such as the recent hurricanes in Texas and Florida. We commend the Committee's efforts to ensure the safety of America's older adults in emergency situations.

The mission of LeadingAge is to be the trusted voice for aging. Our 6,000+ members and partners include not-for-profit organizations representing the entire field of aging services, 38 state associations, hundreds of businesses, consumer groups, foundations and research centers. LeadingAge is also a part of the Global Ageing Network, whose membership spans 30 countries. LeadingAge is a tax-exempt charitable organization focused on education, advocacy and applied research.

Vulnerable older adults must be protected in the event of disaster. This effort must involve collaboration between public and private agencies. Not only must older adults be kept safe during events like a severe storm or other natural disaster, but they often need assistance in the aftermath with services like food, fresh water, and electricity to power essential medical equipment.

We support a three-pronged approach to emergency preparedness on behalf of older adults:

- A federal regulation that will be effective November 15 will require certain providers of health care and long-term services and supports to have plans for foreseeable natural and man-made disasters.
- Senators Bob Casey and Bill Nelson have introduced the Protecting Seniors During Disasters Act, which will establish a National Advisory Committee on preparing seniors for an emergency.
- Federal, state, tribal, regional and local emergency preparedness authorities must recognize the special needs of older adults and put this population and the organizations that serve them on priority lists for restoration of essential services.

Emergency preparedness final rule

On September 8, 2016 the Centers for Medicare and Medicaid Services (CMS) posted a final rule, *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The rule becomes effective on November 15, 2017.

The rule applies to all health care providers that participate in Medicare and Medicaid, including hospitals, nursing homes, hospice and home care agencies. Having an emergency preparedness plan in place will be a requirement or condition of participation in Medicare and Medicaid for all providers. The inspection or “survey” that nursing homes undergo annually will include a review of the nursing home’s emergency preparedness plan.

To implement the new requirement, providers are to take an “all hazards” approach, assessing the organization’s vulnerability to natural and man-made disasters. The kinds of disasters for which providers must plan include emergencies related to patient care; loss of water or other utilities; loss of part of the facility, equipment failures, communication breakdowns, unavailability of food and medication shipments, and similar emergencies. Emergency preparedness plans must take into account the special needs of the populations the provider serves, such as limited mobility, dependence on medical equipment, etc.

Providers must develop policies and procedures to protect residents and patients in the event of potential disasters, train their staff in these procedures, and regularly test the adequacy of the procedures. Staff training must include exercises conducted among senior staff in an organization and full-organization drills involving the entire staff. CMS [guidance](#) issued on the final rule includes consideration of evacuation plans and back-up evacuation plans in the event that the planned destination becomes inaccessible or is unable to accept more patients.

The guidance notes that mobility can be an issue for many at-risk populations, including older adults and persons with disabilities. Emergency preparedness plans must ensure that transportation is available and that staff responsible for transporting older persons know the procedures to be followed. Alternative facilities that could be destinations for evacuated patients and residents will have to be identified, along with the financial resources that will be necessary to carry out the plan.

Issues of potential leadership succession must be addressed in emergency plans, ensuring that personnel are available to fill critical decision-making roles. Plans also must include protection of vital records and health information technology.

An important aspect of the emergency preparedness rule requires coordination and collaboration with public authorities in charge of emergency response. To comply with the new rule, providers will be required to document the ways in which they have collaborated with these public authorities in the development of their emergency preparedness plans.

Since the final rule was issued last year, LeadingAge and its state partners have published and disseminated information for our member nursing homes, home care and hospice providers on developing and implementing the required emergency preparedness plans. We also have conducted numerous education sessions for our members, both in person and electronically.

We will continue doing everything possible to ensure our members' successful compliance with the new requirement. And we urge the Special Committee to take the new rule into account in considering what action is needed to make sure that older adults are protected in the event of disasters.

### Protecting Seniors During Disasters Act

LeadingAge commends Senators Casey and Nelson for their introduction of this legislation, which will establish a National Advisory Committee on Seniors and Disasters. This kind of committee could encourage better coordination and collaboration among the various public and private entities responsible for proactive steps to ensure older adults' safety.

We are pleased to see that a wide range of federal officials and agencies is to be represented on the Advisory Committee. We would recommend, in addition, that a representative from the Department of Housing and Urban Development (HUD) be added to the commission.

Residents of public senior housing communities are especially vulnerable to damage to their homes and interruptions in their supply of food, water, and essential medications as a result of natural disasters. All too often following a disaster, we see that older adults with high needs living independently in their communities are not given priority by public authorities for emergency supplies of food, water and essential services.

As an example of the kind of services needed by older adults living in the community, in mid-September LeadingAge and our member National Church Residences established the Hurricane Services for Seniors hotline. National Church Residences serves as a clearinghouse, matching needs for housing and services with older adults affected throughout Texas, Florida, and Puerto Rico. The hotline shares resources and connects callers with available housing. Service coordinators help guide the older adults through the steps of filing for federal and state assistance. The hotline is an example of a service that could be expanded through collaboration with the Administration on Community Living at HHS and HUD using a network of specially-trained HUD-housing service coordinators.

While their needs may be addressed to some extent by home health care agencies or other health care providers under the final rule discussed above, we are concerned that these older adults could fall through the cracks of public and private emergency preparedness plans. It is not just their medical and health care needs that must be addressed; restoring access to food and water is of critical importance. We therefore urge that an official responsible for senior housing programs within HUD be added to the advisory committee.

### Older adults must be given priority status in public preparedness planning

As discussed above, the final rule on emergency preparedness requires health care providers to document their efforts to work with public emergency and disaster preparedness authorities on plans to ensure older adults' safety.

As our member organizations have worked on developing their plans, unfortunately they do not always have the cooperation of public authorities in their regions. In some areas, authorities apparently believe it is sufficient to give priority to the local hospital for restoring water and other utilities but not long-term care and senior housing.

A broader view of priorities will be essential if the needs of older persons in emergencies are to be met. We urge the committee to use its influence with state and local authorities to make them aware of the importance of including all providers of services to older adults in their plans for responding to emergencies and disasters.

LeadingAge commends the Committee for its attention to this critical issue and we look forward to working with you to ensure the safety of older persons during and after disaster strikes.