



Nursing homes merit higher priority
By Tim Graves and Greg Lentz

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As the Houston area approaches the heart of hurricane season, there are several lessons learned from our trying experiences with Rita and Ike. There remains room for improvement in terms of how we will improve access to buses and emergency vehicles to ensure residents reach safety as quickly as possible.

Beyond transportation concerns, we had extreme difficulty during Hurricane Ike ensuring that electrical power was restored to facilities throughout the area. No doubt it was an enormous undertaking to restore power to the three million individuals in the area. But it is essential to view nursing homes as a priority in the same manner hospitals are viewed as a priority. Our facilities provide complex care services as well as around-the-clock care. Unfortunately, however, nursing homes have typically been viewed as residential — in other words, not a paramount priority when it comes to restoring power.

Historically, nursing homes have been expected to take care of themselves when it comes to weather emergencies.

Nursing facilities generally evacuate 72 hours before a disaster strikes. Both buses and ambulances are necessary to transport patients beyond the storm's reach. Other expenses incurred by evacuating facilities include lodging for additional staff and their families, overtime and emergency supplies. Likewise, facilities sheltering in place have additional expenses such as generators, fuel, ice, water, additional food for staff and their families and day care for staffers' families. Costs simply to evacuate a single nursing home can run from \$75,000 to \$100,000.

When sheltering in place, the generators necessary to fully power a nursing home cost approximately \$70,000 each, and burn 10 gallons of diesel fuel per hour to run air conditioning. Therefore, as a result, both for-profit and nonprofit long-term care facilities urgently required immediate help with transportation and other disaster-related expenses. Yet, under the Stafford Act, for-profit long-term care facilities are not authorized to access federal assistance. Under current law, inexplicably, for-profit long-term care providers are precluded from accessing this funding. In Texas, only 14 percent of all nursing facilities are not for-profit. In short, current federal policy is ill conceived and merits immediate reform.

In addition to the fact Texas facilities are now being forced to absorb more than \$1 billion in federal Medicare cuts over 10 years, state leaders in Austin are considering \$25.6 million cuts to Medicaid-funded nursing home care.