

Prepared Statement of Joseph A. Donchess  
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Louisiana Nursing Home Association (LNHA) has a membership of approximately 80% of the nursing homes in Louisiana, 250 of 310. LNHA is one of two professional associations that has a desk at the Emergency Operations Center in Baton Rouge, Louisiana. LNHA has been an emergency operations participant since after Hurricane Andrew struck in 1992.

On Saturday, August 27, 2005 at 6:30 a.m. LNHA began maintaining its desk on a 24-hour basis. We maintained that status for nearly three weeks, and then came Hurricane Rita and we did it again.

For Hurricane Katrina, twenty-one nursing homes evacuated before the storm and thirty-six nursing homes evacuated after the storm. Approximately 5500 patients were evacuated from nursing homes pre- and post-storm. LNHA posted 5,344 names of nursing home patients on our website. A special webpage was created to list patients' names and their host facilities. This allowed family members to locate their loved ones and contact them. LNHA staff successfully located the list of out-of-state evacuees from the Global Patient Movement Resource Center. That list had more than 4,000 names on it. LNHA staff were personally responsible for locating literally hundreds of displaced elderly who were flown out of state after Hurricane Katrina.

There are still 21 nursing homes in Orleans, Jefferson, St. Bernard and Plaquemines Parishes that are closed. Many others are operating fewer beds because of their inability to find health care employees to staff all beds.

Katrina was an unusual, remarkable storm. On Friday, August 26<sup>th</sup>, 2005, the storm's projected path had it moving toward the panhandle of Florida. It was not until late Friday night that a projected path change was announced that the hurricane was coming to Louisiana.

By Saturday morning health care facilities had less than 48 hours' notice of the impending danger. This short period of time to react is rare. Health care facilities typically have at least 72 hours notice of an oncoming storm. Was this a reason that not more facilities evacuated by Sunday?

Yes, I think so. Also, many people remembered the transportation nightmare of Hurricane Ivan the year before. The transportation of elderly, fragile patients on buses for nine to twelve hours to traverse the eighty miles to Baton Rouge is an ordeal no one wishes to repeat.

#### Issues Immediately following Katrina

1. For the first two days, there was an inability to communicate with decision-makers. Our E-Team requests were not acknowledged for many hours.

LNHA staff set up our own rescue missions. Colonial Oaks Nursing Home, which was told on Sunday that its bus transportation contractor released its drivers to evacuate, had no power after the storm and flood waters were threatening to encompass it. LNHA contacted State Senator Cleo Fields who volunteered leadership buses to help with the evacuation of patients at Colonial

Oaks. Late Monday and early Tuesday, patients were loaded on the buses and transported to safety.

St. Margaret's Nursing Home evacuated on Sunday before the storm hit to Varnado High School, a town which was nearer to where the eye of the hurricane passed. The area lost power and communication. We were fortunate to get intermittent contact with them through the Washington Parish Sheriff's Office. With the help of State Senator Sherri Cheek in Shreveport, we located private bus companies which sent buses to Varnado late Tuesday night and transported the patients to host nursing homes in North Louisiana.

Bethany Nursing Home in New Orleans was surrounded by flood waters, but the patients were safely housed on the 2<sup>nd</sup> floor. On Tuesday, LNHA arranged for two buses to be positioned a few blocks away on high ground. Two high water vehicles had been requested to drive through the flood waters and extract the patients. As the buses were in place waiting, the two high water vehicles were diverted from our mission (by the National Guard we were told). Shortly thereafter the two buses were commandeered by FEMA (we were told). The surviving patients at Bethany did not get out until Friday – three days later.

Gunfire by marauding criminals made rescue missions dangerous and some attempts to rescue elderly in nursing homes were aborted because of the gunfire. Such was the case with Maison Hospitaliere.

2. Lack of communications with certain parishes was a critical issue. Washington, St. Tammany, St. Bernard, Plaquemines, Orleans and to some extent Jefferson are parishes that had very little communication capabilities. Cell towers were down. Land lines were not operating. Ham radios were the only reliable sources of communication.

Nursing homes and hospitals were not a priority during the rescue process. For the first two days, LNHA was on its own to improvise and find ways to rescue the elderly in nursing homes. We helped members and non members alike.

At first, LNHA could submit E-Team missions. By the 4<sup>th</sup> day our E-Team missions were denied because we were not a governmental agency. Our hands became tied.

Now, months later, our manpower is scattered to winds; many are out of state and some may never return. Others have been hired by FEMA or clean-up crews or other businesses at higher wages. Today, nursing homes statewide could hire 4,200 people including 2,300 certified nursing assistants. Our Medicaid payment is not adequate. Our Medicaid Agency, DHH, refuses to pay nursing facilities in accordance with its State Plan. Facilities are underpaid approximately \$3 per patient day. And cuts by DHH of 10% will further hurt nursing homes' abilities to provide adequate care. This cut will take effect in a few days. Overtime and transportation costs incurred from the storm have not been reimbursed by FEMA for private, for-profit facilities. LNHA is currently working with Louisiana's congressional delegation to change the Stafford Act to allow payment for Medicare and Medicaid patients in nursing homes who were affected by disasters.

## Solutions

Passage of the Reconciliation Bill by the House of Representatives in the next few days is a helpful start to getting health care in the Gulf Coast Region back on its feet. It provides for 100% Federal funding of Medicaid for most of this fiscal year. Nursing facilities need staff flexibility. The use of uncertified aides for one year should be allowed until people can be attracted to South Louisiana to work in this area. We need an expansion of visas for more foreign nurses – registered nurses and licensed practical nurses. While Congress can and should get tough on illegal immigration, it should recognize the needs of health care providers in Louisiana and elsewhere and expand visas for trained individuals who can offer a valuable, needed service to the many fragile elderly living in nursing facilities.

LNHA has proposed state legislation that would empower and direct the State Office of Homeland Security and Emergency Preparedness to order the evacuation for health care providers and provide the wherewithal for providers to do it. State of Texas learned from our experiences and reacted quickly to an oncoming Hurricane Rita. And Louisiana reacted in a timely fashion for Hurricane Rita. Nursing home patients were moved to host sites, including many uncomfortable gymnasiums because all nursing homes were filled with Katrina evacuees.

The State Agency, under our proposal, would provide the means of transportation, the host sites and the manpower to effectuate a timely and safe evacuation. If a facility fails to comply with a timely called and arranged evacuation order, it would be subject to regulatory sanction. Facilities would be given immunity from lawsuits for acting responsibly in accordance with the evacuation order. And costs incurred by a facility would be reimbursed in a timely fashion by the State Medicaid Agency.

Small special operations teams should be given assignments in the next disaster. Let their team leaders requisition equipment and supplies to effectuate a mission. This would cut out most of the bureaucratic process of coordinating a mission with three or four different agencies. One breakdown in any one of the agencies sets back the whole mission.

Finally, the vast majority of our nursing facilities weathered Hurricane Katrina. At 10 a.m. on Monday, August 29<sup>th</sup>, after the storm passed, patients were safely sheltered. Shortly, thereafter, the breaks in the levee system created an unprecedented disaster with eighty percent of the city of New Orleans inundated with flood waters. The floods and an unexpected lawless segment of those trapped created an untenable situation. Disaster plans became meaningless at that point in time.

In closing, let me say our population is a fragile one and their safety must be a priority. Thank you for this opportunity to comment.

Yours truly,

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