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IV. THE ROLE OF HOME HEALTH AND HOPICE IN EMERGENCY, DISASTER, AND EVACUATION PLANNING

The terrorist attacks on New York City and Washington, DC, on September 11, 2001, the hurricanes that struck the Gulf States in 2005, along with preparations for an impending influenza pandemic have dramatically underscored the vital role of all aspects of the health care delivery system, including home care, in addressing emergency situations.

On November 25, 2002, President Bush signed into law the "Homeland Security Act of 2002" (Public Law 107-296). The Department of Homeland Security's primary mission is to help prevent, protect against, and respond to acts of terrorism within our nation's communities. Title V of the law -- Emergency Preparedness and Response, directs the Secretary of Homeland Security (Secretary) to carry out and fund public health-related activities to establish preparedness and response programs. The Secretary is directed to assist state and local government personnel, agencies, or authorities, non-federal public and private health care facilities and providers, and public and non-profit health and educational facilities, to plan, prepare for, prevent, identify, and respond to biological, chemical, radiological, nuclear event and public health emergencies.

Since the enactment of the "Homeland Security Act of 2002, tens of billions of dollars have been provided for first responders, including terrorism prevention and preparedness, general law enforcement, firefighter assistance, airport security, seaport security and public health preparedness. After many proactive initiatives on the part of home care providers, home care and hospice are just beginning to be included in emergency planning on both the national and local level. Unfortunately, plans for home care and hospice providers during an emergency are often based on misconceptions of the role they should play.

The institutional bias towards health care planning and delivery in our nation, both in emergencies and non-emergencies, has left home care poorly defined for many. This has been evident by some State and local emergency plans that expect home care providers to fill-in resource gaps such as augmenting hospital staffs or provide transportation for patients and non-patients to community shelters.

Home care and hospice agencies can be a fundamental foundation that can support the traditional hospital health care system during a time of disaster. However, they should be able to function utilizing their inherent strengths and existing care delivery structure.

Home care and hospice agencies already perform activities necessary for effective emergency planning, such as, assisting hospitals when at surge capacity; providing community wide vaccination, participate in community out reach programs to disseminate public health information, and educating patients on disease management. In addition, their ability to deliver health services to individuals in non-structured environments without additional training makes them ideal as key responders in times of crisis. For example,

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