

When the Power Fails: Helping Life-Support Equipment Users

People who use electricity-dependent durable medical equipment (DME) at home—such as ventilators and oxygen concentrators—can face life-threatening consequences during a power outage. HHS reports that 2.7 million Medicare beneficiaries rely on electricity-dependent DME to live independently. Public health officials, emergency managers, and policy makers have long sought to address this complex and resource-heavy challenge. Recognizing the unique needs of people living with disabilities, federal and state officials have recently launched major efforts to increase support for this population, often relying on the [HHS emPOWER program](#) and registries.

This ASTHO Brief will detail the significant challenges that individuals who rely on electricity-dependent DME face during power outages and provide public health officials and policy makers with an overview of the role the HHS emPOWER program and registries have played in the creation of successful and sustainable programs.

Related: [Leveraging the HHS emPOWER Program to Enhance Power Outage Planning](#)

Supporting People Who Rely Electricity-Dependent DME During Power Outages

Public health officials developing or strengthening programs to support individuals who use electricity-dependent DME during a power outage should consider:

- Engaging the community to ensure that efforts are guided by people living with disabilities and their advocates.
- Using HHS emPOWER data to determine the number of Medicare beneficiaries in a jurisdiction who use DME in their home and might need assistance during a power outage.
- Documenting current programs intended to meet the needs of this population and assess opportunities to expand existing programs to provide more effective support.
- Identifying available resources, including funding and personnel, to support a new or expanded initiative.
- Tailoring the scope of new or expanded initiatives to sustainable resources to ensure continued success of the program.

Matching Efforts to Available Resources

The following guidance is provided to help jurisdictions assess their options when launching or expanding initiatives that provide effective support during power outages for people who use electricity-dependent DME in their homes.

Take a Resource-Limited Approach

Jurisdictions with limited resources can still do important work to enhance protection for individuals who use electricity-dependent DME:

- Leverage [HHS emPOWER data](#) to determine the number of Medicare beneficiaries who rely on electricity-dependent DME in their home, including the types of devices used. Share this data—de-identified to protect the privacy of beneficiaries—with key stakeholders (e.g., hospitals, EMS providers, shelter operators) to help them better prepare for a potential influx of DME users during a power outage.
- Use existing staff to launch or advance existing programs while partnering with disability advocacy and support agencies. A related ASTHO *Brief* on emPOWER offers examples of programs from across the country. Staff can encourage developing or enhancing individual disaster response plans and provide [resources and information](#).

Implementing an Active Engagement Strategy

Several jurisdictions have launched initiatives to identify individuals who use electricity powered DME to provide direct assistance (e.g., evacuation support and wellness checks) during power outages. This level of engagement requires significant personnel and financial resources and often involves the use of [emPOWER's Emergency Response Outreach Dataset](#). Unlike data in [emPOWER's Emergency Planning Dataset](#), the Outreach Data Set includes the name, address and type of medical device used by a Medicare beneficiary and can only be given to authorized public health officials for life saving outreach.

Some jurisdictions use voluntary registries to enroll individuals who need added support. Such registries are not without controversy; many advocates for people living with disabilities question their safety and efficacy, and the false sense of security people may get about government help during a power outage. As a result, they may neglect to develop and implement their own safety plan to evacuate or seek a source of backup power during an outage. In scenarios where expected support doesn't materialize, the lack of individual preparedness could have deadly consequences.

Despite the serious challenges involved in establishing and maintaining registries, many jurisdictions and their government agencies across the country are using this approach, including the [New Jersey Office of Emergency Management](#), the North Dakota Department of Emergency Services, the [Rhode Island Department of Health](#), the State of Utah, and the [New Orleans Health Department](#).

Conclusion

Many public health officials and policy makers work to provide support for individuals who depend on life-sustaining medical devices in their homes during power outages. Two valuable resources to support these efforts include the HHS emPOWER program and registries. Regardless of approach, health departments should review existing materials and consult with others across the country who have sought to address this issue.

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