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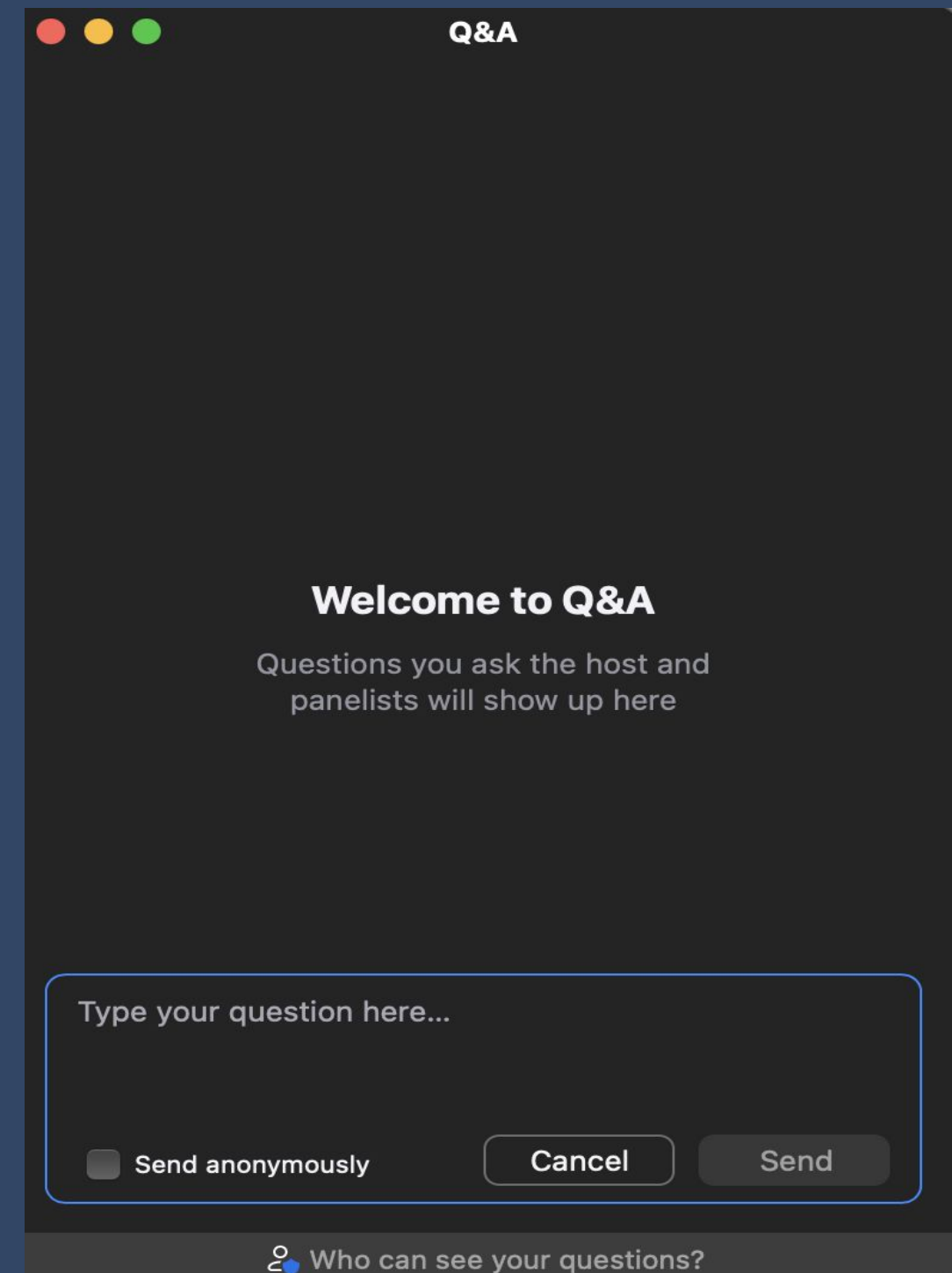
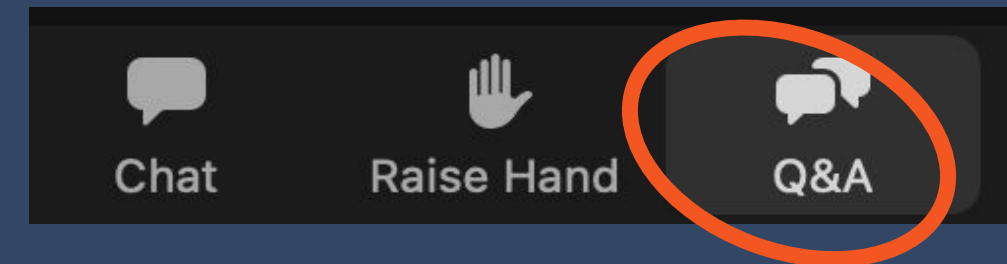
Addressing Disaster-Driven Needs to Enhance Health Outcomes

January 29, 2026

2 PM - 3 PM ET

Housekeeping

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Our Guest Speaker



Amelia Hoppe

Executive Director
Emergency Legal Responders

Speaker

I'm Amelia Hoppe, a disaster lawyer and field operator based in New Orleans. I co-founded Emergency Legal Responders (ELR), a nonprofit focused on disaster rights and the system failures that make recovery unequal.

We help disaster-affected communities prevent and resolve civil legal and administrative barriers that block aid, housing stability, benefits, and care access.

What You Will Leave With

You will leave with:

- A working definition of what a disaster timeline is
- A spotting list for disaster-driven legal barriers
- Five activation decisions to define before the next surge
- A minimum-necessary referral handoff rule

Keep in mind: Where did your clinic improvise last time?

Questions To Keep In Mind

- What disaster conditions has your health center actually operated through?
- What disaster-driven needs showed up at your front door first?
- Where did care slow down because systems and paperwork did not match reality?
- What can you put in place now: triggers, routing, partners, and backup paths?

What Are Disaster-Driven Needs?

Disaster-driven needs are **time-sensitive problems created or intensified by an emergency**

They:

- Disrupt care access, stability, or recovery
- Escalate when systems cannot operate normally
- Can be mitigated or even prevented when routed fast

In this session, we focus on the subset that becomes addressable through health center workflows, including legal and administrative barriers.

What Counts as a Disaster Here?

In this session, a disaster is any event that **disrupts normal systems** and creates **time-sensitive barriers** to care.

Includes:

- Declared disasters
- Evacuation or displacement
- Extended outages
- Loss of housing, income, benefits, or records
- Eligibility rules that keep running during disruption

Overall: If your normal systems are offline and the clock is running, that's a disaster for this conversation

How Disaster-Driven Needs Differ From Routine Needs

Higher time sensitivity and shorter deadlines

- Eligibility windows, recertifications, appeal clocks, and documentation cutoffs

Higher volume and concurrent problems per patient

- One person can have housing disruption, coverage disruption, medication disruption, and lost documents at once

Greater system disruption and documentation gaps

- Offices closed, records inaccessible, mail disrupted, phones down, internet unstable

Referral speed becomes a determinant of harm

- Fast routing prevents escalation

Why Health Centers Encounter These Needs Early

Health centers stay open when other systems close.

Patients present during

- Displacement and evacuation
- Service interruption
- Administrative shutdowns elsewhere

Health centers become coordination points by default.

How This Sounds in Real Encounters

- “I evacuated with my kids and now I’m being told I can’t make medical decisions for them.”
- “I can’t go back to my place, and staying where I am is making my health worse.”
- “I lost my job after the disaster and now my insurance stopped.”
- “The pharmacy says I can’t refill because everything is tied to my old address.”
- “I got a denial and I do not understand what I have to do next.”

When Care Infrastructure Breaks

Often the first failure is administrative:

- Coverage does not travel with the patient
- Vendor networks do not follow evacuation routes
- Records and authorizations become inaccessible
- Deadlines keep running anyway

Disaster-driven needs are not abstract.

They show up as care failures.

Medication Access and Pharmacy Rules During Disasters

Barriers:

- Early refill limits even when meds are destroyed or spoiled.
- Prior authorization and verification requirements continue during outages
- Controlled medication rules restrict emergency dispensing
- Pharmacy closures and transfer delay
- Address and ID requirements block pickup while displaced

Care Continuity for High-Dependency Patients

Barriers:

- Coverage and network restrictions tied to location
- No receiving provider or vendor identified in advance
- Records and authorizations not transferable
- Vendor contracts limit cross-jurisdiction delivery
- Intake backlogs or capacity refusals

Coverage Disruption: Eligibility and Enrollment Traps

Barriers:

- Coverage tied to address, county, or plan network
- Renewal and recertification deadlines keep running
- Notices missed due to mail and portal access issues
- Special enrollment rules applied inconsistently
- Lost proof of income, residency, or identity blocks re-enrollment

Harm When Oversight Collapses

Barriers:

- Residents cannot access mail, notices, or accounts
- POA or guardianship authority is unclear in practice
- Staffing turnover and emergency hiring increases
- Benefits and disaster aid rely on self-attestation
- Families have limited ability to monitor or intervene

Disaster Screening Cues

Listen for:

- A deadline that cannot be met under current conditions
- A denial letter the patient cannot interpret or access
- Displacement or address mismatch
- Lost ID, proof of residence, benefit card, or records
- Family authority confusion after relocation or death

“Spotting Disaster Legal Issues Before They Grow: A Quick-Reference Field Guide.” Emergency Legal Responders.

High-Frequency Legal Barriers During Disasters

Common categories:

- Housing and displacement
- Income, benefits, insurance
- Medication and care continuity
- Family authority
- Documentation and identity
- Disaster assistance eligibility
- Jurisdiction mismatch after evacuation

If you can predict the category, you can pre-plan the route.

When These Needs Surface

Immediate (0–14 days)

ID and records loss. Medication refills blocked by address, network, or prescriber. Emergency authority and consent issues. Short eligibility windows.

Short-term (2–8 weeks)

Disaster assistance applications and denials. Housing disputes and displacement conflicts. Coverage disruptions. Wage loss and employer issues.

Mid-term (2–6 months)

Appeals accumulate. Insurance claims stall. Documentation burdens increase. Fraud and identity issues emerge.

Long-term (6–18+ months)

Foreclosure and eviction fallout. Recoupments and overpayment notices. Disability and long-term benefit disputes. Probate and succession.

What Must Be Defined in Advance

Before disaster:

- What triggers disaster routing
- Who initiates, tracks, and closes cases
- What capacity exists during surge
- How routing works when partners are unavailable
- What information is sufficient to act

Partnerships That Hold Under Surge

Define in advance:

- Primary legal partner plus one backup
- Routing when partners are at capacity
- Standard handoff bundle
- Two-way escalation path for high-risk cases
- Communication channels that work during outages

Minimum Viable Activation Plan

If you do nothing else, define:

- Your disaster trigger and who declares it internally
- Your top 5 routable issue types
- Your surge routing pathway when partners are down
- Your minimum handoff bundle (facts, deadline, next actor)
- Your escalation rule for high-risk cases

Information Sharing Under Pressure

Referrals fail when information is:

- Incomplete
- Excessive
- Delayed

During disaster, a handoff should include:

- The deadline
- The barrier
- The minimum facts to act
- Who is acting next, and by when

What This Changes for Outcomes

Disaster medical-legal triage supports health outcomes by controlling:

- **Timing**
- **Routing**
- **Scope**

Result: fewer preventable escalations and faster stabilization of care access.

THANK YOU

Amelia Hoppe

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Any Questions?

Please use the Q&A function to pose questions.

Next Session

Sign Up Here



Addressing Environmental Health Issues that Impact Health Outcomes – February 18, 2026 at 2pm ET

This webinar will demonstrate how environmental information can drive healthier, safer, and more resilient communities. Participants will explore practical sources and methods to identify environmental factors affecting health, enhance local capacity for prevention and response, and employ actionable strategies that align with national efforts to advance data-driven decision-making and community health readiness.

Our Guest Speaker:

– **Patrick Murphy**, President, Sierra Club.

THANK YOU

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https://publichealthgwu.quintrics.com/jfe/form/SV_d6FUG9EEbACCY6

**Scan the QR code or click on the link in the chat.*

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