

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
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FACT SHEET

FOR IMMEDIATE RELEASE
December 20, 2013

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Emergency Preparedness Standards for Medicare and Medicaid Participating Providers and Suppliers

Overview

The Centers for Medicare and Medicaid Services (CMS) issued a proposed rule to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and man-made disasters.

Background

Over the past several years, the United States has been challenged by several natural and man-made disasters and readiness for public health emergencies has been put on the national agenda. This notice of proposed rulemaking would establish national emergency preparedness requirements to ensure that health care facilities adequately plan for disasters and coordinate with Federal, state, tribal, regional, and local emergency preparedness systems to make sure that providers and suppliers are adequately prepared to meet the needs of patients during disasters and emergency situations.

Proposed Requirements

Upon review of the current Medicare emergency preparedness requirements for both providers and suppliers, CMS found that regulatory requirements were not comprehensive enough to address the complexities of emergency preparedness. For example, the requirements did not address the need for: (1) communication to coordinate with other systems of care within cities or states; (2) contingency planning; and (3) training of personnel.

In consultation with experts in emergency response and health care facilities, CMS has identified four specific areas that are central to an effective system. The proposed rule would require participating providers and suppliers to meet these four standards:

1. Emergency plan--Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities.
2. Policies and procedures—Develop and implement policies and procedures based on the plan and risk assessment.
3. Communication plan—Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.
4. Training and testing program—Develop and maintain training and testing programs, including initial and annual trainings, conducting drills and exercises or participate in an actual incident that tests the plan.

We believe that these standards are reflective of best practices already known to hospitals and other health care providers. Adoption of these standards will establish those best practices for all patients seeing care from Medicare and Medicaid-participating providers.

The proposed requirements are adjusted to reflect the characteristics of each type of provider and supplier. For example:

- Outpatient providers and suppliers will not be required to have policies and procedures for provision of subsistence needs
- Each Organ Procurement Organization (OPO) must have an agreement with another OPO to provide procurement services in the event that the OPO cannot provide such services due to an emergency
- Hospitals, Critical Access Hospitals and Long Term Care facilities will be required to implement emergency and standby power systems based on their emergency plan

We are seeking comment on whether additional modifications are required for each type of provider.

The proposed rule [CMS-3178-P] can be viewed at:

[http://www.ofr.gov/\(X\(1\)S\(vp32o25ckyhpvsfpz3owe4\)\)/OFRUpload/OFRData/2013-30724_PI.pdf](http://www.ofr.gov/(X(1)S(vp32o25ckyhpvsfpz3owe4))/OFRUpload/OFRData/2013-30724_PI.pdf)

This link will change once the final rule is published in the *Federal Register* on December 27, 2013.

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