November 19, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-3346-P
Baltimore, Maryland 21244

Re: Proposed Revisions to In-Patient Emergency Preparedness Regulations; CMS-3346-P; Proposed Changes to 42 C.F.R. § 483.73

Dear Administrator Verma:

LeadingAge appreciates the opportunity to provide comments on the proposed changes to the emergency preparedness regulations for in-patient settings set out in CMS-3346-P.

The mission of LeadingAge is to be the trusted voice for aging. The members of LeadingAge and partners impact the lives of millions of individuals, families, employees and volunteers every day. Our over 6,000 members and partners include non-profit organizations representing the entire field of aging services, 38 state associations, hundreds of businesses, consumer groups, foundations and research centers. LeadingAge is a 501 (c)(3) tax-exempt charitable organization focused on education, advocacy and applied research.

Our comments will focus on the following sections of the proposed rule:

1. Annual Review of Emergency Preparedness Program (§§ 403.748, 416.54, 418.113, 441.184, 460.84, 482.15, 483.73, 483.475, 484.102, 485.68, 485.625, 485.727, 485.920, 486.360, 491.12, and 494.62 (a), (b), (c), and (d)).

2. Documentation of Cooperation Efforts (§§ 403.748(a)(4), 416.54(a)(4), 418.113(a)(4), 441.184(a)(4), 460.84(a)(4), 482.15(a)(4), 483.73(a)(4), 483.475(a)(4), 484.102(a)(4), 485.68(a)(4), 485.625(a)(4), 485.920(a)(4), 486.360(a)(4), 491.12(a)(4), and 494.62(a)(4)).

3. Annual Emergency Preparedness Training Program (§§ 403.748(d)(1)(ii), 416.54(d)(1)(ii), 418.113(d)(1)(ii), 441.184(d)(1)(ii), 460.84(d)(1)(ii), 482.15(d)(1)(ii), 483.73(d)(1)(ii), 483.475(d)(1)(ii), 484.102(d)(1)(ii), 485.68(d)(1)(ii), 485.625(d)(1)(ii), 485.727(d)(1)(ii), 485.920(d)(1)(ii), 486.360(d)(1)(ii), 491.12(d)(1)(ii), and 494.62(d)(1)(ii).

4. Annual Emergency Preparedness Testing (§§ 403.748(d)(2), 416.54(d)(2), 418.113(d)(2), 441.184(d)(2), 460.84(d)(2), 482.15(d)(2), 483.73(d)(2), 483.475(d)(2), 484.102(d)(2), 485.68(d)(2), 485.625(d)(2), 485.727(d)(2), 485.920(d)(2), 486.360(d)(2), 491.12(d)(2), and 494.62(d)(2)).

1. Annual Review of Emergency Preparedness Program:

Every Medicare/Medicaid provider and supplier must have an emergency preparedness plan that is reviewed annually. **The proposed rule provides that the plan can be reviewed every two years. We**

support this increased flexibility. Providers are still required to perform two drills annually, to test their full emergency plan and communication. The requirement that the plan be reviewed separately is redundant as the review of the plan already will happen two times each year after the drills are executed.

2. Documentation of Cooperation Efforts:

Every provider is required to include a process to cooperate and collaborate with community emergency preparation officials. The proposed rule eliminates the current requirement that health care providers document their efforts. **LeadingAge does not support changing the current documentation requirements.** Documenting who was contacted and the results of that contact is critical to ensuring that information is up-to-date and everyone in the organization has the same, accurate information.

3. Annual Emergency Preparation Training Program:

Although providers are still required to do two drills each year, the proposed rule eliminates the requirement for annual training and will instead require biennial training for staff. **LeadingAge does not support changing the current training requirements.** We do believe that it is important that all staff be trained annually to help ensure that new and tenured staff understand how to work together in an emergency, what their responsibilities are, and any challenges resulting from staff turnover.

4. Annual preparedness testing:

In-patient providers are required to do two emergency preparedness testing exercises every year. The proposed regulation does not change the requirement that a nursing home participate in a full-scale exercise that is community-based, or when a community-based exercise not accessible, an individual, facility-based exercise. The proposed rule simply allows in-patient providers some flexibility as to the second type of training exercise**. We support this increased flexibility and do not see it as having a negative impact on preparedness.**

In conclusion, our members are acutely aware of the importance of emergency preparation, as this quote from a September 11, 2018 interview given to National Public Radio by Tom Akins, the president of our affiliate in North Carolina, notes:

> First and foremost, it's the safety and security of the residents who live in that community… [I]t really is a decision that nobody takes lightly but that everybody trains for and practices for and studies for year-round.
> https://www.npr.org/2018/09/11/646801476/how-nursing-homes-are-preparing-for-hurricane-florence

LeadingAge appreciates the opportunity to submit these comments on the proposed regulation and hope they are helpful to you. If you wish more information, please feel free to contact me at jfinck-boyle@leadingage.org. We look forward to our continued work with CMS on this and other issues.

Sincerely,

Janine Finck-Boyle, MBA/HCA, LNHA
Vice President of Regulatory Affairs