

November 19, 2018

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
PO Box 8010  
Baltimore, MD 21244–1810

Re: CMS 3346-P

Dear Administrator Verma:

On behalf of the National Association of County and City Health Officials (NACCHO), I write to provide comment on the proposed rule, *“Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden.”* NACCHO is the voice of the nation’s nearly 3,000 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities.

NACCHO’s comments center on proposed changes to the emergency preparedness requirements included in the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*, 81 FR 63860. While we appreciate efforts by the Centers for Medicare and Medicaid Services (CMS) to reduce unnecessary administrative burdens, local health departments are concerned that some of the proposed changes would reduce the collaborative planning, training, and exercising that is necessary for the healthcare, emergency management, and public health system to respond effectively to disasters and emergencies. As such, NACCHO respectfully submits the following comments on behalf of local health departments nationwide.

### ***Documentation of Cooperation Efforts***

NACCHO opposes the proposed elimination of requirements that hospitals and other providers document efforts to contact local, tribal, regional, state, and Federal emergency preparedness officials (including public health) and that they document their participation in collaborative and cooperative planning efforts. One of the most important aspects of readiness is establishing relationships with community partners in advance of disasters – this requires routine coordination and joint planning, training, and exercising. Since inception of the final rule, local health departments have noted increased engagement and breadth of participation by healthcare entities, such as long-term care and dialysis centers, who previously were not involved in local or regional healthcare coalitions and other joint-planning efforts. Although



facilities would still be required to include a process for cooperation and collaboration with state and local preparedness officials, the proposed rule changes that eliminate the requirement to document efforts to contact state and local preparedness officials would reduce accountability and transparency in whether and how the collaboration is occurring. As such, we believe the current language regarding documentation of cooperation efforts should not be changed.

***Annual Review of Emergency Preparedness Program***

NACCHO opposes the reduction of the requirement for covered healthcare entities to review their emergency program, including policies and procedures, communications plan, and training and testing programs, from an annual review to a bi-annual one. Turnover among personnel in healthcare facilities and changes to plans based on updated policies, procedures, and lessons learned from other local and national events necessitate that these plans be reviewed and updated, as applicable, on an annual basis. The annual requirement ensures that emergency preparedness is a priority among healthcare facilities and that they are better prepared to protect the health and safety of their staff and community members during disasters.

The emergency preparedness requirements in the final rule are an important component of public health preparedness and ensuring our communities are ready before disaster strikes. These requirements help ensure that Medicare- and Medicaid- participating providers and suppliers adequately plan for natural and man-made disasters and collaborate with public health and emergency management *prior to* an emergency. These requirements should be maintained to secure and sustain the advances that have been realized because of the rule and to continue to ensure that emergency preparedness remains a priority within the healthcare community. This preparation will ultimately protect and save lives.

NACCHO appreciates the opportunity to comment on the *“Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden,”* proposed rule. As an essential partner in ensuring the safety of our communities, NACCHO looks forward to continuing to work with you and your colleagues throughout HHS to strengthen public health preparedness and response to disease outbreaks, natural disasters, emergencies, and acts of terrorism. If you have any questions, please contact Eli Briggs, NACCHO Senior Government Affairs Director, at [ebiggs@naccho.org](mailto:ebiggs@naccho.org) or 202-507-4194.

Sincerely,



Lori Tremmel Freeman, MBA  
Chief Executive Officer