

1. Intent of the rule, as described by CMS, is to “**establish national emergency preparedness requirements**” for all hazards for 17 different providers and suppliers participating in Medicare and Medicaid programs.
2. The rule has been in development for over two years – a draft rule was released in December 2013 for public comment. Over 400 comments were adjudicated in the [final rule that was released on September 8, 2016](#).
3. Key Dates:
 - **September 16, 2016:** Final rule published
 - **November 16, 2016:** Rule goes into effect
 - **November 16, 2017:** Regulations must be implemented by affected entities
4. The rule requires affected groups to implement four component standards, [defined by CMS](#) as:
 - **Emergency plan:** Develop an emergency plan using an all-hazards approach and based on a risk assessment
 - **Policies and procedures:** Develop and implement needed policies and procedures based on the emergency plan and risk assessment.
 - **Communication plan:** Develop and maintain a communication plan that includes provisions for coordinating patient care the facility, across health care providers, and with State and local public health departments and emergency systems.
 - **Training and testing program:** Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.
5. Rule applies to [17 different provider and Supplier Types](#), including outpatient surgery, home health agencies, physical therapy offices, and others. CMS has created a [quick reference guide](#) outlining requirements by provider type
6. [ASPR/TRACIE](#) is regularly updating its [CMS Resources at Your Fingertips](#) document and [CMS](#) is routinely updating answers to [Frequently Asked Questions \(FAQs\)](#) on the rule.
7. [Interpretive Guidelines](#) (IGs) and the State Operations Manual are expected to be released by the CMS Survey and Credentialing Group in the Spring of 2017.
8. [Healthcare coalitions](#) are slated to play a prominent role in assisting non-hospital facilities in learning of and complying with the rule and have a major opportunity to engage new providers and foster collaboration and organization within regions.
9. There is no funding being provided to groups and facilities impacted by the rule to assist in compliance.
 - While healthcare coalitions (HCCs) cannot pass Hospital Preparedness Program (HPP) funding they receive directly to individual facilities to assist them in complying, HCCs may use HPP funding to develop staffing capacity and technical expertise to assist members with the new requirements.
10. Accrediting organizations (AOs) must have standards that meet or exceed CMS requirements in the rule and must demonstrate this to CMS by submitting their emergency preparedness standards/programs to CMS for review. Additional information is available on [CMS’s website](#).