

New federal rules for medical facilities provide both opportunities and challenges for amateur radio emergency communications groups, with a very short timeline for implementation.

New Federal Regulations Affect Healthcare Providers and Amateur Radio



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New federal regulations specifically addressing emergency preparedness requirements for a wide variety of healthcare providers went into effect late last year and must be implemented by this fall. These new rules go beyond hospitals to include a wide variety of other health-care facilities that accept Medicare and/or Medicaid.

The regulations from the U.S. Department of Health and Human Services-Centers for Medicare & Medicaid Services (CMS) were published in the Federal Register on September 8, 2016 and became effective November 16, 2016. However, the entities covered by the regulations were given a year to implement them and that year is up on November 16, 2017. These new regulations must be strictly followed as CMS can stop Medicare and

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A permanent ham station at a hospital — such as this one at a Kaiser Permanente Hospital in San Diego, California — can be a key part of helping health-care facilities meet new Medicare/Medicaid rules for emergency preparedness. (Courtesy of KPARN)

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Medicaid reimbursement to healthcare providers that are not in compliance.

These regulations are unique and have potential effects on local amateur radio emergency communications support. One unique aspect is that they affect 17 different types of healthcare providers, including hospitals, dialysis centers, hospice centers, ambulatory surgery centers, and long-term care facilities, to name just a few. The rules have four primary elements: (1) risk assessment and emergency planning; (2) policies and procedures; (3) **communications planning**; and (4) **training and testing**.

All of the covered facilities must have a detailed communications plan in place no later than November 16, 2017 (unless granted a waiver). In my experience, it is unusual that the requirement for a communications plan is written into regulations. The CMS requirements are based on the experiences of Hurricanes Sandy and Katrina, September 11, and other significant patient care events. Many groups and individuals provided input to assure the regulations will prepare medical providers for future disasters. CMS states:

[T]he regulations will provide consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare and Medicaid participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.

Communications Requirements

The regulations provide a number of requirements that the communications plan must meet. Specifically, each covered entity must have a written communication plan that complies with local, state, and federal regulations and is updated annually. The communications plan must also provide the entity's primary and alternate means of communications with other healthcare facilities as well as federal, regional, and local emergency management agencies.

Another key element of the new regulations relates to training and testing, including new requirements regarding annual drills plus initial and annual education for emergency preparedness employees and volunteers. Any amateur radio operators assigned to a covered entity would seem to fall under these new training and testing requirements. Plans must include provisions to provide onsite training during an event should outside amateur radio support arrive at a facility subject to these new regulations. From the amateur radio perspective, if the amateur operator is not trained initially by the provider, then training must occur during the event prior to the operator being able to support the facility.

Ham Radio Opportunities

Based on 20-plus years of experience in emergency preparedness and hospitals as well as my long support of hospital communications systems, these new regulations present an opportunity for communities to embrace amateur

radio to support alternate emergency communications at various facilities from hospitals to dialysis centers. For amateur radio to be successful, operators must be trained in advance. The redundant emergency communication system and infrastructure should include a communications network that includes hospitals and health agencies, and state, regional, and local emergency management agencies as required.

Here's what ham radio EmComm groups need to consider in discussions with emergency management officials and healthcare providers: Consider placing hospitals and healthcare facilities and agencies on an alternate channel from emergency management. Also consider that many hospitals are now part of systems that contain a number of facilities and will need to talk to their system main office or at least each other. This will provide further opportunities for amateur radio to assist in emergency communications. Consider standardizing training and forms such as bed capacity, damage assessment, hospital status, and general messages so all agencies share the same information and transmission is easy following known formats.

These emergency communications systems and infrastructure will be a redundant system to support hospitals and healthcare, so consider hours of emergency power requirements, system redundancy, hot standby resources, and multiple frequency bands, including HF at select locations. Hospitals are urban caves, so consider permanent hospital stations, portable mobile radio stations, external antennas and/or improving infrastructure (additional receivers) to support communications internally from a hospital.

Additional information on the new regulations is found at the CMS website (we've shortened the address here): <http://go.cms.gov/2r9wrSS>.