

CMS Has Insufficient Authority to Ensure Hospitals Are Prepared for Emerging Infectious Diseases

Richard P. Kusserow | September 2, 2021

The Department of Health and Human Services Office of the Inspector General (OIG) [conducted an audit](#) to determine whether the Centers for Medicare and Medicaid Services (CMS) designed and implemented effective internal controls related to hospital preparedness for emerging infectious diseases.

The OIG found that while the controls are well-designed and implemented, CMS lacks the authority necessary to carry out its responsibility to ensure that accredited hospitals will maintain quality and safety during infectious disease emergencies. The audit report notes that although CMS announced in February 2019 that it was critical for all hospitals to plan for emerging infectious diseases, due to accreditation organizations' quality and safety inspection cycles, CMS was unable to determine that all accredited hospitals had updated their emergency preparedness plans until 2022. When COVID-19 emerged in the United States, CMS requested (but could not require) that accreditation organizations perform special targeted infection control surveys to help accredited hospitals prepare for COVID-19 patients. The accreditation organizations did not perform such surveys. Due to CMS's limited authority over accredited hospitals, state survey agencies had only performed these surveys at approximately 13 percent of accredited hospitals as of August 2020. CMS was therefore unable to ensure that accredited hospitals would continue to provide quality care and operate safely during the COVID-19 public health emergency. Furthermore, CMS is currently unable to ensure quality and safety at accredited hospitals if an additional infectious disease emerges.

The OIG recommended that CMS make regulatory changes to allow it to require accreditation organizations to perform special surveys after it issues new participation requirements or guidance to address risks presented by a public health emergency. CMS concurred with the OIG's recommendation.

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