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During Hurricanes Fiona and Ian, HHS Helped Minimize Disruptions to Medical Services at Select Health Care Facilities

REPORT HIGHLIGHTS



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During Hurricanes Fiona and Ian, HHS Helped Minimize Disruptions to Medical Services at Select Health Care Facilities

Why OIG Did This Review

- In September 2022, Hurricanes Fiona and Ian made landfall as Category 1 and Category 4 hurricanes, respectively, with an estimated \$114 billion in damages and 170 deaths.
- More than 70 health care facilities, including hospitals, dialysis centers, and community health centers, in Puerto Rico and Florida experienced evacuations or temporary closures which temporarily disrupted medical services to communities.
- HHS OIG received funding to assess the effectiveness of HHS's support for community response activities to Hurricanes Fiona and Ian.

What OIG Found



During Hurricane Ian, select hospitals ensured access to medical services, in part, by receiving support from [ASPR's National Disaster Medical System to help with patient surge](#).¹



During Hurricanes Fiona and Ian, select dialysis centers took measures that aligned with [CMS's emergency preparedness requirements to ensure that treatments were available](#) and coordinated with the [CMS-funded Kidney Community Emergency Response network to share information](#) that helped them reopen in a timely manner.



During Hurricane Fiona, select community health centers coordinated with [ASPR-funded Health Care Coalitions to divert patients](#) and advocate for power and water restoration.

What OIG Concludes

Our findings emphasize the importance of health care facility and community preparedness during an emergency. Select facilities and communities in Puerto Rico and Florida leveraged HHS and other resources to minimize disruptions to medical services in the face of Hurricanes Fiona and Ian.

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BACKGROUND

OBJECTIVES

To describe whether and how:

1. Select hospitals, dialysis centers, and community health centers minimized disruptions to medical services during Hurricanes Fiona and Ian; and
2. HHS response resources helped minimize disruptions to medical services at these facilities during Hurricanes Fiona and Ian.

Health care facilities have historically experienced challenges responding to public health emergencies that result from the consequences of hurricanes. This includes challenges in evacuating patients and ensuring that life-saving services are available to individuals who have high-acuity medical needs during disasters. To address these challenges, HHS has taken steps to improve community and facility emergency response by supporting local community preparedness.

Hurricanes Fiona and Ian Made Landfall in September 2022

In September 2022, Hurricanes Fiona and Ian made landfall in Puerto Rico and Florida as Category 1 and Category 4 hurricanes, respectively. The storms has an estimated \$114 billion in damages and 170 deaths. In Puerto Rico and Florida, more than 70 hospitals, dialysis centers, and community health centers experienced evacuations or temporary closures caused by loss of power, loss of water, and flooding. Hurricane Fiona caused significant flooding to Puerto Rico, resulting in impassible roads and collapsed bridges. Hurricane Ian was the fourth strongest hurricane to make landfall in the continental United States and produced up to 15 feet of storm surge to coastal communities in Florida. The HHS Secretary declared both storms as public health emergencies. The President also issued disaster declarations for each storm. See Exhibit 1 for details on each storm.

Exhibit 1: Strength and estimated impacts of Hurricanes Fiona and Ian in Puerto Rico and Florida

	Hurricane Fiona <i>Puerto Rico</i>	Hurricane Ian <i>Florida</i>
 Hurricane Landfall	September 18, 2022	September 28, 2022
 Hurricane Strength at Landfall	Category 1	Category 4
 Estimated Damage Costs	\$2.5 billion	\$112 billion
 Estimated Hurricane Deaths	23 deaths	150 deaths
 Estimated Power Loss	1.5 million customers	3 million customers
 Hospital/Community Health Center Closures	6 community health centers	23 hospitals
 Dialysis Center Closures	2 dialysis centers	42 dialysis centers

Source: OIG analysis of documents from Puerto Rico, Florida, HHS, and other Federal agencies. For information on the estimated impacts of Hurricane Fiona in Puerto Rico and Hurricane Ian in Florida, we analyzed information from two National Oceanic and Atmospheric Administration's (NOAA) National Hurricane Center reports. For estimated hurricane deaths, we reported only confirmed deaths. We also calculated the number of hospitals, community health centers, and dialysis centers closed using documents from HHS as well as Puerto Rico and Florida.

Emergency Response Resources Provided Through HHS

Emergency response efforts begin at the community and facility level, with support from HHS. HHS provides a variety of resources and technical assistance directly to State and local response agencies as well as health care facilities to minimize

disruptions to care and respond to emergencies. See Exhibit 2 for an overview of select HHS response resources and how they support facilities and communities. Additionally, see Appendix A for more information on HHS response resources.

Exhibit 2: Overview of Select HHS Response Resources



ASPR National Disaster Medical System

The National Disaster Medical System (NDMS) deploys trained responders, such as Disaster Medical Assistance Teams (DMATs), to provide medical assistance directly to those affected by various emergencies. To deploy NDMS responders, States or other Federal agencies, such as the Federal Emergency Management Agency (FEMA), must send a request to the Administration for Strategic Preparedness and Response (ASPR). In Fiscal Year 2022 (FY22), ASPR NDMS received \$124 million in funding.



CMS Emergency Preparedness Conditions of Participation

To participate in Centers for Medicare and Medicaid Services (CMS) programs, Medicare- and Medicaid-participating facilities must have emergency preparedness programs that meet the requirements outlined in emergency preparedness conditions of participation (EP CoPs). The purpose of the EP CoPs is to ensure “adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional, and local emergency preparedness systems.”



CMS-Funded Kidney Community Emergency Response Program

The Kidney Community Emergency Response (KCER) program, funded by CMS, provides support to dialysis centers to prepare and respond to emergencies. KCER facilitates and coordinates daily emergency situational status through reports and calls to communicate dialysis center needs during an emergency. In 2021, KCER received approximately \$2 million in funding to use over a five-year period (2021-2026).



ASPR-Funded Health Care Coalitions

Health Care Coalitions (HCCs) are networks of individual public and private health care and response organizations in a defined geographic area. HCCs focus on regional preparedness and response instead of individual facility preparedness. In FY22, ASPR awarded over \$231 million in Hospital Preparedness Program (HPP) cooperative agreements to jurisdictions. The jurisdictions distributed these funds directly to the HCCs.

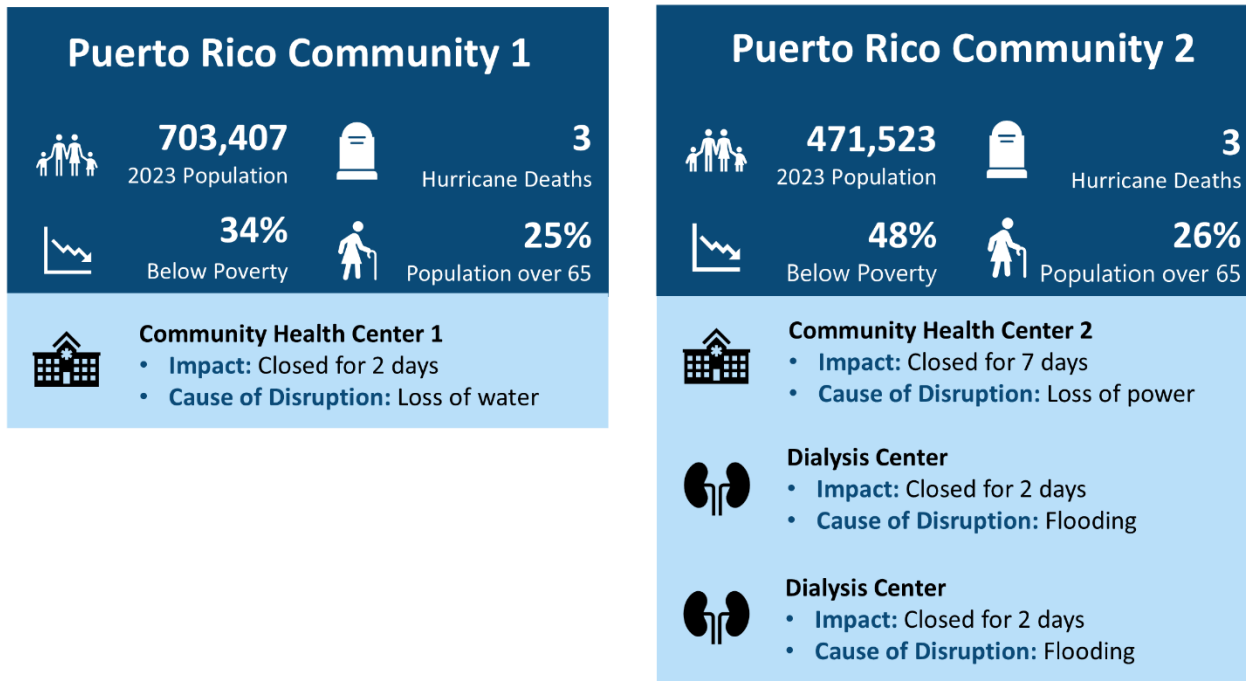
Methodology

To conduct this review, we collected and analyzed information from a purposively selected sample of communities and health care facilities in Puerto Rico and Florida. We defined communities as the geographic areas that local emergency response entities organized around to respond to the storms. We defined “during” Hurricanes Fiona and Ian as the days leading up to the storms, the days the storms made

landfall, and the days and weeks after the storms if activities were directly related to the storms.

To understand the disruptions caused by Hurricanes Fiona and Ian, we selected four communities in Puerto Rico and Florida, and 12 health care facilities located within these communities. Within our selected communities, we selected one hospital or community health center and at least two dialysis centers that closed or evacuated.^a We considered factors such as number of days closed and cause of evacuation or closure, as well as community representative input, when selecting these health care facilities. For more information on how we selected our communities and facilities, see the Detailed Methodology. From these communities, we also collected information from the local health departments, local emergency management agencies, and local HCCs.

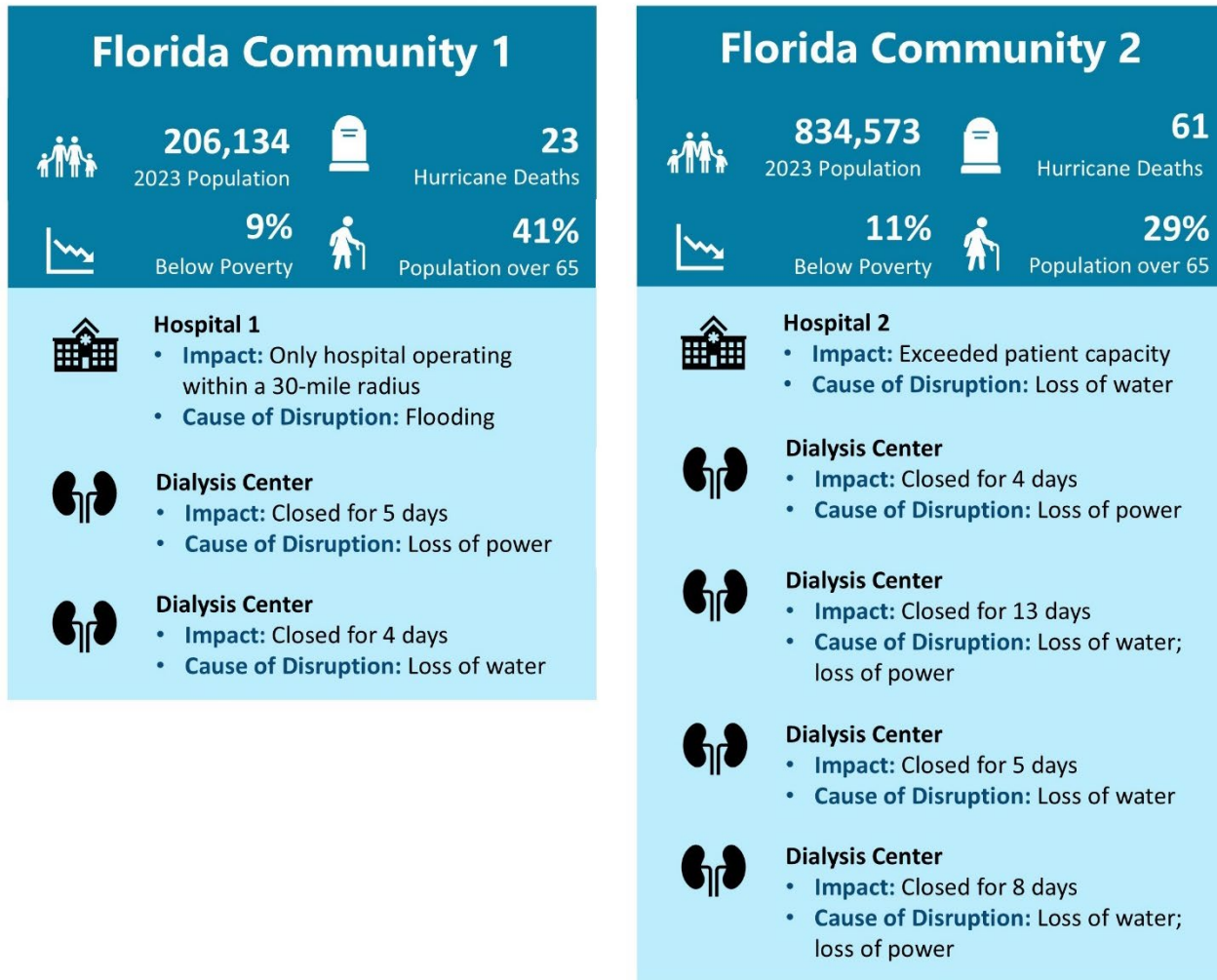
Exhibit 3: Hurricane Fiona’s impact on our two selected communities and four selected facilities in Puerto Rico



Source: OIG analysis of documents from U.S. Census Bureau and Puerto Rico. For information on the 2023 population, percentage below poverty, and population over 65, we analyzed information from the U.S Census Bureau from 2023. We also calculated the number of Hurricane Fiona confirmed deaths in each Region and the impact and cause of disruption from select health care facilities using documents from Puerto Rico.

^a Only one region in Puerto Rico met the criteria for Hurricane Fiona. OIG included one additional region that had one community health center closed during and after Hurricane Fiona.

Exhibit 4: Hurricane Ian’s impact on our two selected communities and eight selected facilities in Florida



Source: OIG analysis of documents from U.S. Census Bureau and Florida. For information on the 2023 population, percentage below poverty, and population over 65, we analyzed information from the U.S. Census Bureau from 2023. We also calculated the number of Hurricane Ian deaths and the impact and cause of disruption from select health care facilities using documents from Florida.

To determine what support was provided to select facilities and their local communities, we collected information from States and HHS. For State agencies, we collected information from the Florida Department of Health, Florida Agency of Health Care Administration, and Puerto Rico Department of Health. From HHS, we collected information from ASPR’s National Disaster Medical System (NDMS) program, CMS’s KCER program, and ASPR’s HPP. We also reviewed documentation regarding CMS’s Emergency Preparedness Conditions of Participation.

See the Detailed Methodology for more information.

FINDINGS



ASPR National Disaster
Medical System



CMS Emergency
Preparedness Conditions
of Participation



CMS Kidney Community
Emergency Response
Program



ASPR Health Care
Coalitions

During Hurricane Ian, select hospitals ensured access to medical services, in part, by receiving patient care support from ASPR's National Disaster Medical System

Hospitals relied on support from National Disaster Medical System (NDMS) responders and other response partners during Hurricane Ian. ASPR's NDMS responders provided medical services to support hospitals in minimizing disruptions to care. Additionally, the State of Florida, local emergency response agencies, and other partners supported hospitals with evacuations and patient care.

More than 170 NDMS responders provided medical services and other support to the two Florida communities in our review

ASPR deployed more than 170 NDMS responders, including Disaster Medical Assistance Team (DMAT) responders, to the two communities in our review to assist hospitals that were overwhelmed by a surge of patients. ASPR stationed five DMATs, with three of the five DMATs serving at Hospital 2 and the other two DMATs set up stand-alone sites located in each of the Florida communities in our review.

Emergency response agencies at the local and State level requested NDMS's DMATs to support the overwhelmed hospitals in offloading patients and providing medical care to the surrounding community. The DMATs deployed and set up operations by October 5, a week after Hurricane Ian made landfall. DMATs provided medical services for around 3 weeks to both communities in our review.

NDMS's DMATs reported almost 2,700 patient encounters in these communities, treating and diagnosing a range of medical conditions, including urgent medical concerns. DMATs reported providing medical services for toxicological, respiratory, dermatologic, musculoskeletal, and gastrointestinal injuries. Most of the patients



HHS Response In Action

ASPR NDMS coordinated with State and local response agencies during Hurricane Ian. One DMAT reported that patients requested social services, such as clothing, housing assistance, and family welfare checks, while they received medical care. The DMAT shared these requested needs with the local emergency response agency to connect patients with these social services.

treated by DMAT responders were over the age of 50.

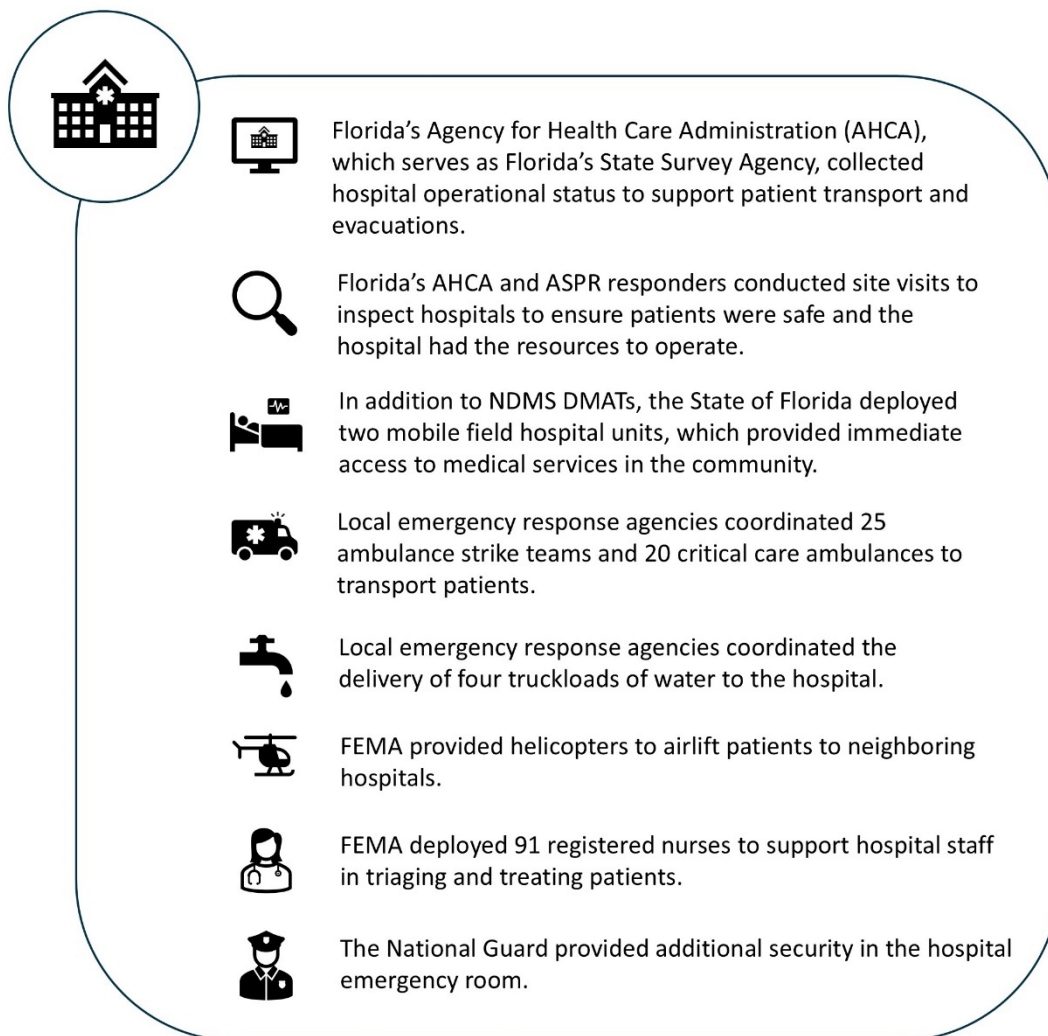
NDMS responders also provided supplies and equipment to support the five DMATs in their efforts to provide medical services to the surrounding communities. NDMS responders provided:

- refrigerators to store prescription drugs and other medications;
- satellite phones to communicate across response partners; and
- shelter and billeting support kits to provide responders with bedding and other housing necessities.

Selected hospitals also received support from the State of Florida, local emergency response agencies, and other partners to evacuate patients and address medical surge

In addition to support received from NDMS, hospitals in our review requested and received support from the State of Florida, local response agencies, and other partners, such as the Federal Emergency Management Agency (FEMA). Hospitals and NDMS coordinated with these entities to address needs of patients and the community. This additional support helped hospitals transport patients, provide medical care, and obtain resources needed to operate their facilities. It also supported hospitals in offloading patients so hospitals could provide care to more patients. See Exhibit 5 for details on what support each hospital received.²

Exhibit 5: In addition to NDMS, hospitals received support to provide care to patients



Source: OIG analysis of documents from selected hospitals; State and local response agencies; and HHS.



ASPR National Disaster
Medical System



CMS Emergency
Preparedness Conditions
of Participation



CMS Kidney Community
Emergency Response
Program



ASPR Health Care
Coalitions

During Hurricanes Fiona and Ian, select dialysis centers leveraged CMS’s preparedness and response tools to maintain access to medical services

The eight dialysis centers in Puerto Rico and Florida within our review implemented a range of measures to prepare patients for temporary closures due to Hurricanes Fiona and Ian.³ Selected dialysis centers prepared their patients and facilities with measures outlined in the CMS EP CoPs to ensure access to services during these temporary closures. They also shared information on utilities and operational status with CMS’s KCER to assist with obtaining resources and maintaining situational awareness among State, local, and Federal response partners. The resources and situational awareness supported dialysis centers’ efforts to reopen within days of the hurricanes.

Selected dialysis centers prepared for potential emergencies on the basis of the CMS EP CoPs to ensure that patients had access to services

Dialysis centers took pre-emptive measures that align with the CMS EP CoPs to prepare their patients for disruption in dialysis services. These measures aimed to provide continuity of care to patients through arranging alternative sites to receive treatment and ensuring that patients had the information they needed leading up to the storm. See Exhibit 6 for details on the measures dialysis centers took.

Exhibit 6: Dialysis centers took pre-emptive measures corresponding with EP CoPs to ensure that patients could access medical services



Established agreements with other facilities to provide treatment in case their facility was temporarily closed. Many facilities had agreements with facilities within their same large dialysis organization network.

EP CoP §494.62(b)(6) - The development of arrangements with other dialysis facilities or other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to dialysis facility patients.



Provided patients with a packet that included necessary information to receive treatment at another dialysis facility in the event of a temporary closure. These packets included treatment orders, medication lists, and insurance information. Some patient packets also included information on nutrition and eating practices to prolong the time needed between dialysis treatments as well as locations of local shelters or evacuation routes to assist patients who wanted to leave their homes.

EP CoP §494.62(b)(4) - A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.



Coordinated with other facilities and contacted patients to ensure patients were connected to treatment.

EP CoP §494.62(b)(1) - A system to track the location of on-duty staff and sheltered patients in the dialysis facility's care during and after an emergency. If on-duty staff and sheltered patients are relocated during the emergency, the dialysis facility must document the specific name and location of the receiving facility or other location.

Source: OIG analysis of documents from selected dialysis centers and CMS EP CoPs.

Additionally, dialysis centers in our review conducted measures that went beyond the EP CoPs. Dialysis centers provided dialysis treatment to their patients a day before the hurricanes, ahead of their normal schedule, as a proactive measure to ensure that each patient received treatment in case of a temporary closure.

KCER collected and shared information on utilities and operational status to support dialysis centers reopening

KCER developed daily emergency situational status reports and incident reports to promote and maintain situational awareness among local, State, and Federal response partners to help dialysis centers reopen. These daily reports compiled information from dialysis centers on their utilities and operational status as well as their requested needs. Specifically, KCER collected and reported information on whether there was a generator onsite; if the facility was operating on the generator, the amount of fuel onsite; and whether the facility was operating on a water tanker. KCER also collected and reported data on how many patients were unaccounted for each day; the total number of patients for each specific dialysis center; and any requests from the facilities for help with needs such as water, power, and transportation. This information helped identify what resources dialysis centers needed to restart operations

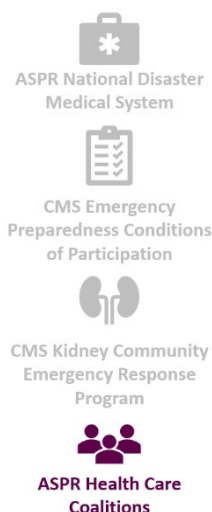
KCER shared these daily reports with impacted End-Stage Renal Disease (ESRD) Networks, Federal agencies, and State and local emergency response agencies, including the public health department and State survey agency. These emergency response partners used this information to coordinate and provide resources to help facilities reopen and ensure continued care for their patients. For example, ASPR used these daily reports to develop ASPR's Senior Leader Briefings to share information on impacted dialysis centers to senior staff and responders.

During Hurricane Ian, KCER also coordinated and facilitated emergency status calls with representatives of ESRD Networks, large and small dialysis center organizations, and Federal, State, and community stakeholders. The purpose of these calls was to share information regarding response efforts and stakeholder updates. Through the information sharing, entities could support temporarily closed dialysis centers by understanding challenges to reopening and finding solutions to address those challenges.



HHS Response In Action

KCER's information sharing led to the coordination of a water truck delivery that ultimately reopened a dialysis facility when city water was still not operational.



During Hurricane Fiona, select community health centers supported access to care, in part, by coordinating with their respective Health Care Coalitions

During Hurricane Fiona, community health centers in our review diverted patients to partnered clinics as well as coordinated with respective Health Care Coalitions (HCCs) on utilities status to support patients' access to medical services.

Selected community health centers diverted patients to partnered clinics

The two community health centers in our review diverted patients to neighboring clinics and partnered hospitals with emergency rooms after Hurricane Fiona. Both community health centers reported having neighboring sister sites that were less than 30 minutes away and were immediately operational after Hurricane Fiona. See Exhibit 7 for details on the measures community health centers took to connect their patients to medical care.

Exhibit 7: Community health centers' measures to ensure that patients could access medical services



One community health center developed a centralized electronic health record to share medical information with other clinics. This supported patients who were diverted to neighboring clinics to maintain continuity of care.



One community health center established agreements with several hospitals to divert critically ill patients.



One community health center used telemedicine to provide services and divert patients to neighboring clinics. This community health center also used waivers even to prescribe up to 20 days of emergency supply medications.

Source: OIG analysis of documents from selected community health center.

HCCs coordinated with selected community health centers to collect and share information on utilities and operational status

The two community health centers in our review reported coordinating with their HCCs to report water and electricity status as well as operational status. Specifically, HCCs collected information on alternate water sources, number of generators, and fuel capacity. HCCs developed utility reports with the information collected from facilities and shared these utility reports with the Puerto Rico Emergency Management Bureau and FEMA, as the official utilities status records. These utility

reports promoted situational awareness among responding agencies at both the State and Federal level to support and advocate for priority in restoring utilities to community health centers. The restoration of utilities was important for community health centers to reopen in a timely manner.

HCCs also used the information collected from all facilities in their coalition to share information regarding facility operation among members. This awareness supported community health centers in making decisions on which hospitals or community health centers to send patients to if they needed immediate services while the community health center was temporarily closed.



HHS Response In Action

During Hurricane Fiona, one local HCC provided information on emergency room bed availability to one community health center to help divert patients to open emergency rooms.

CONCLUSION

Hurricanes Fiona and Ian made landfall in Puerto Rico and Florida as Category 1 and Category 4 hurricanes, respectively. The storms resulted in more than \$113 billion in damage and caused the deaths of more than 180 people. In Puerto Rico and Florida, more than 70 hospitals, dialysis centers, and community health centers experienced evacuations or temporary closures caused by factors such as loss of power, loss of water, and flooding.

Despite the widespread damage, numerous deaths, and extensive costs associated with Hurricanes Fiona and Ian, select health care facilities in our review were able to minimize disruptions in medical services, in part, due to the resources that HHS provided. The resources used varied by facility type. Hospitals received support from ASPR's NDMS to help with patient surge. Dialysis centers took measures that aligned with CMS EP CoPs to ensure that treatments were available, and they coordinated with CMS-funded KCER to share information that helped them reopen in a timely manner. Community health centers coordinated with ASPR-funded HCCs to divert patients to partnered clinics and advocate for power and water restoration.

These findings emphasize the importance of health care facility and community preparedness during an emergency. Select facilities and communities in Puerto Rico and Florida, leveraged HHS and other resources to minimize disruptions to medical services in the face of Hurricanes Fiona and Ian.

DETAILED METHODOLOGY

Sample

We selected a purposive sample of 12 health care facilities within 4 selected communities in Puerto Rico and Florida.

Community Sample Selection

We defined community as the geographic areas that local emergency response entities organize around to respond to emergencies. In Puerto Rico, public health departments are structured around geographic areas called regions.⁴ In Florida, emergency management and public health departments are structured around geographic areas called counties.⁵ All communities in Puerto Rico and Florida had an ASPR-funded HCC and CMS-funded KCER program operating in their geographic location.

To select regions in Puerto Rico, we first determined which regions had at least one hospital or community health center and one dialysis center closed or evacuated during Hurricane Fiona.⁶ Only one region in Puerto Rico met these criteria. OIG included one additional region that had one community health center closed during Hurricane Fiona. This region had the highest concentration of health care facilities in Puerto Rico.

To select counties in Florida, we first determined which counties had at least one hospital and one dialysis center closed or evacuated during Hurricane Ian. From that population of counties, we selected two counties on the basis of general impact of storm and county population. Specifically, we selected communities that were hardest hit by the storms. We also considered whether NDMS responders were deployed.

Facility Sample Selection

Within our selected communities, we selected one hospital or community health center and at least two dialysis centers that closed or evacuated. We considered factors such as number of days closed and cause of evacuation or closure, as well as community representative input, when selecting health care facilities.

We selected two hospitals, two community health centers, and eight dialysis centers. Of the 12 selected facilities, nine evacuated or closed due to utilities outages (i.e., loss of power, loss of water). The remaining three evacuated or closed due to flooding.

Data Collection

We requested documentation from our select facilities and communities as well as additional State and local emergency response agencies. Specifically, we collected (1) risk assessments, (2) emergency plans, and (3) exercises from 2021 to 2024 as well as hurricane-specific after-action reports (AARs) and documentation (e.g., situational reports, resource requests). The State and local emergency response agencies included two HCCs in Puerto Rico, one HCC in Florida, two local health departments in Florida, two local emergency management agencies in Florida, the Florida Department of Health, the Florida Agency of Health Care Administration, and the Puerto Rico Department of Health.

In our documentation review, we focused our review on whether patients had access to medical services and whether HHS resources supported our select facilities and their communities in patient access to care. After we reviewed the documentation, we conducted brief follow-up interviews with select facilities and State and local response agencies to clarify information. We focused our review on the specific HHS resources identified by select community stakeholders and facilities.

We also requested documentation from ASPR, CDC, and CMS.⁷ We collected Senior Leader Briefings, Information Analysis Briefings, AARs, daily situational reports, and any other hurricane-specific documentation. After we reviewed the documentation, we sent follow-up written requests to clarify information.

Data Analysis

We analyzed documentation from select facilities, community stakeholders, States, and Federal agencies to identify which HHS resources supported select facilities and communities in ensuring that patients had access to medical services. For each select facility type (i.e., hospitals, dialysis centers, community health centers), we identified an HHS resource that supported those facilities and their communities in responding during the hurricanes. We then described specific actions of identified HHS resources to support selected facilities and communities.

Additionally, we also performed content analysis of documentation and follow-up interviews and written requests to describe actions facilities, communities, States, and other Federal agencies took to support our sampled facilities' patients' access to care. We focused our review on actions that ensured that medical services were available rather than every response action by these partners.

Limitations

At least one facility in our review experienced staffing turnover since Hurricanes Fiona and Ian in 2022, thus limiting our access to individuals who directly responded to these events. Some facilities and local and State agencies we spoke with also did not have access to data or documentation about their response to these storms.

Standards

We conducted this study in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

APPENDIX

Appendix A: HHS Emergency Response Resources

To assist communities and facilities in responding to public health emergencies, HHS provides support through various programs.⁸ The Administration for Strategic Preparedness and Response (ASPR) deploys medical personnel to affected areas upon request from State and Territories (hereinafter, we will refer to States and Territories collectively as “States”) or Federal agencies. ASPR also funds regional and local coalitions to support responses during and after emergencies. The Centers for Medicare and Medicaid Services (CMS) developed requirements for health care facilities to ensure adequate planning for emergencies. CMS also provides resources specific to various facility types, such as a response network for dialysis centers, to support facilities in responding to emergencies.

ASPR National Disaster Medical System

The National Disaster Medical System (NDMS) deploys trained medical and support teams to provide medical assistance to those affected by various public health emergencies, such as hurricanes. ASPR oversees NDMS responders and their deployments. NDMS has five specialized units that can be deployed during a public health emergency, including Disaster Medical Assistance Teams (DMATs).⁹ Each of these units provide specific expertise, equipment, and supplies to meet the needs of the affected community. To deploy NDMS personnel, States or other Federal agencies, such as the Federal Emergency Management Agency (FEMA), must send a request to ASPR. In FY22, NDMS received \$124 million in funding from ASPR.



Disaster Medical Assistance Teams

DMATs consist of professional and paraprofessional medical personnel, such as physicians, nurse practitioners, registered nurses, and paramedics, who deliver medical care during public health emergencies. These teams offer medical assistance in areas impacted by disasters, similar to the services provided in hospital emergency departments. Their duties include triage, primary care, hospital decompression, and patient transport. DMATs typically deploy in teams of 7, 14, or 35 responders.

CMS Emergency Preparedness Conditions of Participation

CMS oversees compliance with the emergency preparedness conditions of participation (EP CoPs).^{10, 11} Medicare- and Medicaid-participating health care

facilities are required to develop and maintain an emergency preparedness program to prepare and respond to emergencies. As part of these EP CoPs, health care facilities must conduct annual exercises and are encouraged to coordinate within their communities (e.g., with their public health departments and local Health Care Coalitions, or HCCs) to develop and exercise their emergency preparedness programs.¹² See Exhibit 8 for examples of EP CoPs.

Exhibit 8: Examples of CMS emergency preparedness conditions of participation (CoPs)

The EP CoPs include requirements such as:

- Establishing arrangements with other facilities to receive patients in the event of a facility closure to maintain the continuity of services;
- Developing policies and procedures for medical documentation to be readily available to support continuity of care; and
- Developing procedures for tracking patients during an emergency.

CMS-Funded Kidney Community Emergency Response Program

To help dialysis centers respond to emergencies, CMS funds the Kidney Community Emergency Response (KCER) Program. KCER is funded for approximately \$2 million from June 2021 through April 2026. During and after a disaster, KCER develops reports on operational and utilities status of dialysis facilities. Dialysis centers are required to report any changes in facility operational status to their End-Stage Renal Disease (ESRD) Network. ESRD Networks share the information with KCER, which then compiles the information into a single report. Three of the large dialysis organizations also share information on their impacted facilities directly with KCER; that information is combined into the report developed by KCER. These reports are shared with CMS; the ESRD Networks; and other local, State, and Federal partners.¹³

Additionally, at the request of CMS, during and after a disaster, KCER coordinates emergency status calls with impacted dialysis centers and their ESRD Network, and community stakeholders. These calls facilitate information sharing on the needs of impacted dialysis centers.

ASPR-Funded HCCs

HCCs help their community health care systems respond to public health emergencies. HCCs are networks of individual public and private health care and response organizations in a defined geographic area that partner to help their communities respond to emergencies. During and after an emergency, HCCs support local health care delivery systems for public health emergencies through coordinating medical equipment and supplies; providing real-time information and communication systems; and educating and training health care personnel.¹⁴

HCCs focus on regional preparedness instead of individual facility preparedness.¹⁵ ASPR requires HCCs to include four core member types (i.e., hospitals, public health, emergency medical services, and emergency management) and recommends that HCCs include other diverse, ancillary member types (e.g., dialysis centers, community health centers) that are critical to addressing the unique preparedness needs of HCCs' respective communities. Members voluntarily work together to coordinate and collaborate to improve the preparedness and response capabilities of their community. In FY22, ASPR awarded over \$231 million in HPP cooperative agreements to jurisdictions.¹⁶ The jurisdictions distributed these funds directly to the HCCs.

ENDNOTES

¹ On March 27, HHS announced that the Administration for Strategic Preparedness and Response (ASPR) will become part of CDC. When talking about ASPR responsibilities in this review, we are referencing ASPR's responsibilities prior to its transition to CDC.

² The Florida Agency for Health Care Administration (AHCA) also serves as Florida's State Survey Agency (SA). See EN10 for more information regarding the role of SAs.

³ The dialysis center response to Hurricane Fiona in Puerto Rico was not as extensive as that for Hurricane Ian in Florida. However, activities implemented by dialysis centers in the days immediately leading up to each storm were similar.

⁴ The Puerto Rico Department of Health (PRDH) has seven regions, all of which correspond with an HCC. The Puerto Rico Emergency Management Branch (PREMB) divides into 10 zones, which are different from the seven PRDH regions. Since we examined emergency preparedness of specific health care facilities, we used the PRDH regions as the geographic regions, as the PRDH supports health care facilities and oversees the HCCs.

⁵ Florida is composed of 67 counties. Each county has a local public health department as well as an emergency management department.

⁶ Hurricane Fiona did not cause a significant number of evacuations or closures of health care facilities in Puerto Rico. Therefore, the team had to broaden its population criteria to include regions with at least one closed hospital, dialysis center, or community health center. In Puerto Rico, some community health centers may be known as "hospitals" because they are the only facility in a remote area.

⁷ As we identified which HHS response resources were used for our sample of facilities and communities, we determined that CDC resources were not prioritized for our sample. We decided to focus only on ASPR and CMS resources. While this review did not focus on CDC-specific resources, CDC does provide funding through the Public Health Emergency Preparedness (PHEP) cooperative agreement to build and strengthen health departments' abilities to respond to public health emergencies.

⁸ Puerto Rico and Florida also receive funding through CDC's PHEP cooperative agreement. In FY22, Puerto Rico received \$6,653,125 and Florida received \$32,589,946. CDC, *PHEP Budget Period 4 (Fiscal Year 2022) Funding*. Accessed at <https://stacks.cdc.gov/view/cdc/139676> on May 21, 2025.

⁹ The five specialized units include (1) DMATs; (2) Trauma and Critical Care Teams; (3) Disaster Mortuary Operational Response Teams; (4) National Veterinary Response Teams; and (5) Victim Information Center Teams. ASPR, *NDMS Teams of Responders*. Accessed at <https://aspr.hhs.gov/NDMS/Pages/ndms-teams.aspx> on March 7, 2025.

¹⁰ To ensure compliance with the EP CoPs, CMS contracts with SAs to conduct inspections of facilities' emergency plans. The frequency of SA inspections varies by facility type. Most facilities are inspected every 3 years, on average. CMS, *Major Survey & Certification Functions*. Accessed at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/MPD-Overview-of-SC-Activities.pdf> on August 18, 2023.

¹¹ CMS has also designated some accrediting organizations to inspect health care facilities to certify that health care facilities meet Federal requirements, as an alternative to SA inspections. One example of an accrediting organization is The Joint Commission. If The Joint Commission certifies a health care facility, the facility is eligible to receive Medicare and/or Medicaid reimbursement. The Joint Commission, *Frequently Asked Questions*. Accessed at [https://www.jointcommission.org/who-we-are/facts-about-the-joint-commission/joint-commission-faqs/#:~:text=What%20happens%20during%20an%20accreditation,laboratories\)%20to%20evaluate%20standards%20compliance](https://www.jointcommission.org/who-we-are/facts-about-the-joint-commission/joint-commission-faqs/#:~:text=What%20happens%20during%20an%20accreditation,laboratories)%20to%20evaluate%20standards%20compliance) on August 18, 2023.

¹² CMS, *Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual*, April 16, 2021, p. 97. Accessed at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf on August 16, 2023.

¹³ In addition to supporting dialysis centers' response to emergencies, KCER supports dialysis centers' preparedness when there is no pending emergency. KCER provides trainings and exercises for dialysis centers, ESRD Networks, and community stakeholders to practice how to respond during an emergency and ensure that patients have access to dialysis treatments. In addition, KCER provides technical assistance to End-Stage Renal Diseases (ESRD) Network Programs, kidney organizations, and other groups (e.g., hospitals, physicians, and patient organizations) to ensure that the needs of dialysis patients are considered and prioritized during an emergency.

¹⁴ In addition to support during and after an emergency, HCCs support communities and facilities with preparedness when there is no pending emergency. HCCs provide trainings and networking to support facilities in testing their emergency plans and improve coordination among facilities. Additionally, HCCs help communities with identifying preparedness gaps to address for future emergencies. ASPR, *Hospital Preparedness Program (HPP)*. Accessed at <https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/default.aspx> on March 7, 2025.

¹⁵ HPP funding cannot be used for individual facilities to meet the EP CoPs. ASPR, *Funding Opportunity Announcement: Hospital Preparedness Program Cooperative Agreement (CFDA # 93.889)*, p. 48. Accessed at <https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=111199> on April 16, 2025.

¹⁶ Specifically, under HPP, Puerto Rico received \$2,590,019 and Florida received \$11,800,098 in FY22. ASPR, *HPP Fiscal Year 2022/Budget Period 4 Funding*. Accessed at <https://aspr.hhs.gov/HealthCareReadiness/HPP/Documents/FY-2022-HPP-Funding-Table.pdf> on March 7, 2025.