

Prepublication Requirements

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Requirement Revisions Related to NFPA Codes and CMS CoPs

Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

APPLICABLE TO THE CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAM March 1, 2026

Medication Management (MM) Chapter

MM.11.01.01

The critical access hospital safely manages pharmaceutical services.

Element(s) of performance for MM.11.01.01

Current EP 1 Drugs and biologicals are procured, stored, controlled, and distributed, in accordance with federal and state laws and accepted standards of practice.

Removed mapping to CoP §485.635(d)(3)

MM.16.01.01

The critical access hospital safely administers medications.

Element(s) of performance for MM.16.01.01

Current EP 1 Drugs and biologicals are prepared and administered in accordance with federal and state laws, the orders of the licensed practitioner or practitioners responsible for the patient's care, and accepted standards of practice.

For rehabilitation and psychiatric distinct part units in critical access hospitals: Drugs and biologicals may be prepared and administered as follows:

- On the orders of other practitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.
- On the orders contained within preprinted and electronic standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of 42 CFR 482.24(c)(3).

- Revised EP 1 Drugs and biologicals are prepared and administered in accordance with the following:
- Federal and state laws
 - The orders of the licensed practitioner or practitioners responsible for the patient's care
 - Accepted standards of practice

Note 1: Drugs and biologicals are administered by or under the supervision of a registered nurse, a doctor of medicine or osteopathy, or, where permitted by State law, a physician assistant.

Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Drugs and biologicals may be prepared and administered as follows:

- On the orders of other practitioners not specified under 42 CFR 482.12(c) only if such practitioners are acting in accordance with state law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.
- On the orders contained within preprinted and electronic standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of 42 CFR 482.24(c)(3).

Edit: Revised and added mapping to CoPs §482.23(c)(2) and §485.635(d)(3)

- Deleted EP 2 ~~Drugs, biologicals, and intravenous medications are administered by, or under the supervision of, a registered nurse, a doctor of medicine or osteopathy, or, where permitted by state law, a physician assistant.~~

~~Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: Drugs and biologicals are administered by, or under supervision of, nursing or other staff in accordance with federal and state laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.~~

Edit: Consolidated and moved to MM.16.01.01, EP 1.

Physical Environment (PE) Chapter

PE.04.01.01

The critical access hospital addresses building safety and facility management.

Element(s) of performance for PE.04.01.01

- Current EP 1 The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).

Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.

Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.

~~Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.~~

Revised EP 1 The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).

Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.

Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.

Current EP 2 The critical access hospital maintains essential mechanical, electrical, and patient care equipment in safe operating condition.

Revised EP 2 The critical access hospital maintains essential mechanical, electrical, and patient care equipment in safe operating condition.

Note 1: For fire/smoke detection, alarm, and extinguishing system testing: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.

Note 2: For all other equipment: Inspection, testing, and maintenance activities are documented in accordance with manufacturer's recommendations or established alternative equipment maintenance (AEM) activities and frequencies defined in the AEM program.

PE.04.01.03

The critical access hospital manages utility systems.

Element(s) of performance for PE.04.01.03

Current EP 3 The critical access hospital meets the emergency power system and generator requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.

Revised EP 3 The critical access hospital meets the emergency power system and generator requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.

Note: The critical access hospital implements the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.