



December 7, 2022

The Honorable Patty Murray  
Chairwoman  
Senate HELP Committee  
154 Russell Senate Office Building  
Washington, D.C. 20510

The Honorable Richard Burr  
Ranking Member  
Senate HELP Committee  
217 Russell Senate Office Building  
Washington, D.C. 20510

Dear Chairwoman Murray and Ranking Member Burr:

The Joint Commission commends the Committee on Health, Education, Labor, and Pensions (HELP) for advancing emergency management (EM) provisions through S. 3799, the Prepare for and Respond to Existing Viruses, Emerging New Threats, and (PREVENT) Pandemics Act, and **urges their passage before the end of the year.**

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public in collaboration with other stakeholders, by evaluating health care organizations (HCOs) and inspiring them to excel in providing safe and effective care of the highest quality and value. An independent, not-for-profit organization with a global presence, The Joint Commission accredits and/or certifies more than 25,000 HCOs and programs in the United States. The Joint Commission evaluates HCOs across the continuum of care, including most of the nation's hospitals. Although accreditation is voluntary, a variety of federal and state government regulatory bodies, including the Centers for Medicare and Medicaid Services, recognize The Joint Commission's decisions and findings for Medicare or licensure purposes.

The Joint Commission specifically supports the provision to establish a bipartisan task force to examine the country's preparedness for and response to the COVID-19 pandemic, identify gaps, and make recommendations to the President and Congress. The COVID-19 pandemic was unprecedented in its impact on health care delivery, and a thorough review of the response is needed so that the country can improve its preparedness for the next public health emergency (PHE). We urge, though, the inclusion of language clarifying how the health care delivery system, particularly accrediting organizations (AO), will be included in the task force's work. One key lesson learned throughout the COVID-19 PHE is the importance of collaboration between the public and private sector stakeholders.

The Joint Commission can be a particularly valuable partner to the task force because of its situational awareness of how HCOs manage during an emergency. As an example, The Joint Commission accredits the vast majority of U.S. hospitals and had a first-hand look at how the preparedness affected patient care and the staff who worked tirelessly to deliver services. During the early months of the COVID-19 pandemic, The Joint Commission provided the federal government with information from its accredited HCOs regarding supply shortages and the need for additional regulatory waivers. Also, The Joint Commission has a long history of evaluating HCOs for compliance with emergency management (EM) standards. Accredited acute care hospitals and critical access hospitals have always been required to have a comprehensive EM

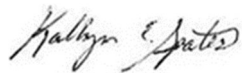
program that utilizes an all-hazards approach and contains components such as a hazard vulnerability analysis, mitigation and preparedness activities, and an emergency operations plan. In July, The Joint Commission implemented new and revised EM standards based upon a comprehensive review of its existing standards which have been in effect for nearly 20 years,<sup>1</sup> taking into account experiences from the COVID wave.

The Joint Commission supports Section 105, which would provide additional authority for the U.S. Department of Health and Human Services (HHS) Secretary to coordinate with other federal agencies in a future PHE response. We believe that a more coordinated response by the federal government with the Administration for Strategic Preparedness and Response as the lead subagency will help to provide a more effective PHE response.

The Joint Commission urges, though, that the HHS Secretary establish a process by which AOs are consulted early in decision-making processes. AOs should also be part of routine meetings involving all relevant federal agencies where actionable information is shared and appropriate decisions are made. Accredited HCOs often turn quickly to The Joint Commission for information, such as appropriate infection control practices and issues of supply shortages, emerging data, and other inquiries during catastrophic events – particularly when they cannot get the needed information from government websites. Often, we were not able to provide timely information. This was a lost opportunity for the government to get messages out to hospitals and other health care provider organizations. While early in the COVID-19 pandemic, The Joint Commission was part of some federal agency meetings about COVID, most of these meetings provided limited information - in part, because the agency staff did not have the benefit from their other federal partners' knowledge. Therefore, we could not provide thorough information about the whole-of-government response and important details to our accredited hospitals.

The Joint Commission is pleased to answer any questions you may have regarding our comments. If you have any questions, please do not hesitate to contact me or my staff: Tim Jones, Senior Associate Director, Federal Relations, at [tjones2@jointcommission.org](mailto:tjones2@jointcommission.org) or Kody Kirk, Federal Relations Specialist, Federal Relations, at [kkirk@jointcommission.org](mailto:kkirk@jointcommission.org) or 202-783-6655.

Sincerely,



Kathryn E. Spates, JD  
Executive Director, Federal Relations

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<sup>1</sup> R3 Report New and Revised Standards in Emergency Management, <https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/final-r3-report-emergency-management.pdf>.