

Government and Regulatory Affairs Webinar

*Emergency Preparedness Under Government Scrutiny:
Managing Regulatory Change, Risk and Compliance*



Gabriel S. Oberfield

Member

goberfield@bsk.com

New York, NY

Today's Agenda

The Practice Group and Your Presenter

The Webinar Series

The Federal Frame

New York State

What Now?

Questions / Discussion

The Practice Group

Overview

Bond's Government and Regulatory Affairs attorneys are skilled in supporting their clients' legal needs as they navigate the complexities of New York State and local government. We often work in collaboration with lobbyists and consultants, leveraging our legal expertise to meet client needs.

Who we are:

Bond's Government and Regulatory Affairs attorney team brings deep, firsthand experience in government, its operations, structure and culture. Among us are former trade association executives, City Hall liaisons and State agency leaders.

We are trusted by public-sector decision makers because we have walked in their shoes. We understand the intricacies of governmental processes and know how to navigate them effectively. Leveraging that insight, we develop tailored action plans that address our clients' unique challenges.

We don't just identify problems—we craft and deliver actionable solutions. Bond attorneys have proudly provided this caliber of administrative and regulatory representation for generations.

The Webinar Series, to Date...and What's Ahead

Highlights in this multi-part series have included:

Part One: *On April 2, 2026, Bond attorneys Mara Afzali and Roger Bearden provided a practical, case-driven understanding of how Article 78 works, when it is most effective and how to integrate litigation strategy into ongoing policy and regulatory advocacy.*

Part Two: *On April 22, 2026, Bond attorney Michael Barnett discussed how federal and state investigators are still scrutinizing pandemic-related loans and grants issued in 2020 and 2021, including those given to legitimate businesses across a range of industries.*

Today's Presentation: *Employing a healthcare lens, with lessons of broader practical import across industries.*

Planned Content, Ahead:

- Semi-annual newsletter (summer 2026)
- Additional Webinars (fall 2026)



Afzali



Bearden



Barnett

Your Presenter

- Co-chair of Bond's practice group
- Preceding stints in NYC gov't and in trade association leadership
- Led emergency prep and responses (e.g., Sandy, pandemic)
- Developed and implemented rigorous trainings and exercises for healthcare delivery organizations
- Testified on EP and implemented response operations and co-led statewide healthcare EP working group
- Ongoing engagement – e.g., Federal public-private healthcare cybersecurity working group



The Federal Frame

- Broad recognition developing across the nation – dating to Hurricane Katrina in 2005 – concerning benefits to emergency preparedness
- Federal and State efforts progress during the following decade
- Federal enforcement amplifies with emergency preparedness rule – with 2017 effective date

› [Emergency preparedness](#) › [Emergency Preparedness Rule](#)



Mobile Metro area (via AL.com and Associated Press):



Credit: weather.gov

Emergency Preparedness Rule

Emergency Preparedness Rule

Quality, Safety & Oversight Group- Emergency Preparedness Regulation Guidance

Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 CMS published in the Federal Register the *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule*. The regulation became effective November 16, 2016. Health care providers and suppliers affected by this rule were to be compliant and implement all regulations one year after the effective date, on November 15, 2017.

CMS.gov Centers for Medicare & Medicaid Services

The Federal Frame

Federal Conditions of Participation (CoPs) for emergency preparedness, established by CMS, require Medicare and Medicaid participating providers to develop comprehensive, **all-hazards** emergency programs.

Key requirements include:

- a facility-based risk assessment,
- a documented emergency plan generally updated at least every 2 years,
- a communication plan, and
- regular training and testing (exercises) of the plan.

All-Hazards Approach:

- Flexible and malleable to address not only the last crisis, but the unforeseeable one to come.

The screenshot shows the eCFR website interface. At the top, there is a navigation bar with links for 'Browse', 'Search', 'Recent Changes', 'Corrections', 'Reader Aids', and 'My eCFR'. The main header features the 'Code of Federal Regulations' title and the National Archives logo. Below the header, a blue bar indicates 'Title 42'. A light blue banner states 'Displaying title 42, up to date as of 5/22/2026. Title 42 was last amended 5/20/2026.' and includes a link to 'view historical versions'. A search bar is present with the placeholder text 'Enter a search term or CFR reference (eg. fishing or 1 CFR 1.1)'. The breadcrumb trail shows 'Title 42 / Chapter IV / Subchapter G / Part 485 / Subpart F / § 485.625'. The main content area is titled 'ECFR CONTENT' and displays the text for § 485.625: 'Condition of participation: Emergency preparedness.' The text states that the CAH must comply with all applicable Federal, State, and local emergency preparedness requirements and develop a comprehensive program. It lists four elements of the emergency plan: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. (2) Include strategies for addressing emergency events identified by the risk assessment. (3) Address patient population, including, but not limited to, persons at-risk; the type of services the CAH has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans. (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during

The Federal Frame

Core Elements of CMS Emergency Preparedness Rules

All 17+ types of participating providers (hospitals, nursing homes, HHAs, etc.) must adhere to these four core elements:

- **Risk Assessment and Planning:** Develop an emergency plan based on a facility-based and community-based hazard vulnerability assessment (all-hazards approach).
- **Policies and Procedures:** Create policies based on the plan, including subsistence needs (food, water, medical supplies), evacuation plans, and protecting patient records.
- **Communication Plan:** Establish a plan that complies with federal and state laws, including staff contact information, emergency officials, and a method for sharing patient information.
- **Training and Testing:** Implement training for all staff and conduct exercises to test the plan at least twice per year (e.g., annual full-scale community-based exercise or individual functional exercise).



The Federal Frame

- **Key Regulatory Components**
- **Patient Population:** Plans must specifically address the patient population, including at-risk individuals.
- **Emergency/Standby Power:** Requirements include complying with NFPA standards for generators, such as testing and fuel maintenance.
- **Coordination:** Collaboration with local, tribal, regional, and state emergency officials is required to ensure an integrated response.



Other Federal Considerations

- **Provider-Specific Obligations** -- operational differences may apply to your facility type, e.g.:
- **Hospitals, Critical Access Hospitals (CAHs), and Long-Term Care (LTC):** Must document annual exercises -- a full-scale, community-based exercise and, at one's option, a tabletop drill.
- **Outpatient Providers (e.g., Ambulatory Surgical Centers, Home Health Agencies, Hospices, and Clinics):** Are required to document one annual full-scale exercise and one tabletop drill.
- **Dialysis Facilities:** Must also meet specific Life Safety Code fire safety measures during disasters.
- **Federal Resources & Waivers**
- During a formally declared Public Health Emergency (PHE) under Section 319 of the Public Health Service Act, the HHS Secretary may issue [Section 1135 Waivers](#), temporarily modifying certain regulations to ensure continuity of care (recall – COVID-19)





New York State's Role

September 26, 2025

DHCBS DAL 25-11
Subject: Transportation Assistance Levels

The State's Department of Health oversees the EP posture of programs operating under its regulations

Dear Administrator Letters map out expectations

Here, e.g., focus on "transportation assistance levels" – ensuring that individuals under care are categorized concerning their mobility in case of need for evacuation

Dear Administrator: The purpose of this Long Term Home Health Services Agencies (LT-HC- guidance in developing an emergency plan made (e.g. explosions, fires, pandemic, tornadoes and earthquakes, flooding). An emergency can be any local or limited to the agency operations provide services or pose risks to staff and patients.

Regulatory requirements
Regulations found in 10 NYCRR Sections 766.9(c) for LT-HCPS; 794.1(m) for Hospices; require that providers that includes agency specific procedures to be followed to assure patients continue to be met. The governing authority or operator of a written emergency plan which is current and includes procedures that interfere with delivery of health care needs of patients continue to be met in emergencies that interfere with delivery of services, and orientation of all employees to their responsibilities in carrying out the plan.

1(a)(10) for CHHAs and agency preparedness plan shall ensure the development of the health care needs of regional, agencies to

Dear Administrator:

On September 1, 2017, the New York State Department of Health ("Department") sent out an informational message regarding Transportation Assistance Level revisions. This Dear Administrator Letter is to re-enforce that the revised Transportation Assistance Levels should be included in the agency's written emergency plan, and that patient classification levels and ambulatory categories including sub-categories should be on the patient roster. This Dear Administrator Letter serves to update DAL: DHCBS 16-11, dated 12/1/2016, Emergency Preparedness Requirements for Home Care & Hospice Provides regarding home health agency transportation assistance level scale.

The revised Transportation Assistance Level 1 (Non-ambulatory) has 3 sub-categories:

- Non-ambulatory – Stretcher
- Non-ambulatory – Vent
- Non-ambulatory – Bariatric

The revised Transportation Assistance Level 2 (Wheelchair) reflects the Bureau of Emergency Medical Services policy regarding transport of individuals with intravenous infusion lines:

- Intravenous infusion lines should be converted to saline locks or discontinued for transport. These patients/residents may be escorted by a non-clinical staff member.
- Patients/residents with a continued IV infusion must be escorted by a nurse or paramedic during transport.

The purpose of the revised Transportation Assistance Level is to ensure specific procedures are in place that will ensure patient safety based on individual needs and patient centered care planning to help streamline and coordinate evacuations statewide.

New York State's Role – see, e.g., OPWDD

INFORMATION MEMO

JULY 24, 2025

OPWDD Adopts Final Emergency Preparedness Regulations

On July 23, 2025, the Office for People with Developmental Disabilities adopted final regulations requiring all facilities certified or operated by OPWDD to maintain an agencywide Emergency Management Plan (EMP) and develop and maintain an Emergency Preparedness Plan (EPP) for each facility certified or operated by OPWDD. These new state regulatory requirements are in addition to existing federal requirements applicable to Intermediate Care Facilities in 42 CFR part 483.

The Emergency Preparedness regulations come after the [Office of State Comptroller audit](#) of emergency plans and actions during the COVID-19 pandemic. The regulations seek to address the concerns of that report by requiring each facility to have an EPP developed through an all-hazards approach, taking into account the needs of the individuals who reside in or attend the facility. The regulations further provide that each EPP must include preparedness strategies and response actions to address natural and human-made disasters identified within the documented risk assessment, including any future public health emergencies. Employees and volunteers must receive training on the EPP(s) within three months of initial employment, commencing volunteer activities or initial certification and on at least an annual basis. Further, each EPP must be reviewed at least annually and updated if changes are warranted.

These new regulations create significant new compliance obligations for OPWDD-certified or -operated facilities and should be carefully reviewed by OPWDD providers. OPWDD has indicated that, to reduce costs associated with this regulation, it has developed training, guidance and materials that will be given to providers for implementation. If you have any questions about the Emergency Preparedness Regulations, please contact [Roger Bearden](#) or the Bond attorney with whom you typically work.

- On July 23, 2025, the Office for People with Developmental Disabilities adopted final regulations requiring all facilities certified or operated by OPWDD to maintain an agencywide Emergency Management Plan (EMP) and develop and maintain an Emergency Preparedness Plan (EPP) for each facility certified or operated by OPWDD.
- The state regulatory requirements are in addition to existing federal requirements applicable to Intermediate Care Facilities in 42 CFR part 483.
- Regulations arose after the Office of State Comptroller audited emergency plans and actions during the COVID-19 pandemic.

New York State's Role – see, e.g., OPWDD

- From Roger Bearden's Summer 2025 summary (available through Bond):
 - “The regulations implore each facility to have an EPP developed through an all-hazards approach.”
 - “The regulations further provide that each EPP must include preparedness strategies and response actions to address natural and human-made disasters identified within the documented risk assessment, including any future public health emergencies.”
 - “Employees and volunteers must receive training on the EPP(s) within three months of initial employment, commencing volunteer activities or initial certification and on at least an annual basis.”
 - “Further, each EPP must be reviewed at least annually and updated if changes are warranted. These new regulations create significant new compliance obligations for OPWDD-certified or -operated facilities and should be carefully reviewed by OPWDD providers.”

New Risks...



Ebola

EXPLORE THIS TOPIC

SEARCH

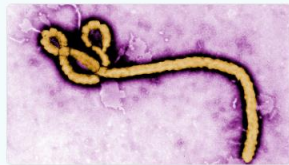
VIRAL HEMORRHAGIC FEVERS

Ebola Disease Basics

For Everyone
MAY 21, 2026 · ESPAÑOL

KEY POINTS

- Ebola disease is caused by an infection with an orthoebolavirus.
- Orthoebolaviruses are found primarily in sub-Saharan Africa.
- Orthoebolaviruses can cause serious and often deadly disease, with a mortality rate as high as 80 to 90 percent.
- There is an FDA-approved vaccine for the prevention of Ebola virus (species *Orthoebolavirus zairense*).



MORE INFORMATION

For Everyone

For Health Care Providers

For Public Health

Credit: Federal Centers for Disease Control and Prevention

Global Regions



Home Health Topics Countries Newsroom Emergencies Data About WHO

Home / Newsroom / Fact sheets / Detail / Hantavirus

Hantavirus

6 May 2026

Key facts

- Hantaviruses are a group of viruses carried by rodents that can cause severe disease in humans.
- People usually get infected through contact with infected rodents or their urine, droppings or saliva.
- Infection with hantaviruses can cause a range of illnesses, including severe disease and death.
- In the Americas, hantaviruses can cause hantavirus cardiopulmonary syndrome (HCPS), a severe respiratory illness, with a case fatality rate up to 50%.
- Andes virus, found in South America, is a currently known hantavirus for which limited human-to-human transmission among contacts has been documented.
- In Europe and Asia, hantaviruses cause haemorrhagic fever with renal syndrome (HFRS).

Overview

Hantaviruses are zoonotic viruses that naturally infect rodents and are occasionally transmitted to humans.

العربية 中文 Français Русский

Español

Related

Video: hantavirus explainer



Credit: World Health Organization



The HIPAA Journal is t regulatory up

- Become HIPAA Compliant
- HIPAA Checklist
- HIPAA News
- HIPAA Breach News
- Cybersecurity News
- HIPAA I
- Compliance Pros Hub
- Small Practices Hub
- Business Associate Hub
- Health Tech Vendors
- HIPAA Training
- HIF

The Oncology Institute Confirms Unauthorized Access to Systems Due to Vendor Breach

Posted By [Steve Alder](#) on May 27, 2026

The Oncology Institute, a publicly traded provider of cancer care through more than 100 clinics in California, Oregon, Nevada, Arizona, and Florida, has recently confirmed that patient data was potentially accessed by an unauthorized third party as a result of a security incident at one of its vendors.

In a November 3, 2025, filing with the U.S. Securities and Exchange Commission (SEC), The Oncology Institute said that it determined on November 3, 2025, that a cybersecurity incident at one of its information technology software providers would potentially delay fee-for-service collections. At the time of the notice, The Oncology Institute said its vendor was unable to confirm whether patient data had been accessed in the attack, and that at the time of issuing the filing, it was unaware of any unauthorized access to patient data as a result of the incident, but the investigation into the incident was ongoing.

Credit: HIPAA Journal

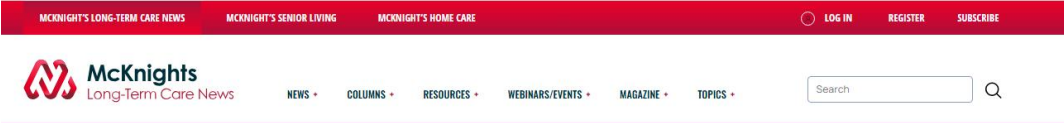




Federal HHS OIG Takes Notice...

April 2026 | A-02-23-01022

Most Nursing Homes Throughout the United States Do Not Have Adequate or Reliable Emergency Power Systems



NEWS
Most nursing homes lack 'adequate or reliable' emergency power: OIG

 **KIMBERLY MARSELAS** x @KIMMARSELAS
APRIL 30, 2026
SHARE



Wide-scale blackouts can quickly escalate health concerns in nursing homes without an alternate power supply. (Photo: halbergman/Getty Images)

Credit: McKnight's

TOP STORIES VIEW ALL

- NEWS**
Behind nuclear verdicts in skilled nursing: Data-mining, AI and investor interest drive outlier awards
- NEWS**
Advantage I-SNPs: Report links model to better outcomes in 7 of 9 key metrics
- NEWS**
Also in the News for Wednesday, May 27

“Specifically, an emergency electrical power system must supply power adequate at least for lighting all entrances and exits; equipment to maintain fire detection, alarm and extinguishing systems; and life support systems in the event the normal electrical supply is interrupted ... Further, facilities must establish policies and procedures on heating and cooling their facility if they lose power during an emergency.”

And CMS “acknowledged that it is charged with developing and enforcing quality and safety standards across the nation’s healthcare system.”

What to Do Now?

Develop and Implement Policies and Procedures:

- Create Them (We can help)
- Update Them! (We can help)
- Test Them! (We can help)

Operationalize:

- Hazard Vulnerability Analyses
- Business Continuity Planning
- Standing Up Competency-Testing Committees
- Training – e.g., drill on your incident command system and set up emergency ops
- Partnerships (including for decanting – N.B. – overlay with requirements)
- Leadership
- Scenario Planning
- Exercises





Resources

- Public offerings include...
 - HHS's ASPR-TRACIE
 - Nat'l Incident Management System
 - HSCC
 - HRSA
 - FEMA
 - CMS

Mass Violence

Mass violence incidents require efficiency and coordination among multiple agencies and entities. Efforts must be directed toward doing what is counter to the threat. The right resources can help communities be able to find what you need for possible

Search the Resource Library:

You're a health provider, medical technology or health I.T. company, pharmaceutical manufacturer, health plan or payer, public health agency.

How do you want to improve your cybersecurity posture?

 <p>Monitor Threats</p>	 <p>Manage Risks</p>	 <p>Respond & Recover</p>
<ul style="list-style-type: none"> > Third-Party AI Risk and Supply Chain Transparency Guide > Health Sector Publishes Previews to AI Cybersecurity Guidances > Health Industry NIST CSF Implementation Guide > Artificial Intelligence Machine Learning <p style="text-align: center; border: 1px solid #ccc; padding: 5px;">VIEW MORE</p>	<ul style="list-style-type: none"> > Third-Party AI Risk and Supply Chain Transparency Guide > Health Sector Publishes Previews to AI Cybersecurity Guidances > Health Industry Cybersecurity – Sector Mapping and Risk Toolkit (SMART) > On the Edge: Cybersecurity Health of America's Resource-Constrained Health Providers <p style="text-align: center; border: 1px solid #ccc; padding: 5px;">VIEW MORE</p>	<ul style="list-style-type: none"> > Third-Party AI Risk and Supply Chain Transparency Guide > Health Sector Publishes Previews to AI Cybersecurity Guidances > Medical Product Manufacturer Cyber Incident Response Playbook (MPM CIRP) > Cyber Incident Response Executive Checklist <p style="text-align: center; border: 1px solid #ccc; padding: 5px;">VIEW MORE</p>

Credit: HHS.gov

Credit: healthsectorcouncil.org

Operation Vital Signs – National Tabletop

National Healthcare and Public Health Tabletop Cyber Exercise Nearing Launch

“Operation Vital Signs” is a two-day cyber incident response and recovery exercise on July 21-22, co-sponsored by the Health Sector Coordinating Council Cybersecurity Working Group and Health Information Sharing and Analysis Center.

...All regulated healthcare organizations, public health agencies and representing industry and stakeholder associations should participate. Personnel within participating organizations can include senior operational and administrative executives and SME’s involved in leading cyber incident response, operational continuity, recovery planning and execution, and external/sector coordination activities.

Operation Vital Signs – National Tabletop

The exercise will take place over two half-days (July 21 and July 22, 2026) on a virtual platform, from 12:00-4:00pm ET each day.

The exercise is built around a realistic scenario that affects organizations across the HPH ecosystem. Participants will work through scenario injects and discuss how to manage disruption, coordinate internally, communicate externally, recover, and engage with government and industry sector partners under pressure. The goal is to exercise real-world response, continuity, and recovery processes during a sector-wide event. The output will be a publicly released report to summarize shared understanding, outcomes, and recommendations for sector improvements.

To register: go to <https://portal.h-isac.org/s/community-event?id=a1YVn000005Bd3B>.

Your Questions



Thank You

The information in this presentation is intended as general background information.
It is not to be considered as legal advice.
Laws can change often, and information may become outdated.

All rights reserved.

This presentation may not be reprinted or duplicated in any form without the express written authorization of Bond, Schoeneck & King PLLC.