# CMS Manual System

## Pub. 100-07 State Operations Provider Certification

**Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS)**

**Transmittal 248** **Date: September 18, 2026**

**SUBJECT: Revisions to the State Operations Manual (SOM) Appendix A – Hospitals**

**I. SUMMARY OF CHANGES:** This Transmittal includes revisions based on recent federal regulation changes via (CMS–1809–FC) and is a follow-up to memo QSO 26-07 released on March 27, 2026. Revisions are being made to the interpretive guidance for hospital and Critical Access Hospital (CAH) requirements for emergency services protocols and provisions, with particular emphasis on emergency responses to obstetrical emergencies, to align with the obstetrical services Conditions of Participation (CoPs) implementation as of July 1, 2025, and assists surveyors in evaluating compliance with regulatory requirements for emergency patient care.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: September 18, 2026**
**IMPLEMENTATION DATE: September 18, 2026**

***The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.***

**II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)**
**(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)**

| R/N/D | CHAPTER/SECTION/SUBSECTION/TITLE |
|---|---|
| **R** | Appendix A/A-1114/482.55 (c) Emergency services readiness. Effective July 1, 2025, in accordance with the complexity and scope of services offered, there must be adequate provisions and protocols to meet the emergency needs of patients.<br>(1) Protocols. Protocols must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate post-delivery care. |
| **R** | Appendix A/A-1115/482.55 (c)(2) Provisions. Provisions include equipment, supplies, and medication used in treating emergency cases. Such provisions must be kept at the hospital and be readily available for treating emergency cases to meet the needs of patients. The available provisions must include the following: |

| | |
|---|---|
| | (i) Drugs, blood and blood products, and biologicals commonly used in life-saving procedures;<br>(ii) Equipment and supplies commonly used in life-saving procedures; and<br>(iii) Each emergency services treatment area must have a call-in-system for each patient. |
| **D** | Appendix A/A-1116/482.55 (c)(2),(c)(2)(i)(ii)(iii) Provisions. Provisions include equipment, supplies, and medication used in treating emergency cases. Such provisions must be kept at the hospital and be readily available for treating emergency cases to meet the needs of patients. The available provisions must include the following: (i)Drugs, blood and blood products, and biologicals commonly used in life saving procedures; (ii) Equipment and supplies commonly used in life-saving procedures; and (iii) each emergency services treatment areas must have call in system for each patient. |

**III. FUNDING: No additional funding will be provided by CMS.**

**IV. ATTACHMENTS:**

| | |
|---|---|
| | Business Requirements |
| X | Manual Instruction |
| | Confidential Requirements |
| | One-Time Notification |
| | Recurring Update Notification |

# State Operations Manual
## Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

**Table of Contents**
*(Rev. 248; Issued: 09-18-26)*

## A-1114

***(Rev. 248; Issued: 09-18-26; Effective: 09-18-26; Implementation: 09-18-26)***

**482.55(c) Standard: Emergency services readiness. Effective July 1, 2025, in accordance with the complexity and scope of services offered, there must be adequate provisions and protocols to meet the emergency needs of patients.**

**(1) Protocols. Protocols must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate post-delivery care.**

**Interpretive Guidance §482.55(c)*(1)***

*The hospital must develop protocols to respond quickly and efficiently to emergencies based on the scope and complexity of its patient population. The protocols must be based on nationally recognized and evidence-based practice for managing medical, surgical, and obstetrical emergencies, including but not limited to complications during labor, delivery, and the immediate post-delivery period. There are various professional organizations used to develop nationally recognized guidelines for the management of medical and surgical emergencies, such as American College of Emergency Physicians (ACEP), Advanced Trauma Life Support (ATLS), and American Heart Association (AHA) that can be considered. Examples of medical and/or surgical emergencies may include, but are not limited to:*

- *Cardiac arrest*
- *Stroke*
- *Trauma (including pediatric trauma)*
- *Sepsis*
- *Respiratory distress*

*Additionally, there are other professional organizations, specializing in obstetrics and fetal medicine, such as the American College of Obstetricians and Gynecologists (ACOG) or Society of Fetal Medicine (SFM), and American Academy of Pediatrics (AAP), for neonatal emergencies that may be used as nationally recognized guidelines for the management of obstetrical emergencies. Examples of such emergencies may include, but are not limited to:*

- *Obstetric complications (e.g., hemorrhage, preeclampsia, uterine rupture)*
- *Neonatal resuscitation and other newborn care emergencies*
- *Obstetric emergencies during labor and delivery such as shoulder dystocia, cord prolapse, emergency cesarean delivery, etc.*
- *Postpartum care and complications*
- *Any other medical emergencies that could arise in the obstetrics unit*

*Hospitals are expected to have all protocols developed and approved by the medical staff and governing body, as with any other policies and protocols adopted by the hospital per §482.12. The protocols should be reviewed and updated regularly to reflect the most current and relevant*

*practices in emergency care for all patients, considering the scope and complexity of the services provided. All policies and protocols are expected to be readily available to all staff responding to medical, surgical, and obstetrical emergencies.*

**Survey Procedures §482.55(c)*(1)***

*To assess compliance with this regulation, surveyors should focus on the following key elements:*

*1) Identify if the protocol contains the required elements in the regulation.*
*2) Identify if the protocols are implemented as intended to meet the emergency needs of patients, as required.*
*3) Identify if the facility had adequate provisions to meet the emergency needs of patients, as required.*

*If any of these three elements are not met, that would constitute noncompliance.*

- *To assess compliance with key element number 1: Review the protocols to verify the hospital has written emergency protocols for: medical emergencies (e.g., stroke, cardiac arrest), surgical emergencies (e.g., trauma, hemorrhage), obstetrical emergencies and complications (e.g., eclampsia, shoulder dystocia), and immediate post-delivery care (e.g., neonatal resuscitation).*
- *Review the protocols to ensure they identify the condition or emergency type addressed and reflect the most current version of the nationally recognized standard or evidence-based guideline used (e.g., ACOG, ACEP, AHA).*
- *Verify that protocols are regularly reviewed and updated according to hospital policy to reflect the current evidence-based guideline or standard of practice and have been formally approved by the governing body and medical staff.*
- *Interview a sample of clinical staff (e.g., ED nurses, providers, OB staff) to assess their awareness of the emergency protocols and their ability to access protocols during emergencies (paper, electronic, binder, etc.).*

*To assess compliance with key elements numbers 2 and 3:*

- *If available, review a sample of five (5) patient records involving emergency care (medical, surgical, obstetrical) and include any adverse events. Review the hospital's evidence for the use of appropriate protocols during the emergency, documentation of why a protocol was or was not followed, and the rationale.*
  - *Review the medical record of these patients to determine: Was the facility's emergency protocol followed (key element #2)?*
  - *Did the facility have adequate provisions to meet the emergency needs of patients (key element #3). For example, were there delays in the provision of services that led to a decline in condition or adverse events?*

- *Interview clinical staff to explain how the protocol was implemented in the emergency and do the actions of the staff documented in the medical record align with the established protocol.*

******Surveyors should avoid evaluating clinical judgment; focus on documentation and protocol alignment.***

## A-1115

***(Rev. 248; Issued: 09-18-26; Effective: 09-18-26; Implementation: 09-18-26)***

**§482.55(c)*(2) Provisions. Provisions include equipment, supplies, and medication used in treating emergency cases. Such provisions must be kept at the hospital and be readily available for treating emergency cases to meet the needs of patients. The available provisions must include the following:***

> ***(i) Drugs, blood and blood products, and biologicals commonly used in life-saving procedures;***
> ***(ii) Equipment and supplies commonly used in life-saving procedures; and***
> ***(iii) Each emergency services treatment area must have a call-in-system for each patient.***

**Interpretive Guidance §482.55(c)*(2)(i),(ii), and (iii)***

*The hospital is required to have the appropriate emergency supplies, equipment, medications, blood and blood products, and biologicals readily available for all patients in the event of a medical, surgical, or obstetrical emergency, complications, and immediate post-delivery care following their approved protocols developed for the scope and complexity of their services offered and to meet the emergency needs of their patient population.*

*The hospital must have access to and have readily available the following:*

*Drugs, blood, and blood products commonly used in life-saving procedures:*

- *Medications serve as an integral part of emergency medical procedures. For example, certain medications may be required to stabilize a patient (e.g., pain management, anticoagulants, electrolytes such as magnesium, or vasopressors to maintain blood pressure). Blood and blood products such as plasma, platelets, or red blood cells may be necessary in emergencies like surgery or cases of severe bleeding. Biologicals generally refer to vaccines, immunoglobulins, and other biologically derived substances to treat a life-threatening emergency immediately, such as allergic reactions, conditions affecting the immune system, etc. More specifically for obstetric emergencies, biologicals can be necessary to manage various emergencies, such as hemorrhage, preterm labor, Rh isoimmunization, and coagulation disorders, helping to improve maternal and fetal outcomes.*

- *Based on their approved protocols in alignment with their complexity and scope of services offered and population served, hospitals are expected to maintain an adequate supply of blood at the hospital to respond to an emergency.*

*Equipment and supplies commonly used in life-saving procedures:*

- *Medical devices such as ventilators, defibrillators, ECG monitors, oxygen supply systems, infusion pumps, and other tools may be necessary for performing life-saving procedures to protect the life of the patient. Additional specialized equipment may be needed based on the emergency conditions. Hospitals are expected to rely on national guidelines and evidence-based practice standards to identify which equipment and supplies are needed to treat medical, surgical, or obstetrical emergencies, complications and immediate post-delivery care for their patients.*

  *The hospital should make sure that the emergency equipment is always readily available and stored properly, as emergency responses are time-sensitive and patient outcomes depend on an urgent and appropriate response.*

*Emergency Call-In Systems*

- *The hospital is required to provide an emergency call system in the emergency services patient treatment area to allow all patients to communicate with staff at any time. The call-in system may include a nurse call button or intercom or could be a more elaborate patient monitoring system with communication capabilities that allow patients to summon assistance promptly. This system should allow each patient in the emergency services treatment area to easily alert staff for medical attention, pain management, or any other urgent needs. The call-in system should be readily accessible to each patient so that no patient is left unattended and can receive immediate care if their condition worsens, even those with limited mobility or impairments.*

- *Additionally, this system could be a way for healthcare staff to alert each other about the patient's status, provide instructions, or summon additional resources (e.g., if more staff are needed or if a particular piece of equipment needs to be brought in quickly). The call-in system may also include alert systems (visual or audible) to notify staff of emergencies in different parts of the facility.*

**Survey Procedures §482.55(c)*(2)(i), (ii), and (iii)***

*Observe emergency care areas (ED, OB/triage, trauma room, nursery) for:*

- *Availability of required emergency equipment, supplies and medications in accordance with hospital protocols.*
- *Emergency kits (e.g., OB hemorrhage carts, neonatal resuscitation stations) are clearly labeled, stocked, and accessible.*
- *Medications are not expired.*
- *Equipment is inspected and maintained per policy.*

*Ask clinical staff to demonstrate or explain:*

- *Use of specific emergency equipment (e.g., suction, defibrillator, neonatal warmer).*
- *Step-by-step response to an emergency condition using the applicable protocol (e.g., postpartum hemorrhage).*
- *The process for escalation and transfer, if the emergency exceeds hospital capabilities.*

*If equipment, supplies, or related items are unavailable, non-functional, or staff cannot demonstrate or explain their use in an emergency, the hospital cannot meet the patient's emergency needs. Provisions require equipment, supplies, and personnel to address patients' needs during emergencies. The absence of any of these components constitutes noncompliance.*

*Verify the call-in system used by the hospital, is functioning properly and patients always have access to the system in a manner that meets their needs. In the event the call-in system is not functional, what process does the hospital have in place to ensure that patients can call for help when needed?*

*If there is not a functional call-in system or the hospital does not have a process in place to ensure that each patient can call for help when needed, there is non-compliance.*