

CMS Considers Reducing Low-End Humidity Requirement, Outlines Interim Waiver Process

By Deanna Martin, senior communications specialist, American Society for Healthcare Engineering of the American Hospital Association

The Centers for Medicare & Medicaid Services (CMS) are considering changing the low-end humidity requirement in operating rooms from 35 percent to 20 percent, according to the American Society for Healthcare Engineering (ASHE) of the American Hospital Association. ASHE has received word from CMS headquarters that the agency is looking to change its policy and that a draft memo on the subject is currently undergoing an internal review at CMS.

ASHE supports reducing the low-end humidity requirement in operating rooms. While high-end humidity requirements are important to reduce infections and prevent mold and mildew, the current CMS low-end requirement for at least 35 percent relative humidity was first put in place to reduce static discharge and possible ignition of flammable anesthetics. Because such anesthetics are no longer used, this low-end requirement has outlived its usefulness, said Chad Beebe, ASHE Director of Codes and Standards.

Beebe noted that lowering the humidity level to 20 percent in operating rooms has no adverse affect on patients but can save hospitals thousands of dollars. In a 2010 briefing to CMS about this issue, ASHE estimated that the change could save the health care industry more than \$200 million over the next 10 years by reducing the initial ventilation system installation cost, eliminating the need to modernize existing systems to maintain 35 percent relative humidity, and providing energy conservation savings.

The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) now requires at least 20 percent humidity in hospital operating rooms. And the latest version of NFPA 99: *Health Care Facilities Code* has removed the operating room humidity requirements, as those levels were deemed out of the document's scope. But because CMS still holds hospitals to the 2000 version of NFPA 101: *Life Safety Code*, and because this version references an prior version of NFPA 99, hospitals certified by CMS are required to provide a minimum of 35 percent humidity in operating rooms.

While ASHE appreciates the fact that CMS is considering this issue, it is unclear whether making the change simply by altering CMS policy is permitted or advisable. ASHE supports the administrative procedures process, in which stakeholders have a chance to submit public comments and provide input throughout the process. CMS could also opt to change the humidity requirements by adopting the 2012 version of the *Life Safety Code*, because the 2012 edition of that document references the latest edition of NFPA 99, which doesn't include any humidity requirements. CMS is currently reviewing the 2012 edition of the *Life Safety Code* to determine suitability for adoption. However, CMS has accepted public comments on the updates to the Hospital Conditions of Participation and any regulatory changes will be addressed through a separate notice and comment rule making effort. That public comment period ended in December, and ASHE submitted comments urging CMS to adopt the 2012 edition.

ASHE will continue to monitor this issue and keep its members apprised of the latest developments. In the mean time, ASHE reminds hospitals that they can apply for CMS waivers if the humidity requirements would cause an unreasonable hardship and there would be no negative effect on patient health and safety. CMS has indicated that they are considering these waivers on a case-by-case basis, and have provided a process outline for facilities to follow:

1. The facility must submit for a waiver as part of their plan of correction after being cited for this *Life Safety Code* deficiency. The request shall provide sufficient detail in supporting evidence on the hardship it would cause, and the effect that granting the waiver would have on patient health and safety.
2. The State Agency or Accrediting Organization will review the facility waiver request and may recommend the waiver approval/denial to the CMS Regional Office.
3. The Regional Office will review the facility request, supporting evidence, the State Agency or Accrediting Organizations recommendation, and make final determination to approve or deny the request.

Beebe suggests that ASHE members applying for waivers could share their applications with other ASHE members using the ASHE LISTSERV[®] drop box. For more information or to get involved with ASHE's advocacy efforts, contact Chad Beebe at cbeebe.aha@gmail.com or at 312-422-3824.