



Oklahoma State Department of Health

James M. Crutcher, MD, MPH
Commissioner of Health

March 25, 2005

David Wright
Chief, Long Term Care Branch
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Room 833
Dallas, Texas 75202

Dear Mr. Wright:

As you are aware, Oklahoma is in the process of further developing our trauma systems on both a regional and a statewide basis. Part of these efforts have been directed toward encouraging physicians, hospitals, and emergency medical service providers to participate in an organized system of providing twenty-four hour emergency trauma care according to a regional plan developed within each of the eight trauma regions.

As our planning activities have progressed and our systems begin to be implemented, we continue to generate a significant number of questions, comments, and concerns with regard to the applicability of the Emergency Medical Treatment and Labor Act (EMTALA) to specific aspects of our regional plans.

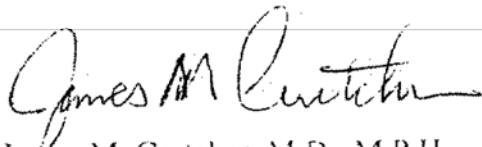
In an effort to confirm that certain assumptions we have made are true, we would like to present a few of these assumptions to the Centers for Medicare & Medicaid Services (CMS) and ask you to verify or invalidate these statements and to provide any comments you or your colleagues in the Region VI office would like to make:

1. CMS recognizes the development and implementation of community wide call plans within the context of provider's EMTALA obligations. These plans are designed to help meet a community's needs for emergency medical care by helping to ensure the appropriate delivery of emergency medical treatment for people with acute illness and traumatic injury.
2. Patients with emergency conditions may be referred and delivered to a designated hospital based on a predetermined rotational schedule as developed by the region utilizing defined clinical triage criteria according to an established protocol. Such referrals may be facilitated through a Regional Trauma Transfer and Referral Center.

3. EMTALA regulations are directed toward patients with an emergency medical condition that present to a hospital with a dedicated emergency department. A hospital that participates in an organized community wide system of providing emergency care will need to continue an internal call schedule, consistent with their resources, in order to meet the emergency needs of patients that present to the emergency department outside the community wide system, or those that have a pre-existing relationship with a member of the hospital's medical staff.
4. It is not a violation of EMTALA for hospitals participating in a community wide system of providing emergency care to refer patient transfer requests from a medical provider, *including hospitals and ambulance services, to the designated hospital.* This transfer must adhere to an established community protocol using defined clinical triage criteria and referral through a Regional Trauma Transfer and Referral Center. This does not apply to patients who are already on a hospital's grounds or are being transported by a hospital-based ambulance service.

If you have questions or need additional information, please feel free to contact Tom Welin of my staff by email at tomw@health.ok.gov or by telephone at 405-271-6576. Thank you for your time and attention, and we look forward to your response.

Sincerely,



James M. Cratcher, M.D., M.P.H.
Commissioner of Health and
State Health Officer

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Survey and Certification, Region VI

March 30, 2005

James M. Crutcher, M.D., M.P.H.
Commissioner of Health and
State Health Officer
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Protective Health Services
Medical Facilities

Fax: 405-271-1308

Dear Dr. Crutcher:

This is in response to your letter of March 25, 2005 requesting a review of certain policies and protocols with regard to the use of a Regional Trauma Transfer and Referral Center and a hospital's obligations under the Emergency Medical Treatment and Labor Act (EMTALA).

CMS recognizes the need and importance of state and regional trauma systems to ensure the rapid and effective transfer of patients to hospitals that have the necessary capabilities to provide definitive care. In doing so, we have determined that hospitals operating within the protocols of such a system are deemed to be in compliance with EMTALA.

Therefore, if a hospital is contacted directly by another hospital or ambulance seeking transfer of an emergency patient who falls within the system protocols, it would be appropriate under EMTALA to refer the call to the Regional Trauma Transfer and Referral Center for appropriate referral to the designated hospital.

Hospitals may continue to maintain their own call schedules for emergency patients who present directly to their facility seeking care, and provide medical screening stabilizing treatment utilizing those resources without incurring an EMTALA obligation for calls that are transferred to the Regional Trauma Transfer and Referral Center.

I hope this resolves any concerns you may have with implementation of the trauma system and EMTALA compliance. If you have any other questions, please do not hesitate to contact our office.

Sincerely,

David R. Wright
Chief, Long Term Care Branch
EMTALA Outreach and Education Coordinator