



Hospital Diversions

As local and regional hospitals take in more COVID-19 patients, estimates are that demand will exceed capacity, leading hospitals to go on diversion, meaning that hospitals which otherwise accept patients with emergency medical conditions, via EMS transport, will divert EMS to other hospitals because they do not have the medical capacity to provide care. The following rules posted by the Georgia Department of Community Health are in place: [111-8-40-.31\(a\)\(2\)\(xi\)](#).

Diversion Status - Inability to Deliver Emergency Services. The hospital shall develop and implement a diversion policy in consultation with the medical staff which describes the process of handling those times when the hospital must temporarily divert ambulances from transporting patients requiring emergency services to the hospital. The policy must include the following: when diversion is authorized to be called, who is authorized to call and discontinue diversion, efforts the hospital will make to minimize the usage of diversion, and how diversion will be monitored and evaluated. In connection with going on diversion status, the hospital shall:

- (I) Notify the ambulance zoning system when it is temporarily unable to deliver emergency services and is declaring itself on diversion;
- (II) Notify the ambulance zoning system when diversion status is no longer determined to be necessary; and
- (III) Monitor and evaluate its usage of diversion status and make changes within its control to minimize the use of diversion status.

Federal requirements

All Medicare-participating hospitals with dedicated emergency departments are required to provide certain services to all patients, regardless of a patient's ability to pay pursuant to Emergency Medical Treatment and Active Labor Act (EMTALA). These services include appropriate medical screening and treatment and stabilization of an emergency medical condition if the hospital is capable of treating the condition. The Centers for Medicare and Medicaid Services (CMS) has also issued [guidance on the impact of the COVID-19 outbreak on hospital obligations under the Emergency Medical Treatment and Labor Act](#). Diversion (covered on page 13) is allowable under the guidance as long as the hospital follows state rules and its internal policies. Additionally, there is a blanket 1135 CMS waiver in place that relaxes some of the EMTALA requirements as follows: *Waives EMTALA sanctions for the direction or relocation of an individual to another location to receive medical screening pursuant to an appropriate state emergency preparedness plan or for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared Federal public health emergency for the COVID-19 pandemic.*