

Capitol Region Emergency Planning Committee
RESF-8 Health and Medical – *Hospital Section*
December 2, 2009
South Congregational Church
Hartford, Connecticut

Present: *See attached attendance list*

The meeting opened at 11:33 a.m.

Mr. Stonoha opened the discussion in the absence of the chair, Mr. Falaguerra. The group discussed the process of requesting “1135 waivers.” Section 1135 of the Social Security Act permits waivers in a declared emergency, such as the one initiated by the president a month ago to facilitate responses to the pandemic H1N1 influenza. Planning has begun to define how hospitals might request waivers to remove “EMTALA sanctions for relocation of an individual to an alternative location.” For states with authorized procedures for establishing alternative care sites, such waivers would be required to authorize sending patients to these ACS without being in violation of federal requirements.

Mr. Stonoha has surveyed the hospitals in the CREPC region and reported that at this time, no hospital is planning to request such a waiver.

These waiver applications, if made, would have to be filed with the state health department. Dr. Shaw reported he has been exploring with DPH to explore procedures and alternatives. He reported on two suggested approaches to facilitate the rapid set up of ACS when hospitals can no longer accept patients. Anticipatory waivers or paperwork done in advance of any need would not be considered by DPH. And a regional application for a waiver for a group of hospitals also would not be considered. The rationale for this regional approach is a single hospital may not have the resources, especially staffing, to operate its separate alternate care site. Instead of having 12 alternate care sites independently operating, sharing resources from 12 hospitals at one alternate care site would be more effective. DPH said it will only consider authorizing an alternate care facility to operate under that hospital’s license.

The group agreed that to date there are no approved policies and procedures in Connecticut for mobilizing alternate care sites or facilities. Planning continues. Before these policies are in place, if a hospital can no longer accept patients because its licensed beds and the ED are at or over capacity, that hospital will have to transfer some inpatients if possible, or close and go on diversion. If multiple adjacent hospitals are closed and on diversion, other solutions will be required.

The meeting was adjourned at 11:55 a.m.

Respectfully submitted



Cressy Goodwin
Recorder

