Dear Health Plan Representative:

Please find attached All Plan Letter (APL) 21-021, regarding the Transfer of Hospital Enrollees as well as the Order of the State of Public Health Officer.

Thank you.
ALL PLAN LETTER

DATE: August 17, 2021

TO: All Full-Service Health Care Service Plans

FROM: Sarah Ream
Chief Counsel

SUBJECT: APL 21-021 - Transfer of Hospitalized Enrollees per Regulation Section 1300.67.02

This All Plan Letter (APL) reminds health plans of their obligations to comply with California Code of Regulations, title 28, section 1300.67.02. That section directs plans to remove certain barriers to enrollee transfers between hospitals when such transfers are made pursuant to a public health order. Section 1300.67.02 also specifies how plans must reimburse for the transfer and continued hospitalization of enrollees transferred pursuant to a public health order.

On August 16, 2021, the California Department of Public Health issued an order titled, “State Public Health Officer Order: Hospital and Health Care System Surge” (Public Health Order). The Public Health Order is attached to this APL and available at the California Department of Public Health website.

The Public Health Order requires hospitals to accept transfers of patients, without regard to the patients’ insurance status or ability to pay, when certain triggers occur (e.g., the region in which the hospital is located has less than 10% adult ICU capacity for three or more consecutive days; an individual hospital has no ICU capacity) and the transfer is ordered by the applicable Medical and Health Operational Area Coordinator, Regional Disaster Medical Health Specialist, or the California Emergency Medical Services Authority.

If you have questions regarding this APL, please contact your health plan’s assigned reviewer in the DMHC’s Office of Plan Licensing.
August 16, 2021

To: All Californians

Subject: Hospital and Health Care System Surge

State Public Health Officer Order of August 16, 2021

COVID-19 vaccines are effective in reducing infection and serious disease. At present, 64% of Californians 12 years of age and older are fully vaccinated with an additional 10% partially vaccinated. The high levels of vaccination of Californians, and particularly of those most vulnerable to severe infection and death from COVID-19, along with the continued availability of the vaccine to all eligible Californians, have removed the need for restrictions on businesses and gatherings of the kind implemented during the pandemic prior to the availability of the vaccine.

The Delta variant, which is currently the most common variant in California, is highly transmissible and may cause more severe illness. In fact, recent data suggests that viral load is roughly 1,000 times higher in people infected with the Delta variant than those infected with the original coronavirus strain, according to a recent study. California is currently experiencing the fastest increase in COVID-19 cases during the entire pandemic with 23.8 new cases per 100,000 people per day, with case rates increasing eleven-fold within two months. Hospitalizations have increased over 700% in the past two months and are projected to continue to increase.

During last winter’s surge in COVID cases, hospital capacity was ensured because of the combined effects of the State’s general public health measures and critical efforts to coordinate hospital response on a local, regional, and statewide level. Now, the widespread adoption of vaccines, the State’s ongoing efforts to increase the rate of vaccination, and common-sense protections such as masking, when combined with renewed efforts at coordination among and promoting flexibility for hospitals, will ensure that all Californians continue to receive the care they need in our hospitals.

NOW, THEREFORE, I, as State Public Health Officer of the State of California, order:

1. When a general acute care hospital has any one of the following conditions — (1) less than 20% of staffed adult Intensive Care Unit (ICU) beds available for three consecutive days; (2) is utilizing alternative spaces for in-patient surge capacity,
including but not limited to cafeteria, hallway, and/or conference room; (3) is utilizing tents or other outside structures for in-patient surge capacity for three consecutive days; or (4) is utilizing a team nursing model for three consecutive days — then the hospital shall immediately notify the following in writing:

a. Medical and Health Operational Area Coordinator (MHOAC);
b. Local Public Health Officer; and
c. CDPH Licensing and Certification District Office.

2. When a region, as defined by the CDPH Public Health Officer Regions, has less than 10% of staffed adult ICU beds available for a period of three consecutive days or when an individual general acute care hospital has zero ICU capacity, then the following shall apply for seven days:

a. All general acute care hospitals in the county who do have ICU bed capacity must accept transfer patients when clinically appropriate and directed by the Medical and Health Operational Area Coordinator (MHOAC).
b. All general acute care hospitals in the region who do have ICU bed capacity must accept transfer patients when clinically appropriate and directed by the Regional Disaster Medical Health Specialist (RDMHS).
c. If there is no ICU bed capacity within the region, then all general acute care hospital in the State of California must accept transfer patients when clinically appropriate and directed by the California Emergency Medical Services Authority (EMSA) Director or designee.

3. When the MHOAC, RDMHS, or the EMSA Director or their designee invokes a transfer pursuant to section (2) then the following shall apply:

a. General acute care hospitals that are directed to and capable of accepting patients, as determined by the receiving hospitals' leadership or the MHOAC, under this Order must acknowledge their acceptance of the patient within 60 minutes of the request.
b. All hospitals must comply with all non-waived and otherwise applicable sections of the federal Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. § 1395dd, including the requirements to provide stabilizing treatment within the hospital's capabilities and capacity prior to the admission of the individual to the facility or the initiation of a transfer to another hospital, and to provide a medical screening examination to any individual who comes to the emergency department and requests examination or treatment.
c. Transfers coordinated by the EMSA Director or their designee shall be conducted by the California Emergency Command and Transfer Center.

4. A patient's insurance status or ability to pay shall not be considered when making transfer decisions pursuant to this Public Health Order.

5. All terms of this Order shall take on August 18, 2021 and shall remain in effect until the Order is rescinded.
6. The State Public Health Officer will continue to monitor the epidemiological data and will modify these terms as required by the evolving public health conditions.

7. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080; and other applicable law.

Tomás J. Aragón, MD, DrPH
Director and State Public Health Officer
California Department of Public Health

California Department of Public Health
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377
Department Website (cdph.ca.gov)