



## DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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**Ref: S&C-02-04**

**DATE:** November 8, 2001

**FROM:** Director  
Survey and Certification Group  
Center for Medicaid and State Operations

**SUBJECT:** Question and Answer Relating to Bioterrorism and the Emergency Medical Treatment and Labor Act (EMTALA)

**To:** Regional Administrators  
State Survey Agencies

As a result of the current Anthrax problem, hospitals are seeking clarification regarding their EMTALA obligations when staff encounter situations related to the actual or potential exposure of a biological agent.

Every hospital must meet its EMTALA obligation. Patients who present to a hospital emergency department requesting treatment of a possible emergency medical condition must receive a screening examination, and if found to have an emergency medical condition, must receive stabilizing treatment within the hospital's capability and capacity, and/or within the provisions of a community response plan developed by a state or local government.

There may be situations where referral of a potentially exposed patient prior to the actual examination is appropriate. To better inform hospitals of their obligations, CMS is releasing the attached question and answer relating to the implementation of EMTALA regulations with respect to possible bioterrorism.

/s/  
Steven A. Pelovitz

Attachment

## **How should hospitals meet their EMTALA obligations when a community protocol to perform screening of exposed individuals exists.**

There may be cases in which State or local governments have developed community response plans that designate specific entities (hospitals, public health facilities, etc.) with responsibility for handling certain categories of patient in bioterrorism situations. The transfer or referral of these patients in accordance with such a community plan would not violate the hospital's EMTALA obligations.

For example:

A potentially exposed patient presents at undesignated hospital:

- After questioning the patient and making a determination that the patient falls into the category for which the community has a specified screening site, the patient may be referred to the designated community facility.