



## GA DCH Issues Proposed Rule Change for Rural Free Standing Emergency Departments

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In response to the recent struggles of rural hospitals in Georgia, with four rural hospitals closing their doors in the past two years alone, the Georgia Department of Community Health (the Department) recently issued a proposed rule change that would allow a rural hospital to request a downgrade in its scope of service to operate as a rural free standing emergency department (ED). The proposed rule seeks to ensure communities in rural areas maintain access to critical emergency services by creating a third hospital licensure classification. If amended as proposed, new provisions would be added to Chapter 111-8-40 of the Department's Rules and Regulations to allow existing and certain previously licensed hospitals located in rural counties to apply for a new license as a rural free standing ED.

The proposed rule change contemplates that existing hospital licensees and hospitals previously licensed (whose license had expired within the past 12 months) would be able to request a downgrade in services to be licensed as a rural free standing ED. Consistent with the Department's existing rules and regulations, any hospital requesting a change in its services, including a reduction in the scope of services, must submit an application to the Department for a new hospital permit, along with a new description of services to be offered, at least 30 days prior to the anticipated change. In addition, the hospital must meet the following requirements in order to be licensed as a rural free standing ED pursuant to the amended rules as proposed:

- Location is in a rural county, which is defined as a county having a population of less than 35,000 according to the United States decennial census. See O.C.G.A. § 31-6-2(32).
- Location is within 35 miles of at least one licensed general hospital. Also, the hospital must make reasonable efforts to secure written agreement(s) with such hospital(s), to include provisions addressing patient referral and transfers with use of emergency and non-emergency transportation.
- Hours of operation are 24 hours a day, 7 days a week.
- Hospital's governing body defines and approves the organization, scope, and availability of patient care services.
- Operational policies are developed with the participation of at least one licensed physician and outline the patient care services to be provided (i.e., directly, through contract, or through other arrangements).
- For those EDs not otherwise subject to the federal Emergency Medical Treatment & Labor Act, each patient must be provided with an appropriate medical screening examination to assess for an emergency medical condition (EMC). Also, stabilizing treatment within the hospital's capability must be rendered for those patients with EMCs, and/or the patient must be transferred to a facility capable of stabilizing the patient, as necessary.
- Mandatory services include non-elective emergency procedures and treatment for periods continuing less than 24 hours.
- Optional services that may be provided include: (1) elective, outpatient surgical procedures and treatment for periods continuing less than 24 hours; (2) basic obstetrics and gynecology procedures and treatment for periods continuing less than 24 hours; and (3) elective endoscopy or other elective treatment and procedures which are not performed in an operating room environment.

An opportunity for public comment will be held on April 15, 2014 at 11:00 AM in the 5th Floor Board Room at the Department. Oral comments may be limited to ten (10) minutes per person, but comments may also be submitted in writing on or before April 23, 2014 via facsimile, electronic mail or mail. Comments from written and public testimony will be provided to the Board of the Department prior to the Board's vote on the proposed changes at a special called meeting on April 29, 2014.

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