

Compliance

Public Health Emergency - Ending



During the COVID public health emergency, both federal and state regulatory bodies issued “waivers” of certain requirements to all healthcare providers to better respond to the COVID pandemic.

Many of us have heard about the "Public Health Emergency" (PHE) declarations related to COVID ending. Many of the waivers have already ended or will end on May 11, 2023. Although most waivers are ending, legislative or administrative action could extend some waivers. CMS fact sheets on waiver guidance can be found [here](#).

What this means for DPH

We have outlined some of the changes to services and requirements as the waivers end.

- **Remote Patient Monitoring.** During the PHE, CMS permitted clinicians to bill for remote patient monitoring (RPM) for both new and established patients. But once the PHE ends, clinicians will need an established relationship with a patient before they can provide RPM services.
- **Temporary Expansion Sites.** The urgent need to increase capacity to care for the surge in patients caused CMS to waive requirements and allow for temporary expansion sites. Once the PHE ends, hospitals will be required to treat patients within their hospital facilities.
- **Teaching Hospitals.** Teaching physicians will once again be required to be physically present for the key portion of service or procedure furnished by a resident, and be immediately available to furnish services during the entire procedure
- **Three-Day Prior Hospitalization (SNFs).** CMS temporarily waived the three-day prior hospitalization requirement and authorized a one-time renewed skilled nursing facility coverage without a 60-day “wellness period” for certain beneficiaries. This waiver will end with the PHE.

These are only a small sample of the waivers and flexibilities that are ending. OCPA encourages all DPH providers and staff to review the CMS fact sheets.

If you have any questions regarding the PHE waivers, please contact your site’s Compliance or Privacy Officer, or contact OCPA at compliance.privacy@sfdph.org.



Privacy

Law Enforcement Access to PHI



Disclosing Protected Health Information (PHI) to Law Enforcement

It can be confusing and intimidating when a member of law enforcement asks for information about a patient/client. DPH staff should feel comfortable with the situations in which they are permitted to disclose PHI to law enforcement.

Staff are permitted to disclose PHI to law enforcement in the following situations:

- To prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- When there is a good faith belief that the PHI is evidence of a crime that occurred on DPH premises.
- To confirm the death of an individual when there is a suspicion the death was the result of a crime.
- When required by law. For example: gunshot wounds or stab wounds.
- To identify or locate a suspect, fugitive, a material witness, or a missing person.
- When DPH staff is off-site responding to an emergency, they may alert law enforcement to criminal activity.
- To provide information about an adult victim of a crime **when the victim agrees to the disclosure.**
- To comply with a court-ordered warrant or subpoena.*

If you are unsure if you can provide information to law enforcement, you should contact your on-site Privacy Officer for help. For more information, consult the Health and Human Services (HHS) guidance [here](#).

If you have any questions about this guidance, please contact your site's Privacy Officer or contact OCPA at compliance.privacy@sfdph.org or (855) 729-6040.

**DPH staff should alert their manager before responding to a warrant or subpoena who may need to consult with the City Attorney's Office. DPH staff are prohibited from assisting U.S. Immigration and Customs Enforcement in enforcing federal immigration laws. Please refer to the [Immigration and Customs Enforcement Agents Policy](#).*

