



Emergency Medical Treatment and Labor Act (EMTALA): An Introduction

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Quality, Safety & Oversight Group - **QSOG**
Quality, Safety & Education Division - **QSED**

Screen Text:

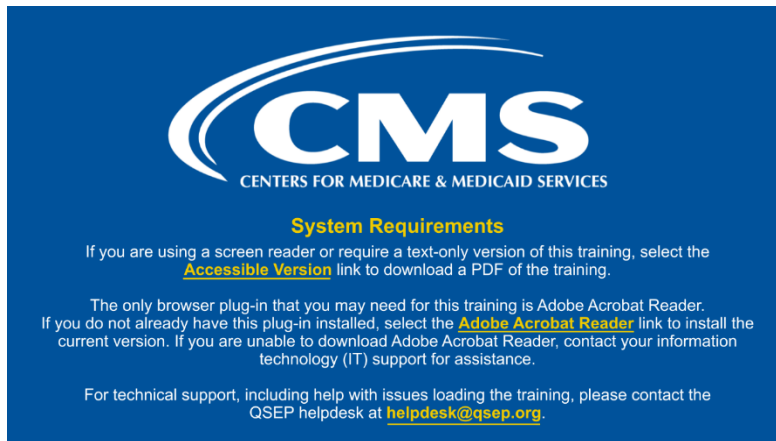
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System Requirements



Screen Text:

If you are using a screen reader or require a text-only version of this training, select the Accessible Version link to download a PDF of the training.

The only browser plug-in that you may need for this training is Adobe Acrobat Reader. If you do not already have this plug-in installed, select the [Adobe Acrobat Reader](#) link to install the current version. If you are unable to download the Adobe Acrobat Reader, contact your information technology (IT) support for assistance.

For technical support, please contact the QSEP helpdesk at helpdesk@qsep.org

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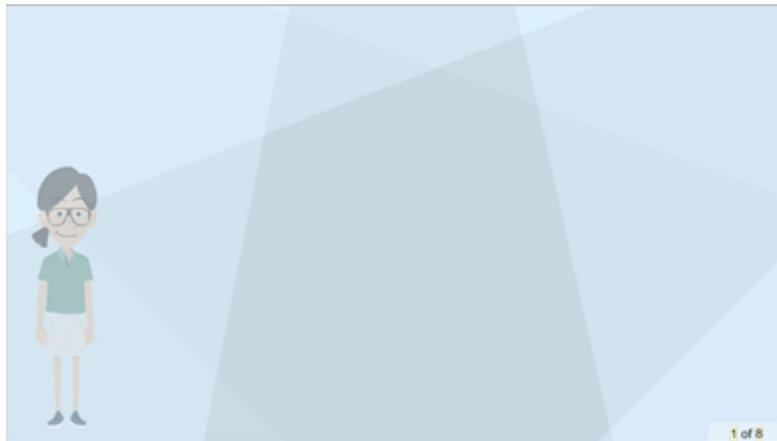
Module 1: EMTALA: An Introduction

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Module 1: EMTALA: An Introduction

Lesson 1: An Introduction to EMTALA

Overview



HUSBAND

Please—my wife fell while we were hiking. We think she might have broken her ankle. . . We don't have health insurance . . . she's sitting over there in the waiting area because she can't walk and is in a lot of pain.

RN GARY

Hi, I'm Gary, an emergency department registered nurse. Under the Emergency Medical Treatment and Labor Act, better known as EMTALA, if a hospital with an emergency department participates in the Medicare program, all individuals who come to that hospital's emergency department seeking emergency care must be provided with a medical screening examination. The purpose of that examination is to determine whether they have an emergency medical condition. This medical screening examination *must* be provided, regardless of whether the individuals can pay for the examination. Congress passed EMTALA in 1986 after it heard reports that some hospitals were refusing to treat people who didn't have health insurance. There were also cases of people who weren't receiving proper medical treatment or who were sent to a different hospital for treatment when that wasn't the best choice for them medically.

Congress passed EMTALA to make sure you have access to emergency services when you go to the hospital's emergency department with an emergency medical condition, regardless of your ability to pay. When you come to its emergency department, a hospital may *not* make you wait for emergency services to ask you about how you're going to pay or to verify your insurance information.

The term "emergency medical condition" is used a lot in this video. An emergency medical condition is a condition with sudden-onset symptoms of severity (including

severe pain). The lack of immediate medical attention could result in (a) placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her fetus) in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part. Additionally, for a pregnant woman who is having contractions, it could mean that there is inadequate time for a safe transfer to another hospital prior to delivery or that a transfer may pose a threat to the health or safety of the woman or the fetus.

If you have an emergency medical condition, but a hospital doesn't have the staff or facilities to stabilize you, it must arrange to safely transfer you to a hospital that can provide the care required to treat you.

In this video, you'll learn more about EMTALA and what it requires hospitals to do: first, they have to provide, without delay, a medical screening examination to anyone who comes to their emergency department and requests treatment. Second, when that examination shows someone has an emergency medical condition—and that includes being in labor—they have to provide either treatment to stabilize the individual's emergency medical condition or an appropriate transfer to another hospital.

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Medical Screening Examination



Notes:

So, what is a medical screening examination? It's an examination you receive at a hospital to determine whether you have an emergency medical condition. Only a physician or a qualified medical person may perform this examination. Hospitals must have rules and regulations that decide who is a "qualified medical person" other than a physician, and they have to follow those rules and regulations.

There are a few other important things you should know about medical screening examinations under EMTALA. When it comes to providing a medical screening examination, a hospital can't discriminate against you based on your race, color, national origin, gender, age, or disability, if you have one. It has to give you the same screening examination as it would give anyone else with the same signs and symptoms, and the examination must be appropriate for your signs and symptoms.

Depending on the signs and symptoms you're showing when you request emergency care, an appropriate medical screening examination can involve a wide range of actions. It could just mean a simple process involving only a brief history and physical examination. It could also mean a more complex process that includes various studies and procedures. These could be things like lumbar punctures—what are commonly known as "spinal taps," which involve taking some fluid from around your spinal cord and performing tests on that fluid; clinical laboratory tests; computed tomography scans—you may have heard medical professionals call them "CT scans" for short, and they involve taking X-ray images from different angles around your body; or other diagnostic tests.

A medical screening examination is an ongoing process, and the hospital must monitor your condition until you no longer have an emergency medical condition—that is, you're stabilized; or you're discharged; or you're transferred to another facility. Any transfer can only happen if it's considered appropriate. (We'll talk about that more later.)

If you're not well enough to seek care on your own, someone else might take you to the

hospital and ask for emergency care on your behalf. If that happens, the hospital has the same obligations as if you make the request on your own—the same EMTALA requirements apply.

But what if you're alone and are unable to ask for help once you arrive at the emergency department? In that case, the hospital must follow what is called the "prudent layperson" standard. This means that if an average person who saw how you looked or the way you were acting would assume you needed medical help, the hospital is obligated to give you a medical screening examination and, if that examination shows you have an emergency medical condition, the hospital must provide either stabilizing treatment or an appropriate transfer.

We've been talking so far about what's required if you come to an emergency room, or if someone brings you there. But actually, EMTALA and the prudent layperson standard also apply if you're somewhere on hospital property other than the emergency department and you ask for an examination or treatment for an emergency medical condition, or if it's obvious you need one.

If, after giving you an appropriate medical screening examination, a doctor or qualified medical person finds that you don't have an emergency medical condition, the hospital's EMTALA obligation to you ends. Its obligation also ends if any of the following things happen: you are admitted in good faith to the hospital to stabilize your condition; the hospital provides you with an appropriate transfer to another hospital or a hospital with specialized capabilities; or the hospital first stabilizes your emergency medical condition and then discharges you.

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Stabilizing Treatment



Notes:

Let's talk a bit more about a hospital's obligation to provide stabilizing treatment. A hospital has to give you stabilizing treatment for your emergency medical condition, including labor, if it is within the hospital's capability—meaning that the hospital has the necessary staff and facilities to provide the treatment. It must also be given to you regardless of whether you can pay for it.

When we're talking about an emergency medical condition, being stabilized means you've been given sufficient treatment for the hospital to be reasonably sure that your condition is not likely, within reasonable medical probability, to materially deteriorate as a result of, or during, transfer from a facility. In other words, your condition is unlikely to get worse because you're transferred, or while you're being transferred.

The hospital doesn't have to *cure* the underlying condition that caused you to seek treatment, but it does have to *stabilize* the emergency medical condition that made you come to the emergency department. Let's look at an example.

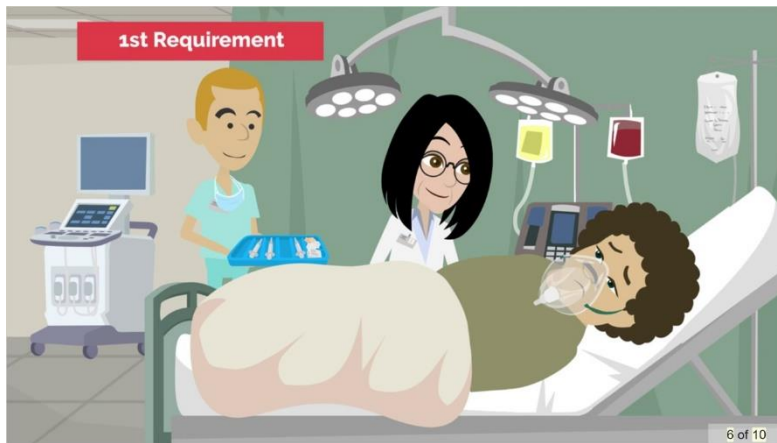
Suppose you have asthma and experience a severe asthma attack, so you go to the emergency department at your local hospital and request treatment. While you're there, a doctor conducts a medical screening examination and diagnoses you with an emergency medical condition—the asthma attack. She treats you with medication and oxygen, and she discharges you once she confirms you are stabilized—meaning that leaving the hospital won't cause your condition to get worse.

In this case, the hospital has determined that your emergency medical condition, the severe asthma attack, has been stabilized. This ends the hospital's EMTALA obligations to you, even though the medical problem that led to the emergency—your asthma—still exists.

But what if a hospital is unable to stabilize your emergency condition or admit you as a patient? If this happens, a hospital can transfer you to another hospital, but it has to follow some guidelines to make sure that transferring you is "appropriate."

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Transfers



Notes:

Under EMTALA a hospital is required to transfer you if it doesn't have the capability to treat you—meaning that it doesn't have enough staff or other resources, such as beds, facilities, and equipment. It's also required to appropriately transfer you if it can't stabilize your emergency medical condition.

Even if the hospital is capable of treating you, if you have an unstabilized emergency medical condition and you decide you'd rather have it treated at a different hospital, you can ask to be transferred. You must ask for this transfer in writing, and the hospital must tell you about the risks involved and its obligations to you.

In some cases, the doctor treating you at the hospital, or another qualified medical person, may decide that the medical benefits to you from being treated at another hospital outweigh the risks of being transferred. If you're in labor, this applies to both you and your fetus. When this happens, the doctor or qualified medical person must sign a certification stating that the expected benefits of transferring you are greater than the risks.

In either of these two cases—when you request a transfer in writing, or when the hospital determines that a transfer's benefits to you outweigh the risks—the transfer must also meet the four requirements of an "appropriate transfer." Let's look at those four requirements more closely.

The first requirement of an appropriate transfer is that the hospital where you presented must provide you with stabilizing medical treatment that minimizes the risks to your health.

The second requirement is that the hospital where you're going must have space for you and qualified personnel available to treat you. That hospital must also agree to accept you as a transfer patient and provide the treatment you need.

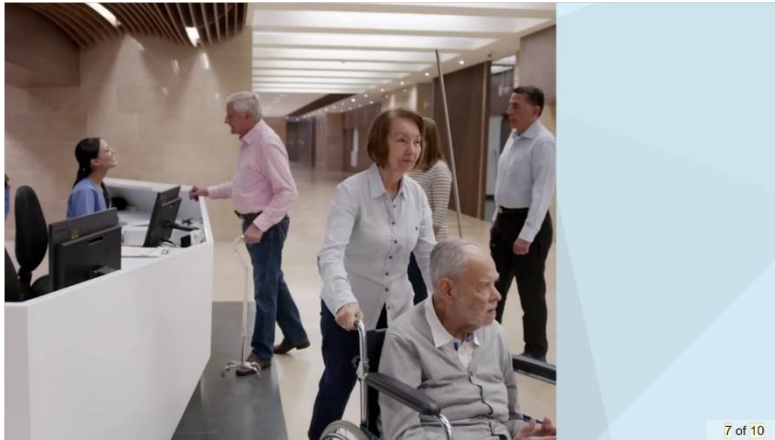
To meet the third requirement, the hospital where you presented must send all of your

medical records to the hospital where you're going when it transfers you. If any of your medical records aren't available when you're being transferred, the hospital where you presented can send them later. Test results that haven't come back yet would be one example.

The last requirement is that the hospital where you presented must use both qualified personnel and transportation when it transfers you. This includes using necessary and medically appropriate life support measures during the transfer.

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Delay in Examination and Treatment



Notes:

We mentioned earlier that a hospital can't intentionally delay giving you an appropriate medical screening examination or treatment to ask about your health insurance or how you'll pay for care. If you come to a hospital's emergency department and ask for a medical screening examination (or someone asks for you), you must receive an appropriate screening examination. This is true no matter what answers you give to the questions about insurance during the registration process. In addition, a hospital may not make you wait for a medical screening examination or treatment while it verifies the information you provide.

A hospital's emergency department staff will normally ask you for some information, such as your name, your date of birth and address, and whom to contact in an emergency, along with other relevant information. Hospitals are also allowed to ask you if you're insured and for your insurance information—as long as they don't delay screening or treatment or discourage you from staying to be evaluated.

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Registration and Triage



Notes:

RN Gary

Sir, let's get a wheelchair for your wife and we'll start the registration process.

As soon as I get a few details from you, we can get your wife back to the medical screening area and start treatment. It shouldn't take long at all. May I have your name, date of birth, and current address?

In that scenario, the wife was promptly registered and assessed—that is, she was evaluated by a nurse to determine how urgently she needed treatment. In almost all emergency departments, a registered nurse conducts patient assessments of this type. After the nurse evaluated her to determine the urgency of her condition, the wife received a medical screening examination by a qualified medical professional, which confirmed she had a broken ankle.

If you went to an emergency department and didn't receive a medical screening examination, you may choose to file a health care complaint. You have the right to file a complaint if you feel you, a loved one, or a friend has been mistreated, neglected, or given poor-quality care.

Before filing a complaint, you should try to resolve the issues with the hospital directly. This might involve talking with staff, management, or administrators. If you are unhappy with how the hospital responds or you are uncomfortable talking to the hospital directly, you can contact your State health department. We'll tell you how to find that contact information shortly.

For example, you might contact your State health department if you were denied a medical screening examination to determine whether you had an emergency medical condition, or you were not given stabilizing treatment for an emergency medical condition, after the hospital's medical screening examination showed you had one. Another example would be if a hospital refused to provide you with care because you

couldn't pay for it, or because you didn't have health insurance.

On the left side of your screen, select the word "Resources" to identify the complaint number for your State health department and to view Medicare resources about patient rights. You can also find more details about the complaint process by selecting "Resources" and reviewing "Complaint Process: Health Care Complaints."

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State Health Departments



Notes:

Filing a complaint with your State health department allows the government to investigate any issues you raise and, if necessary, to provide additional oversight and intervention.

Health departments identify health-related issues and promote the health and well-being of the communities they serve. They also make sure that providers comply with State and Federal regulations. Part of that process includes investigating complaints that providers may not have complied with regulations, or that the care they provided was of poor quality or unsafe.

You can call your State health department's general number to file a complaint that a hospital did not provide you with a medical screening examination. You can also file a complaint that it either didn't give you treatment to stabilize your emergency medical condition—and that includes labor—or didn't transfer you to a hospital that could. If you can't tell from the phone prompts how to make a complaint, then follow the prompts to speak to a staff member for help. If you have concerns about privacy, remember that you have the right to make the call anonymously. Your State health department will make every effort to keep your identity—and the patient's identity, if you're making the call for someone else—confidential.

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CMS Resources



Notes:

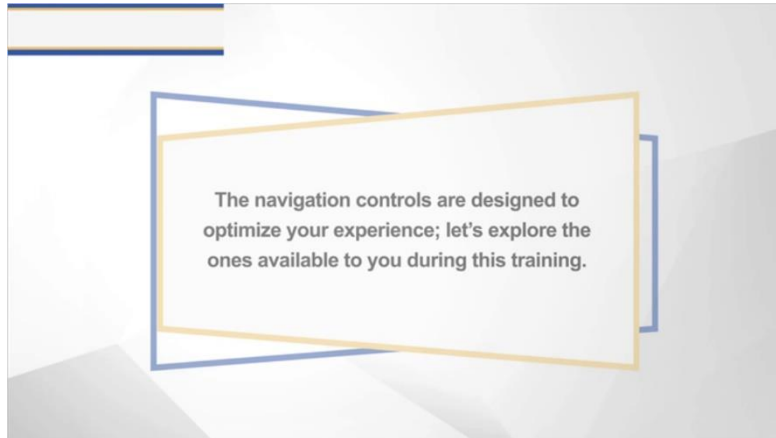
You can also use Medicare.gov to learn more about health care complaints, access additional health care resources, or review EMTALA requirements.

Select Exit at the top-right corner of the screen to return to the training menu.

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Help

Training Navigation Highlights: Controls



Notes:

The navigation controls are designed to optimize your experience; let's explore the ones available to you during this training.

On the left side of the screen is the Menu tab, which identifies the screen titles.

When applicable, you may also see a Transcript tab and a Resources tab.

The Transcript tab offers the written text of each screen's audio.

The Resources tab offers links to related reference materials.

Hide or show these tabs by selecting the three-line icon to the left of the lesson title.

At the bottom of the screen are the following primary navigation controls.

Use the Progress bar to pause, resume, or restart the audio and content.

Adjust the audio level by using the Volume Control button.

Select the Closed Caption button to toggle the captions—which transcribe the audio accompanying the screen—on or off.

Select the Playback Speed button to control how fast or slow the narrator speaks.

Select the Gear button to open the accessibility controls. Enable "Zoom to fit" to use scroll bars on the right side of and below the graphic content to enlarge it by up to 200 percent. Enable "Accessible text" to increase font size and line spacing and make other formatting changes to enhance the way you view text. To see the list of keyboard shortcuts, enable "Keyboard shortcuts" and hold Shift and the question mark key while

on any screen.

Use the Previous and Next buttons to navigate between screens in the lesson.

At the top right of the screen is the Help button that accesses this navigation tutorial whenever you need a refresher. In some trainings, you may also see a Roadmap button which identifies your location within the training's module and lesson structure.

On devices with smaller screens, such as mobile phones and tablets, select the Ellipsis symbol to access the Roadmap and Help buttons.