Policy: EMTALA

Purpose: To ensure that all UTSW/Parkland BioTel EMS Providers adhere to Federal EMTALA Guidelines
Inclusion Criteria: All persons evaluated, treated and transported by BioTel agency EMS Providers
Exclusion Criteria: None
Refer to: Destination and Evaluation and Transport Policies

I. Policy Overview:

Once an ambulance transporting a patient has crossed the threshold of a hospital’s property, that ambulance shall not leave the hospital with that patient without first seeking approval from BioTel.

II. What is EMTALA?

A. “EMTALA” is the Emergency Medical Treatment and Labor Act enacted by Congress in 1986. EMTALA is a federal law requiring that anyone who comes to an emergency department (ED) requesting emergency medical evaluation be stabilized and treated, regardless of their insurance status or ability to pay. It is commonly referred to as the “anti-dumping” law. It was designed to prevent hospitals from transferring uninsured or Medicaid patients to public hospitals without, at a minimum, providing a documented medical screening examination or “MSE” and stabilizing treatment within the capability of the hospital. This statute is vigorously enforced by the Centers for Medicare and Medicaid Services (CMS) and by the U.S. Department of Health & Human Services Office of the Inspector General (OIG).

III. Hospital Obligations under EMTALA:

A. The CMS defines a dedicated hospital emergency department as an area of the hospital that meets one of three tests: it is licensed by the state as an emergency department, it holds itself out to the public as providing emergency care, or, in a calendar year, it treats at least one-third of its outpatient visits for an emergency medical condition. Hospitals have three obligations under EMTALA:

1. Any individual who comes to the hospital and requests examination or treatment must receive an appropriate medical screening examination within the capability of the hospital to determine whether an emergency medical condition exists. Examination and treatment cannot be delayed to inquire about methods of payment or insurance coverage. Emergency departments must also post signs notifying patients and visitors of their rights under the statute.

2. If it is determined that a medical emergency condition exists, the hospital must provide stabilizing treatment within its capability until the emergency medical condition is resolved or stabilized. If a hospital does not have the capability to stabilize the emergency medical condition, it must arrange an “appropriate” transfer of the patient to another hospital, in accordance with the EMTALA statute and the regulations promulgated by CMS. Hospitals with specialized capabilities are obligated to accept transfers from hospitals that lack the capability to treat an unstable medical condition. This last requirement applies even to hospitals that do not have an emergency department.

3. Hospitals must report to CMS or to the state survey agency any time they have reason to believe that they may have received from another hospital in violation of EMTALA an individual in an unstable emergency medical condition.

IV. EMTALA’s Direct Impact on EMS Providers:

A. Under EMTALA, a patient “comes to” a hospital when an ambulance that contains the patient crosses the threshold of the hospital’s property. Once an ambulance “comes to” the receiving hospital, the patient may not be removed from that hospital by EMS Providers until the receiving hospital has complied with EMTALA and has, at a minimum, provided a Medical Screening Examination (MSE) for that patient, even if the patient requests that the EMS Providers take him/her elsewhere. Once an ambulance transporting a patient has crossed the threshold of a hospital’s property, that ambulance shall not leave the hospital with that patient without first seeking approval from BioTel.
B. Patients encountered at hospital-based outpatient clinics on the hospital property that are not equipped to handle the patient’s medical emergency must be transported to the ED of the hospital with which they are affiliated, UNLESS the clinic treating physician has made arrangements for acceptance at another ED. In such cases, the clinic staff shall provide EMS Providers with a “Memorandum of Transfer” indicating that the patient has been accepted at the alternative hospital ED. EMS Providers must deliver this document to the receiving ED staff upon arrival. EMS Providers shall NOT deviate from these transfer arrangements without first consulting BioTel.
   i. Special Circumstances for Parkland’s Amelia Court Clinic and Ambulatory Surgery Center: Patients encountered at these facilities MUST be transported to Parkland Hospital, unless the clinic treating physician has made arrangements for acceptance at another hospital ED. If so, the “Memorandum of Transfer” requirement shall apply.

C. Trauma Considerations: Patients meeting BioTel Prehospital Trauma Center Triage Criteria who are encountered on the grounds of a hospital that is not a designated Trauma Center may be transported directly to a designated Trauma Center, rather than to original hospital's ED.

D. Offsite Clinic Considerations: If an outpatient clinic is not on the grounds of a particular hospital AND no arrangements have been made in advance by clinic staff for patient acceptance at a particular hospital’s ED, EMS Providers shall utilize the BioTel Destination Policy to determine the transport destination.

V. Special Circumstances Related to Parkland Hospital and Children's Medical Center Dallas:

A. Unless extenuating circumstances, such as a Mass Casualty Incident, necessitate otherwise, adult and pediatric patients should be transported separately. This is normally in the best interest of both patients. Therefore, it should not be routinely necessary or advisable to simultaneously transport BOTH an adult patient and a pediatric patient in the same ambulance. This is so even when transporting to Parkland Hospital and Children's Medical Center Dallas (CMC Dallas), despite the proximity of these facilities.

B. Any ambulance transporting both an adult and a pediatric patient to Parkland Hospital MUST off-load BOTH patients at Parkland for evaluation. If Parkland ED physicians determine that a pediatric patient requires a higher level of care, Parkland staff will arrange transport of the pediatric patient to CMC Dallas.

C. Similarly, any ambulance transporting both an adult and a pediatric patient to CMC Dallas MUST off-load BOTH patients at CMC Dallas for evaluation. CMC Dallas staff will arrange transport of the adult patient to Parkland Hospital or to another appropriate facility.

D. Under NO circumstances shall EMS Providers off-load ONLY one of two patients at the first hospital and then continue to the other hospital with the second patient.

E. **BioTel Notification:** EMS Providers shall **ALWAYS** notify BioTel when en route either to Parkland Hospital or to CMC Dallas with BOTH an adult patient AND a pediatric patient in the same ambulance.

VI. Special Circumstances Related to Hospital Helipads:

A. Hospital helipads are exempt from EMTALA requirements. If an EMS agency meets a helicopter at a hospital helipad, the patient need NOT go that hospital’s ED, if the sending hospital has made arrangements for patient transfer to another nearby hospital, OR if – coming from a “scene” – the ultimate destination is a different hospital appropriate for that patient. The helipad is a “load/unload waypoint” and nothing more.

VII. Reporting Procedure for Possible EMTALA Issues:

A. EMS Providers should immediately report possible EMTALA issues directly to BioTel staff and to their EMS Supervisor, for further assistance and guidance. EMS Providers shall not engage in discussions or arguments with hospital or clinic personnel regarding any EMTALA issues, unless specifically advised to do so by BioTel staff. In such cases, EMS Providers shall notify their EMS Supervisor of such occurrences.