Healthcare structure, Organization and Governance with respect to The Emergency Medical Treatment and Labor Act

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**Introduction**

(EMTALA) The Emergency Medical Treatment and Labor Act is a federal law that says that anyone coming for treatment in the emergency department should be treated and stabilized, despite them being unable to pay. It was passed in 1986 by Congress and it is the part of 1985s Consolidated Omnibus Budget Reconciliation Act. It is mostly referred to as anti-dumping law and it was made to prevent the influx of patient who is insecure and are medicated patient so they cannot be taken into public hospitals without proper screening. In consequence, to that, all the public hospitals shifted the public responsibilities to all the hospitals. The abdicated all their charity care responsibilities. Congress passed this bill in order to lessen down discriminations of poor patients in the emergency departments(ED) of the hospitals (Zuabi, Weiss, & Langdorf, 2016).

Anti-Dumping is a preventive measure for not allowing the dumping of patients from treatment because of their financial background. This act is intended to protect all the patients that need emergency medical care. It establishes a legal duty for patients towards all sort of emergency care needed patients.

If the screening examination of any patient revealed a need of EMC and then the patient is asked to wait for further treatment so the hospital is not dumping the patient .But until the patient is suggested to leave the ED by the hospital or If the patient’s condition does not need any emergency treatment and the hospital did not processed the treatment further. Lastly, if the patient left with his or her free will then the hospital is not involved in patient dumping (Prabaker et al., 2012).

**What is guaranteed and what is not guaranteed within this Act**

Though the initial motive of the act was to prevent discriminatory access to hospitals emergency department its practical implication has been enhanced over the years. Now it imposes three duties on the hospitals within the states and these duties are legal because this act is a Federal Act. According to this act, the medical care that must be included are , the hospital must have a medical screening examination of any person who requests for checking his or her emergency medical condition. Secondly, if there happened to be an emergency medical condition then the patient should be transferred to hospitals with appropriate and relevant capability to deal with the diagnosed medical problem. Finally, the hospitals with special facilities will accept the transfer of the needy patient (Zibulewsky, 2001).

The uncompensated mandate of EMTALA does not include all medical conditions. The hospital does the normal diagnose which require patient’s insurance but they will not ask for it on the ED if any medical illness is diagnosed. The patient will be handling it later. The law says to omit the initial requirement for patients in emergencies if the patient is considered to have EMC. So the no-emergent conditions are not guaranteed by the law that fails the criteria to be EMC, emergency medical condition according to EMTALA status (Amadeo, 2015).

**The Penalties provided by the Act in case of Violation of the given Principles of EMTALA**

The law only applies to hospitals that have a Medicare department for emergencies and the federal program is paying for the Medicare of the disabled and elderly who will be admitted to that hospital. There is a two years statute of limitation for any violation of the civil enforcement of this law. Since all the hospitals have got certifications for providing Medicare and have received Medicare funds. So a hospital that may violate this EMTALA will lose certification to Medicare and will be fined an amount of $50,000. An individual physician if found violating this Act will also be fined $50,000. The act has also provided a private right of action s for the patient who may be harmed due to the violation of EMTALA. Such a patient will be given all the equitable reliefs . If one hospital suffered due to the violation of this act by another hospital then that hospital will recover those damages (Dame, 1998).

Numerous hospitals within the United States violate the violating the Emergency Medical Treatment and Labor act and the University of Maryland Medical Center was found violating this act. The hospital was unable to handle a mentally ill patient who needed Medicare. The CMS has cited this hospital for the violation of EMTALA (“CMS cites University of Maryland hospital for EMTALA violations.,” 2019).

St. Mary's Regional Medical Center and Central Maine Medical Center have turned away a mentally ill patient and that is a patient dumbing according to the Emergency Medical Treatment and Labor Act. EMTALA needs to stabilize the patient and proper investigation need to be taken on such activities of the hospital. Both the hospitals said to submit proper planning for not repeating the violation again (Knowles, 2018).

**The Conditions under which a Hospital is permitted to Transfer a Patient without Healthcare Coverage.**

Health care coverage is a system that provided different sorts of healthcare benefits of the patient. EMTALA makes it sure that all the benefit should be provided to the patient according to the law. But if a patient is not registered with the specific hospital and is not dedicated to any kind of emergency medical care , so in such a case the hospital is not obliged to follow the rules of EMTALA. The hospital is protected under the Condition of participation (COPs) rule. If a patient who is receiving outpatient care and EMC is identified then the hospital is not necessarily following the rules of EMTALA. If a request was made by patient for emergency care in any branch of a hospital that does not have any dedicated emergency department then the hospital is not applicable to the rules of The Emergency Medical Treatment and Labor Act. But such an off campuses staff need to contact the emergency department of the main hospital to transfer the patient into hospitals with the capabilities of emergency Medicare. Therefore the off-campus of a hospital that does not have the facilities of a dedicated emergency department is not answerable to EMTALA and neither that hospital is required to handle Emergency Medicare.

A hospital is allowed to do the normal registration processes until the patient’s emergency Medicare condition is not being affected by that. For instance, a hospital may want to see the insurance card before having the screening or the hospital will be asking for the medical history of the patient. In case a patient has emergency medical conditions and the hospital has done all the screening and wants to take authorizations for further services can do that, unless that is not affecting the patient.

However, If an individual is not inside the ambulance owned by the hospital; and is not on the hospital campus is not considered to be treated by the hospital. But if an individual in another hospital’s ambulance but is on the campus of the hospital is considered as a seeker of emergency Medicare and that hospital won’t let the patient without health coverage. It will be considered that the patient has come for emergency checkups (Prabaker et al., 2012).

**Summary**

Congress has successfully created an Act in order to minimize the dumping of patients and it has also planned an enforcement mechanism for the implication of EMTALA. The law is asking an agreement from hospitals of its implication and the hospital will be answerable if certain conditions of the Act will not be full filed. The law is applicable to hospitals that have the options of emergency departments and the will be having certifications for EMTALA funding. The EMTALA act is violated by 1/3rd of the hospital due to many reasons but still, this act is successful in decreasing the discrimination of patients in providing emergency Medicare on the bases of their financial dependency.

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