HealthStream Regulatory Script

EMTALA
Version: May 2008

Lesson 1: Introduction
Lesson 2: History and Enforcement
Lesson 3: Medical Screening
Lesson 4: Stabilizing Care
Lesson 5: Appropriate Transfer
Welcome to the introductory lesson on the Emergency Medical Treatment and Active Labor Act (EMTALA).

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.

Goal of EMTALA:

Equal access to emergency care, regardless of ability to pay.
EMTALA applies to all Medicare hospitals* with emergency departments.

Under EMTALA, these hospitals must:
- Provide emergency medical screening to patients regardless of their ability to pay
- Stabilize patients with emergency medical conditions
- Transfer emergency patients only when medically appropriate

Failure to follow the rules of EMTALA can lead to:
- Medicare termination
- Fines
- Civil liability

This course will help you and your facility comply with EMTALA.

*Throughout this course, the term "Medicare hospital" is used to indicate a hospital with Medicare provider status.
**1003**

### Course Goals

<table>
<thead>
<tr>
<th>After completing this course, you should be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• List potential consequences of failing to comply with EMTALA</td>
</tr>
<tr>
<td>• Recognize key features of the medical screening exam (MSE) under EMTALA</td>
</tr>
<tr>
<td>• Identify key feature of stabilizing care under EMTALA</td>
</tr>
<tr>
<td>• Cite key features of appropriate patient transfer under EMTALA</td>
</tr>
</tbody>
</table>

*Point 3 of 4*
This introductory lesson gave the course rationale and goals.

Lesson 2 presents background information on EMTALA.

Lesson 3 provides information on the medical screening exam (MSE) under EMTALA.

Lesson 4 discusses stabilizing care under EMTALA.

Finally, lesson 5 describes the patient transfer procedure under EMTALA.

**FLASH ANIMATION: Course Map**

<table>
<thead>
<tr>
<th>Lesson 1: Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>COBRA</td>
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<tr>
<td>Enforcing agencies</td>
</tr>
<tr>
<td>Consequences of noncompliance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson 2: History and Enforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Included patients</td>
</tr>
<tr>
<td>Excluded patients</td>
</tr>
<tr>
<td>Scope of the MSE</td>
</tr>
<tr>
<td>Qualified medical personnel</td>
</tr>
<tr>
<td>Definition of EMC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson 3: Medical Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of stable under EMTALA</td>
</tr>
<tr>
<td>Use of on-call personnel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson 4: Stabilizing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for appropriate transfer</td>
</tr>
<tr>
<td>The role and responsibility of the receiving hospital</td>
</tr>
</tbody>
</table>
Welcome to the lesson on the history and enforcement of EMTALA.

After completing this lesson, you should be able to:
- Identify the origin of EMTALA
- Recognize important steps in the enforcement of EMTALA
- Cite potential consequences of not complying with EMTALA

FLASH ANIMATION: Lesson Map

Lesson 2: History and Enforcement
- COBRA
- Enforcing agencies
- Consequences of noncompliance
<table>
<thead>
<tr>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td><strong>Origin of EMTALA</strong></td>
</tr>
</tbody>
</table>

EMTALA started out as a four-page section in the 1986 Consolidated Omnibus Budget Reconciliation Act (COBRA).

The purpose of EMTALA was to prevent discrimination in the treatment of patients with emergency medical conditions. Under EMTALA, all patients would have the same rights to emergency medical care, regardless of ability to pay.

Since 1986, many additions and changes to EMTALA have been made. The final rule took effect on November 10, 2003.

Let’s take a brief look at what can happen when providers do not comply with EMTALA.

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**Goal of EMTALA:**

Equal access to emergency care, regardless of ability to pay.
The Centers for Medicare and Medicaid Services (CMS) review all EMTALA complaints.

If a complaint seems legitimate, CMS asks state licensing officials to investigate.

If the EMTALA violation is proven, CMS informs the hospital of its two options:
1. The hospital must submit a plan of correction to CMS.
2. The hospital will lose its status as a Medicare provider in 23 days.

Hospitals have been terminated from Medicare because of EMTALA violations. However, it is not common.

An example of an EMTALA violation that resulted in CMS action is on the next screen.
Consider this case:

A woman who was 38 weeks pregnant was in a minor car accident. She was told to go to the hospital when she started to have contractions. The woman’s doctor did not practice at the nearest hospital.

At the hospital, the on-call OB would not give permission for the patient to be seen. The patient had to travel to a second hospital 40 miles away to be seen.

CMS informed the hospital that their Medicare certification would be terminated unless the problems were addressed.

The woman gave birth to a healthy baby.

The hospital made the necessary corrections to keep their Medicare status.
Enforcement of EMTALA: Termination or Correction

When a noncompliant hospital submits a plan of correction to CMS, the hospital may be monitored for 90 days.

This is to make sure that the hospital starts to comply with EMTALA.

If so, the hospital regains its full Medicare status.
<table>
<thead>
<tr>
<th>Costs of Citation</th>
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<tbody>
<tr>
<td>Hospitals pay a high price for EMTALA citations.</td>
</tr>
</tbody>
</table>

Costs of citation have to do with:
- The required plan of correction
- Fines
- Civil suits
- Reports to other agencies

Let’s take a closer look at each.
Correcting EMTALA noncompliance can be very expensive. The costs of correction have to do with:

- The time it takes to develop a plan of correction and put the plan in place
- Extra equipment and staff needed to make sure the plan of correction succeeds
- Legal fees and other outside fees

For a small hospital, these costs can add up to $150,000 in the first year of correction.

For larger hospitals (400 to 500 beds), the costs of correction can come close to $2 million in the first year.

Costs of Citation: Fines

CMS reports the findings of all EMTALA investigations to the Office of the Inspector General (OIG).

If the OIG can prove an EMTALA violation, it can impose fines.

Fines are:
- Up to $50,000 per violation for hospitals with 100 beds or more
- Up to $25,000 per violation for hospitals with less than 100 beds
- Up to $50,000 per violation for individual physicians

These fines are NOT covered by malpractice insurance.

The largest single fines have been:
- $350,000 for a hospital
- $100,000 for a physician
Examples of fines imposed by OIG in 2007 are given in the table. If you and your colleagues are not familiar with your duties and obligations under EMTALA, your facility could be cited!

<table>
<thead>
<tr>
<th>State</th>
<th>Fine Amount</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>$70,000</td>
<td>On-call specialist unavailable</td>
</tr>
<tr>
<td>Indiana</td>
<td>$40,000</td>
<td>Patient dumping</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>$40,000</td>
<td>Inadequate screening/stabilization</td>
</tr>
<tr>
<td>Texas</td>
<td>$30,000</td>
<td>Inadequate screening/stabilization</td>
</tr>
<tr>
<td>Kansas</td>
<td>$25,000</td>
<td>Inadequate screening/stabilization and no patient transfer</td>
</tr>
</tbody>
</table>
EMTALA also makes it possible for noncompliant hospitals to be sued.

A hospital may be sued by:
- A patient harmed because of the hospital’s violation
- A receiving hospital harmed financially because of a transfer from the violating hospital

Several hundred hospitals have been sued under EMTALA.

In some cases, hospitals have had to pay more than $3 million.
EMTALA violations could be reported to:

- The Justice Department, to decide whether the EMTALA violation also was a violation of the *Hill-Burton Act* [glossary]
- The Office of Civil Rights, to decide whether the EMTALA violation involved discrimination
- The IRS, to decide whether the violation could affect the hospital's tax-exempt status (in the case of not-for-profit hospitals)
- The Joint Commission, to decide whether the hospital should be reviewed
Which of the following statements is true?

- a. EMTALA is part of the Civil Rights Act of 1964.
- b. Since it was first written, EMTALA has not changed.
- c. Under EMTALA, patients must have Medicare to guarantee access to emergency medical services.
- d. The purpose of EMTALA is to prevent discrimination in treating patients with emergency medical conditions.

**MULTIPLE CHOICE INTERACTION**

Correct answer: D

Feedback for A: Incorrect. EMTALA is part of COBRA (1986). The correct answer is D. Under EMTALA, all patients have the same access to emergency medical care.

Feedback for B: Incorrect. EMTALA started out as part of COBRA in 1986. Since then, EMTALA has had many additions and revisions. The correct answer is D. Under EMTALA, all patients have the same access to emergency medical care.

Feedback for C: Incorrect. EMTALA is enforced by CMS. However, the Act applies to all patients, not just Medicare recipients. The correct answer is D. Under EMTALA, all patients have the same access to emergency medical care.

Feedback for D: Correct. Under EMTALA, all patients have the same access to emergency medical care.
EMTALA fines are covered by malpractice insurance.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>True</td>
</tr>
<tr>
<td>b.</td>
<td>False</td>
</tr>
</tbody>
</table>

**TRUE / FALSE INTERACTION**

**Correct: B**

Feedback for A: Incorrect. EMTALA fines are **NOT** covered by malpractice insurance.

Feedback for B: Correct. EMTALA fines are **NOT** covered by malpractice insurance.
Summary

You have completed the lesson on the history and enforcement of EMTALA.

Remember:
- EMTALA started out as part of COBRA.
- Under EMTALA, all patients have the same access to emergency medical care, whether or not they are able to pay.
- CMS is in charge of investigating EMTALA complaints. Hospitals that do not comply with EMTALA can be terminated from Medicare.
- The OIG can fine hospitals and physicians for violating EMTALA.
- EMTALA makes it possible for noncompliant hospitals to be sued.
- EMTALA violations could be reported to the Justice Department, Office of Civil Rights, IRS, or The Joint Commission.
## Introduction & Objectives

Welcome to the lesson on the EMTALA medical screening exam (MSE).

After completing this lesson, you should be able to:
- Identify patients entitled to an MSE under EMTALA
- Recognize the features of an MSE under EMTALA
- List the requirements for non-physicians allowed to perform MSEs
- Define an emergency medical condition (EMC) under EMTALA
- Recognize what a hospital must do based on the results of an MSE

### FLASH ANIMATION: Lesson Map

Lesson 3: Medical Screening
- Included patients
- Excluded patients
- Scope of the MSE
- Qualified medical personnel
- Definition of EMC
Medical Screening Requirements

Under EMTALA, Medicare hospitals with emergency departments must screen patients who ask for emergency care.

The purpose of the screening is to find out whether the patient has an emergency medical condition (EMC).

Let's take a closer look at:
- Which patients must be screened under EMTALA
- The scope of the medical screening exam (MSE) under EMTALA
- Who may perform an MSE
- The definition of an EMC

Note: An emergency patient may refuse to give consent for an MSE. If so, the hospital is not required to provide an MSE. **The patient's refusal must be carefully documented in the medical record.** An "Informed Consent to Refuse" form should be used. This form should list the potential benefits of accepting the offered services. It should also list the risks of refusal. It must be signed by the patient or his or her legal representative.
Patients Included Under EMTALA: Presentation

Under EMTALA, Medicare hospitals must provide MSEs to:

- All patients who come to a dedicated emergency department (DED) [glossary] and ask for medical services
- All patients who come to a non-DED on the main campus of the hospital, and ask for a medical exam for a possible emergency condition
- All patients who come to a non-DED on the main campus of the hospital, and seem to have an emergency medical condition
- All patients transported in a hospital ambulance (with certain exceptions, as discussed later in the lesson)
The patients described on the previous screen must receive an MSE, **whether or not they are able to pay**.

Hospitals must not:
- Delay an MSE to find out financial information
- Refuse to provide an MSE because the patient’s health insurance plan will not authorize an MSE
- Convince a patient to leave before an MSE, by pointing out the cost of emergency services

**To comply with EMTALA, do not talk about payment until AFTER the patient has been screened and stabilized.**

CMS has cited hospital for:
- Asking a patient financial questions before completing an MSE
- Giving financial paperwork to a patient before completing an MSE
- Requesting pre-authorization for an MSE from a patient’s insurance plan

| Image: 3004.JPG |
Patients Included Under EMTALA: Signs

<table>
<thead>
<tr>
<th>All Medicare hospitals must post EMTALA signs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>These signs:</td>
</tr>
<tr>
<td>• Must tell patients about their rights under EMTALA.</td>
</tr>
<tr>
<td>• Should explain that the hospital must provide emergency medical services, whether or not the patient is able to pay.</td>
</tr>
</tbody>
</table>

EMTALA signs must be posted in all DED:
- Public entrances
- Waiting areas
- Registration areas
- Care areas
### Patients Excluded Under EMTALA

Under EMTALA, a Medicare hospital does **not** have a duty to provide MSEs to:

- Patients who come to off-campus locations that do not normally provide emergency medical services
- Patients who come to a DED for routine services (for example, suture removal) and do not request emergency services
- Admitted patients
- Patients who develop an EMC during a scheduled outpatient procedure
- Patients transported in hospital ambulances, if taking the patient to another hospital follows a community plan for emergency medical services

**Important:**

Although hospitals do not have an EMTALA obligation to patients in the categories listed here, your facility may have obligations under the Medicare conditions of participation (COPs).
### 3007

**Scope of the MSE**

Triage is not an acceptable MSE under EMTALA.

The MSE must be full enough to find out whether the patient has an emergency medical condition (EMC).

**Note:** The definition of an EMC is given later in the lesson.

In general, finding (or excluding) an EMC may require:

- Complete medical history
- Taking vital signs at regular intervals
- Physical examination
- Any necessary lab testing or imaging studies

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<table>
<thead>
<tr>
<th>FLASH ANIMATION: 3007.SWF</th>
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<tbody>
<tr>
<td><img src="3007_1.jpg" alt="Image" /></td>
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<tr>
<td><img src="3007_2.jpg" alt="Image" /></td>
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<tr>
<td><img src="3007_3.jpg" alt="Image" /></td>
</tr>
</tbody>
</table>

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**Point 7 of 16**
For psychiatric patients, the MSE must be able to rule out any possible physical cause for the patient’s symptoms. The MSE should look for:

- Trauma
- Medical disease

For patients who appear intoxicated, the MSE also must be able to rule out other causes. The MSE should look for:

- Trauma
- Medical disease
- Side effects of medication
- Psychiatric disorder

The MSE for a patient who appears intoxicated or psychologically unstable must be thorough enough to rule out other possible causes for the patient’s state.
# Who May Perform an MSE

Physicians must be on-call to perform MSEs. However, EMTALA also allows non-physicians to perform MSEs. These non-physicians must be qualified medical personnel (QMP). If a hospital has QMP who perform MSEs:

- The QMP must have the **authority** to order any needed tests.
- Medical screening must be within the **scope of practice** for the QMP under state law.
- Medical screening must be part of the QMP’s **job description**.
- The QMP’s personnel records must have **documentation** of MSE training, competencies, qualifications, and quality review.
- The hospital must have a **written protocol** authorizing QMP to perform MSEs. This protocol must describe when a physician should be called in to back up QMP.
- Physicians who back up QMP must be on-call. On-call physicians must be required to respond promptly when called in for **backup**.

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**Acceptable MSE Provider: QMP**

- Authority
- Scope
- Job
- Documentation
- Written protocol
- M.D. backup

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Point 9 of 16
<table>
<thead>
<tr>
<th>Features of an EMC</th>
</tr>
</thead>
</table>

Remember: An MSE must be complete enough to find out whether the patient has an emergency medical condition (EMC).

What is an EMC?

Under EMTALA, an EMC can be:
- General
- Active labor

![IMAGE: 3010.jpg](https://via.placeholder.com/150)
<table>
<thead>
<tr>
<th>Features of an EMC: General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under EMTALA, a patient has an EMC if the patient’s symptoms are severe enough to:</td>
</tr>
<tr>
<td>- Seriously threaten the health or safety of the patient</td>
</tr>
<tr>
<td>- Cause serious harm to the patient’s bodily function</td>
</tr>
<tr>
<td>- Cause serious harm to any bodily part or organ</td>
</tr>
</tbody>
</table>
### Features of an EMC: Patients in Active Labor

A pregnant woman has an EMC if she is having contractions (active labor) and:

- She is likely to deliver before she could be transferred safely to another facility.
- Transfer could harm the woman or her unborn fetus.

![Image: 3012.jpg](IMAGE: 3012.jpg)
If an EMC Is Found

If a complete MSE does not find an EMC, the hospital has no further EMTALA duty to the patient.

On the other hand, if the MSE finds an EMC, the hospital must do one or both of the following:
- Stabilize the patient
- Transfer the patient to another facility, if medically necessary

Stabilization and transfer under EMTALA are described in the next two lessons.
Medicare hospitals have an EMTALA duty to provide MSEs to:

<table>
<thead>
<tr>
<th>Medicare hospitals have an EMTALA duty to provide MSEs to:</th>
<th>Medicare hospitals do NOT have an EMTALA duty to provide MSEs to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who come to a DED and ask for emergency services</td>
<td>Patients who come to off-campus locations that do not normally provide emergency medical services</td>
</tr>
<tr>
<td>Patients transported in a hospital-owned ambulance</td>
<td>Patients who come to a DED for routine services</td>
</tr>
<tr>
<td>Patients who come to a non-DED on the main campus of the hospital, and request emergency services</td>
<td>Admitted patients</td>
</tr>
<tr>
<td>Patients who come to a non-DED on the main campus of the hospital, and seem to need emergency services</td>
<td>Patients who develop an EMC during a scheduled outpatient procedure</td>
</tr>
</tbody>
</table>
EMTALA allows non-physicians to perform MSEs.
   a. True
   b. False

TRUE / FALSE INTERACTION
Correct: A
Feedback for A: Correct.
Feedback for B: Incorrect.
You have completed the lesson on emergency medical screening under EMTALA.

Remember:

- Medicare hospitals must provide MSEs to all patients who meet certain requirements.
- The MSE must not be delayed or denied for financial reasons. Do not talk about payment until after an emergency patient has been screened and stabilized.
- All Medicare hospitals must post EMTALA signs. These signs must tell patients about their rights under EMTALA.
- Triage is not an MSE under EMTALA. The MSE must be sufficient to find out whether the patient has an emergency medical condition (EMC).
- Hospitals may allow non-physician qualified medical personnel (QMP) to perform MSEs. These QMP must meet certain requirements.
- Under EMTALA, a patient has an EMC if his or her symptoms are severe enough to threaten health, safety, or bodily function.
- A pregnant woman has an EMC if she is in active labor and cannot be safely transferred to another facility.
- If a complete MSE does not find an EMC, the hospital has no further EMTALA duty to the patient.
- If an MSE finds an EMC, the hospital must stabilize and/or transfer the patient in a medically appropriate way.
### Introduction & Objectives

Welcome to the lesson on stabilizing care.

After completing this lesson, you should be able to:

- Define “medically stable” under EMTALA
- Recognize when a patient is not stable according to EMTALA
- Identify EMTALA requirements for an on-call system

**FLASH ANIMATION: Lesson Map**

*Lesson 4: Stabilizing Care*

- Definition of stable under EMTALA
- Use of on-call personnel
Under EMTALA, a Medicare hospital must provide stabilizing care to all patients with EMCs:
- As long as the hospital is able to provide the necessary care
- Using both on-duty staff and on-call staff as needed

Let's take a closer look at:
- When a patient is stable
- Use of on-call staff

Note: An emergency patient may refuse to give consent for stabilizing care. If this happens, the hospital is not required to provide care. **The patient’s refusal must be carefully documented in the medical record.** An “Informed Consent to Refuse” form should be used. This form should list the potential benefits of accepting the offered services. It should also list the risks of refusal. It must be signed by the patient or his or her legal representative.
### Definition of Stable Under EMTALA: Active Labor

A woman in active labor is stable only after she has delivered:

- The baby
- The placenta

![Image: 4003.jpg]
Definition of Stable Under EMTALA: Other

What about patients who are not in active labor?

Patients with other EMCs are stable when the EMC has been corrected.

This means that all abnormal symptoms must be:
- Normalized through treatment
  or
- Explained away

An example of “explaining away” symptoms: A patient comes to the ER with an asthma attack. This patient is stable when the acute attack has been treated and corrected. The chronic condition of asthma still remains. Certain abnormal findings may be “explained away” as ongoing symptoms of the chronic condition.
<table>
<thead>
<tr>
<th>Definition of Stable Under EMTALA: When a Patient is NOT Stable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under EMTALA, a patient is <strong>not</strong> stable if:</td>
</tr>
<tr>
<td>- The patient’s condition could worsen <strong>because of</strong> being</td>
</tr>
<tr>
<td>transferred or discharged from the hospital.</td>
</tr>
<tr>
<td>- The patient’s condition could worsen <strong>during or shortly</strong></td>
</tr>
<tr>
<td>following transfer or discharge from the hospital.</td>
</tr>
<tr>
<td>In either case, there must be a <strong>reasonable risk</strong> that the patient’s condition will worsen.</td>
</tr>
</tbody>
</table>

**FLASH ANIMATION: 4005.SWF**

- **Stable**
  - Patient’s condition likely will not worsen.

- **NOT Stable**
  - Patient’s condition could worsen.
<table>
<thead>
<tr>
<th>4006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition of Stable Under EMTALA: EMTALA Duty</strong></td>
</tr>
</tbody>
</table>

Once a patient is stable, the hospital has no further EMTALA duty to the patient.

**FLASH ANIMATION: 4006.SWF**

- **Stable Patient**
- **EMTALA Obligation Ends**
Under EMTALA, hospitals must have an on-call system.

Specialty physicians must be on-call at all times to stabilize patients with EMCs.

Let’s take a closer look at:
- The on-call list
- The on-call physician
- On-call violations
The on-call list must have names of specific physicians.
The list must give each physician’s on-call time and specialty.
All hospital specialties must be covered at all times.
The call list must be posted in a visible place in the emergency department.
Call lists must be stored for five years, to keep a record of who was on-call when.
On-call physicians must:
- Respond promptly when called
- Provide care at the hospital

On-call physicians may **not** have an emergency patient transferred to a more convenient location, such as their office.
An on-call physician is allowed to send a substitute when called. This substitute may be a:
- Physician’s assistant (PA)
- Nurse practitioner (NP)

However:
- The physician must be the person listed for call. The physician may not *permanently* put the name of a PA or NP on the on-call list.
- The physician may not *routinely* send a substitute for call. The physician must receive full information about the patient. With full information, the physician must decide whether it is safe for a PA or NP to take the call.
- If the physician decides to send a PA or NP, the clinician at the hospital must agree that this is a safe decision.
EMTALA allows for certain potential conflicts with call. These conflicts are:

- A physician may be on-call at more than one hospital at the same time.
- A physician may schedule non-emergency appointments or surgery during on-call time.

![Diagram of On-Call Physician](image:4011.jpg)
EMTALA allows for potential conflicts with call.

**However:**
- Physicians must inform hospitals of potential conflicts.
- Hospitals must plan for situations that could come up. For example, Hospital X needs an on-call physician. The physician cannot respond because she is already with an emergency patient at Hospital Y. Hospital X must have a backup plan.
- Physicians must be prepared to leave non-emergency patients to respond to call.
- Physicians must respond to call by going to the patient’s current location. For example, a physician is seeing non-emergency patients at Hospital Y. Hospital X calls the physician to provide emergency care. The physician must go to Hospital X. The physician may not have the emergency patient transferred to Hospital Y.

**Important:** Under EMTALA, a physician may legitimately not respond to call only if he or she is actively engaged in surgery or otherwise managing a patient who cannot be left.
Many EMTALA investigations and citations happen when on-call physicians do not respond to call.

If an on-call physician does not respond to call:
- The physician’s name and address must be documented in the patient’s record and in any transfer papers.
- The physician must be disciplined.
- The hospital must document the discipline.

Remember: It is okay for a physician not to respond to call if the physician is already with a patient who cannot be left. In this case, the physician does not need to be written up or disciplined.
Remember: EMTALA citations often happen because physicians do not respond to call.

In addition, EMTALA citations often happen when:

- A PA or NP responds to call for a specialty assessment, when the on-call physician should have responded.
- A PA or NP routinely responds to call for specialty assessments.
- A patient must be transferred to another hospital because a physician does not respond to call.
- The transferring hospital does not record the name and address of a non-responding physician in a patient’s transfer papers.
- A hospital has uncovered call time. [glossary]
For a patient to be stable, all abnormal findings must be normalized.

a. True
b. False

**TRUE / FALSE INTERACTION**

Correct: B

A: Incorrect. Abnormal findings must be normalized or explained away.

B: Correct. Abnormal findings must be normalized or explained away.
Under EMTALA:

- Uncovered call time is allowed, as long as it is kept to a minimum.
- The call list must have the names of specific physicians, NPs, or PAs.
- The call list must cover all hospital specialties at all times.
- All of the above
- None of the above

**MULTIPLE CHOICE INTERACTION**

Correct: C

A: Incorrect. The correct answer is C. The on-call list must have names of specific physicians. The list must give each physician’s on-call time and specialty. All hospital specialties must be covered at all times.

B: Incorrect. The correct answer is C. The on-call list must have names of specific physicians. The list must give each physician’s on-call time and specialty. All hospital specialties must be covered at all times.

C: Correct. The on-call list must have names of specific physicians. The list must give each physician’s on-call time and specialty. All hospital specialties must be covered at all times.

D: Incorrect. The correct answer is C. The on-call list must have names of specific physicians. The list must give each physician’s on-call time and specialty. All hospital specialties must be covered at all times.

E: Incorrect. The correct answer is C. The on-call list must have names of specific physicians. The list must give each physician’s on-call time and specialty. All hospital specialties must be covered at all times.
Summary

You have completed the lesson on stabilizing care.

Remember:
- Under EMTALA, Medicare hospitals must provide stabilizing care to all patients with EMCs.
- A woman in active labor is stable only after delivering both the baby and the placenta.
- Other patients with EMCs are stable only after all abnormal findings are normalized through treatment or explained away.
- A patient is not stable if his or her condition could worsen because of, during, or shortly after transfer.
- When a patient is stable, the hospital’s EMTALA duty to the patient ends.
- Under EMTALA, hospitals must have an on-call system. Specialty physicians must be on-call at all times to stabilize patients with EMCs.
- The on-call list must have names of specific physicians. The list must give each physician’s on-call time and specialty. The list must be posted in the emergency department.
- On-call physicians must respond promptly when called.
- On-call physicians may send a substitute (PA or NP) for call. However, certain guidelines and restrictions must be followed.
- EMTALA allows potential conflicts with call. However, certain guidelines and restrictions must be followed.
- Under EMTALA, it is okay for a physician not to respond to call **only** if the physician is already with a patient who cannot be left.
- On-call physicians who do not respond to call must be written up and disciplined.
Welcome to the lesson on transfers under EMTALA.

After completing this lesson, you should be able to:
- Identify the features of a medically appropriate transfer under EMTALA
- Recognize what receiving hospitals must do to comply with EMTALA
- Determine the point at which a transferring hospital’s EMTALA duty ends

FLASH ANIMATION: Lesson Map

Lesson 5: Appropriate Transfer
- Criteria for appropriate transfer
- The role and responsibility of the receiving hospital
Under EMTALA, Medicare hospitals must:
- Provide medically appropriate transfers
- Accept requests for incoming transfers

Let's take a closer look at:
- The definition of a medically appropriate transfer
- The role and responsibility of receiving hospitals

Note: An emergency patient may refuse to give consent for transfer. If that happens, the hospital is not required to provide transfer. The patient's refusal must be carefully documented in the medical record. An "Informed Consent to Refuse" form should be used. This form should list the potential benefits of accepting the offered services. It should also list the risks of refusal. It must be signed by the patient or his or her legal representative.
Medical Necessity

Under EMTALA, a transfer is appropriate only for medical reasons. For example, an emergency patient is at Hospital X. Special medical equipment is needed to stabilize the patient. Hospital X does not have this equipment. Hospital Y does have the equipment. For this patient, transfer from Hospital X to Hospital Y would be medically appropriate.

A transfer is **not** appropriate for:
- Financial reasons
- Physician or hospital convenience

<table>
<thead>
<tr>
<th>Transfer Reason</th>
<th>Appropriate under EMTALA?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical reasons</td>
<td>Yes</td>
</tr>
<tr>
<td>Financial reasons</td>
<td>No</td>
</tr>
<tr>
<td>For convenience</td>
<td>No</td>
</tr>
</tbody>
</table>
Physician Certification or Patient Request

Transfers must be **certified** or **requested**.

**Certified:** The treating physician must certify that the expected benefits of transfer outweigh the risks.

The specific benefits and risks must be:
- Documented
- Supported by the patient’s medical record

**Requested:** The patient may request a transfer.

In this case, the hospital must make sure that the patient understands two things. The hospital must explain:
- Its EMTALA duty to provide stabilizing care
- The potential risks of transfer
## Prior to the Transfer

### Before a transfer:
- The transferring hospital must provide medical treatment to make the transfer as safe as possible.
- The receiving hospital must agree to the transfer. It must have personnel and space to meet the needs of the patient.

![Image: 5005.jpg](image: 5005.jpg)
Under EMTALA, transferring hospitals must send documentation to receiving hospitals. The patient’s emergency medical records must be sent. These should include:
- Signs and symptoms
- Any diagnosis made
- Any treatment given
- Results of any lab tests or imaging studies

The transferring hospital also must send:
- The physician’s certification for transfer or the patient’s request for transfer
- The name and address of the on-call physician who did not respond to call (if any)
## Personnel and Equipment

The transferring hospital must send the patient with all necessary equipment and personnel. This includes:

- Any medical attendants needed to make the transfer as safe as possible for the patient
- Any life-support equipment needed
- Proper transport vehicle (ambulance)
Appropriate Transfer: Summary

1. Medical necessity
2. Physician certification or patient request
3. Appropriately transfer under EMTALA
4. Treatment to minimize transfer risks
5. Agreement from receiving hospital
6. Pertinent documentation sent to receiving hospital
7. All necessary medical attendants and equipment for transfer
Under EMTALA, a Medicare hospital must accept a request for incoming transfer if:

- The hospital has everything needed to treat the patient.
- The transferring hospital is less able to treat the patient.
Receiving hospitals must report possible EMTALA violations within 72 hours.

For example, an emergency patient is at Hospital X. The patient needs a specialist. The specialist on-call at Hospital X does not respond to call. As a result, the patient must be transferred to Hospital Y. Hospital Y must report this transfer within 72 hours.

**EMTALA obligations of receiving hospitals:**
- Accept appropriate transfers
- Report potential violations
## The Receiving Hospital: Declining a Request

Hospitals are allowed to decline requests for incoming transfer under certain circumstances.

These are:
- The patient does not need the medical services of the hospital.
- The hospital does not have space for the patient.
- The transferring hospital is able to treat the patient fully.
Declining a Request: Potential EMTALA Violation

Hospitals are allowed to decline requests for incoming transfer under certain circumstances.

However: declining a request for incoming transfer can be risky.

CMS expects receiving hospitals to do everything possible to accept incoming transfers.

For example, it may be possible for the hospital to:
- Use on-call personnel to treat the patient.
- Use step-down beds or early discharge to make room for the patient.

If possible, the hospital must take these steps. Otherwise, CMS may cite the hospital for an EMTALA violation.

Hospitals that decline a request for transfer without taking all reasonable steps to accommodate the patient may be found in violation of EMTALA.
After an appropriate transfer, the transferring hospital has no further EMTALA duty to the patient.
Before a transfer, the transferring hospital must make sure that:

- a. The receiving hospital will accept the transfer.
- b. The receiving hospital has space for the patient.
- c. The receiving hospital has personnel who can treat the patient.
- d. All of the above
- e. None of the above

**MULTIPLE CHOICE INTERACTION**

Correct: D

A: Not quite. The best answer is D. Before a transfer, the transferring hospital must check with the receiving hospital. The receiving hospital must accept the transfer. The receiving hospital also must have space and personnel to meet the needs of the patient.

B: Not quite. The best answer is D. Before a transfer, the transferring hospital must check with the receiving hospital. The receiving hospital must accept the transfer. The receiving hospital also must have space and personnel to meet the needs of the patient.

C: Not quite. The best answer is D. Before a transfer, the transferring hospital must check with the receiving hospital. The receiving hospital must accept the transfer. The receiving hospital also must have space and personnel to meet the needs of the patient.

D: Correct. Before a transfer, the transferring hospital must check with the receiving hospital. The receiving hospital must accept the transfer. The receiving hospital also must have space and personnel to meet the needs of the patient.

E: Incorrect. The correct answer is D. Before a transfer, the transferring hospital must check with the receiving hospital. The receiving hospital must accept the transfer. The receiving hospital also must have space and personnel to meet the needs of the patient.
Complete the table by dragging and dropping terms from the word bank.

<table>
<thead>
<tr>
<th>EMTALA duty to a patient ends:</th>
<th>EMTALA duty to a patient continues:</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the MSE does not find an EMC</td>
<td>When the MSE finds an EMC</td>
</tr>
<tr>
<td>When the patient is stable</td>
<td>As long as abnormal findings of the MSE remain and cannot be explained away</td>
</tr>
<tr>
<td>After an appropriate transfer</td>
<td>When the risks of transfer outweigh the potential benefits</td>
</tr>
<tr>
<td>When the patient is admitted to the hospital</td>
<td>When the patient remains in a DED with an emergency condition</td>
</tr>
</tbody>
</table>
Summary

You have completed the lesson on appropriate transfers.

Remember:
- Under EMTALA, Medicare hospitals must provide appropriate transfers.
- An appropriate transfer is:
  - For medical reasons only
  - Certified by a physician or requested by the patient
  - Pre-approved by a receiving hospital capable of treating the patient
  - Accompanied by documentation
  - Performed using all necessary equipment and medical personnel
- In most cases, hospitals must accept requests for incoming transfer.
- Receiving hospitals must report transfers that may violate EMTALA.
- After an appropriate transfer, the transferring hospital has no further EMTALA duty to the patient.
## Course Glossary

<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>dedicated emergency department (DED)</td>
<td>under EMTALA, hospital emergency rooms, as well as any other departments or remote sites that see at least one-third of their patients on a walk-in basis for assessment of emergency medical conditions</td>
</tr>
<tr>
<td></td>
<td>Hill-Burton Act</td>
<td>a federal program that requires healthcare facilities that have used federal money for facility reconstruction or modernization to provide free or low-cost healthcare services to people living in the facility's area who cannot afford to pay for the services</td>
</tr>
<tr>
<td></td>
<td>MSE</td>
<td>medical screening exam</td>
</tr>
<tr>
<td></td>
<td>uncovered call time</td>
<td>period of time during which no physician in a given specialty is on-call to respond to emergencies</td>
</tr>
</tbody>
</table>
Pre-Assessment

1. EMTALA began as part of the:
   a. 1965 Social Security Act Amendments
   b. 2003 Universal Healthcare Coverage Act
   c. 1986 Consolidated Omnibus Budget Reconciliation Act
   d. 1996 Health Insurance Portability and Accountability Act

Correct: 1986 Consolidated Omnibus Budget Reconciliation Act

2. Hospitals face costs to correct EMTALA noncompliance. For larger hospitals (400 to 500 beds), the estimate cost is:
   a. Close to $2,000 in the first year
   b. Close to $20,000 in the first year
   c. Close to $200,000 in the first year
   d. Close to $2,000,000 in the first year

Correct: Close to $2,000,000 in the first year
Rationale: Correcting EMTALA violations can be costly. For larger hospitals, the estimated cost is close to $2 million in the first year of correction.

3. Under EMTALA, noncompliant hospitals:
   a. May not be sued in civil court
   b. May be sued by a patient who was harmed
   c. May be sued by state government agencies
   d. May be sued by the U.S. Department of Health and Human Services

Correct: May be sued by a patient who was harmed.
Rationale: Hospitals can be sued in civil court for EMTALA violations. Both patients and receiving hospitals can sue successfully, if harmed by the actions of the noncompliant hospital.

4. A patient comes to a Medicare-participating hospital. The patient presents at the hospital's dedicated emergency department. The patient asks for emergency medical services. The patient does not have health insurance coverage. Choose the true statement about this patient and the hospital's duty to provide a medical screening exam (MSE):
   a. Under EMTALA, the hospital must provide this patient with an MSE.
   b. Under EMTALA, the hospital may transfer the patient to another hospital for an MSE.
   c. Under EMTALA, the hospital may request up-front, out-of-pocket payment before providing an MSE.
   d. Under EMTALA, the hospital may deny the patient an MSE, without offering transfer to another hospital.
Correct: Under EMTALA, the hospital must provide this patient with an MSE
Rationale: EMTALA protects the right of patients to receive emergency screening and services, whether or not they can pay.

5. Under EMTALA, which of the following is the best definition of an acceptable medical screening exam (MSE)?
   a. Triage
   b. Physical examination
   c. Taking a complete medical history and one set of vital signs
   d. All tests and examination needed to find or exclude an emergency medical condition

Correct: All tests and examination needed to find or exclude an emergency medical condition
Rationale: Triage is not an acceptable MSE under EMTALA. An acceptable MSE may include physical exam, medical history, and vital signs. The best definition, though, is all tests and exams needed to find or exclude an emergency medical condition.

6. Under EMTALA, active labor in a pregnant woman is considered an emergency medical condition (EMC) if:
   a. Contractions are less than ten minutes apart.
   b. Contractions are less than five minutes apart.
   c. Delivery is likely within an hour of performing the medical screening exam.
   d. Delivery is likely before the woman could be safely transferred to another facility.

Correct: Delivery is likely before the woman could be safely transferred to another facility
Rationale: Active labor is an EMC if delivery is likely before the woman could be safely transferred. Active labor is also considered an EMC if transfer could endanger the woman or unborn fetus.

7. A patient presents at a dedicated emergency department (DED). A medical screening exam (MSE) is provided. An emergency medical condition (EMC) is NOT found. The hospital now asks for insurance information. The patient does not have health insurance. Under EMTALA:
   a. The hospital must provide requested non-emergency services.
   b. The hospital has no further EMTALA duty to the patient at this time.
   c. If the patient returns to the DED in the future and requests emergency services, the hospital does not have to provide an MSE.
   d. If the patient returns to the DED in the future and requests emergency services, the hospital may request up-front, out-of-pocket payment for an MSE.

Correct: The hospital has no further EMTALA duty to the patient at this time.
Rationale: When an EMC is not found, a hospital's current EMTALA duty to a patient ends. If the patient returns to the DED at a future time, the hospital again has an EMTALA duty to provide an MSE.

8. Under EMTALA, which of the following patients is considered "medically stable"?
   a. A woman in active labor, after delivering the baby but not the placenta
   b. A patient with ongoing abnormal symptoms that cannot be explained away
   c. A patient whose symptoms have been normalized, but there is a reasonable risk the condition may worsen if the patient is discharged
   d. A patient whose symptoms have been explained away, and there is little to no risk the condition may worsen if the patient is discharged
A patient whose symptoms have been explained away, and there is little to no risk the condition may worsen if the patient is discharged. A patient is medically stable when his or her symptoms have been normalized or explained away. The patient is NOT considered stable if there is a reasonable risk the condition will worsen if the patient is discharged. A woman in active labor must deliver both the baby and the placenta to be considered medically stable.

9. Under EMTALA, hospitals must have an on-call system. Which of the following is a feature of an acceptable on-call system under EMTALA?
   a. Physicians in at least 50% of the hospital's specialties must be on-call at any given time.
   b. On-call physicians may put protocols in place to have emergency patients transferred to their office to provide care.
   c. The on-call list must have names of specific physicians. The list must give each physician’s on-call time and specialty.
   d. Physicians may opt out of on-call duty. If so, they must replace their name on the on-call list with the name of a qualified physician's assistant.

Correct: The on-call list must have names of specific physicians. The list must give each physician’s on-call time and specialty.
Rationale: Under EMTALA, hospitals must have a physician on-call list. The list must cover all of the hospital's specialties at all times. The list must have names of specific physicians. The list must give each physician's specialty and on-call time. Physicians may not globally transfer their on-call duty to an assistant or nurse practitioner.

10. A patient transfer is being arranged. Under EMTALA, which of the following is the responsibility of the receiving hospital?
    a. Certify that the expected benefits of transfer outweigh the risks
    b. Provide medical attendants to accompany the patient during the transfer
    c. Report possible EMTALA violations related to the transfer within 72 hours
    d. Evaluate the patient prior to the transfer to confirm the transfer is medically necessary

Correct: Report possible EMTALA violations related to the transfer within 72 hours
Rationale: If a hospital accepts a transfer, and believes the transferring hospital was in violating of EMTALA in making the transfer, the receiving hospital must report the possible violation within 72 hours. The other responsibilities listed here are the duties of the transferring hospital.
Final Exam

1. Which organization reviews all EMTALA complaints?
   a. Office of the Inspector General
   b. Department of Health and Human Services
   c. Centers for Disease Control and Prevention
   d. Centers for Medicare and Medicaid Services

Correct: Centers for Medicare and Medicaid Services
Rationale: CMS reviews all EMTALA complaints.

2. A hospital commits an EMTALA violation. The violation is proven. If the hospital does not submit a plan of correction:
   a. The hospital will be shut down in 23 days.
   b. The hospital will not face any punishment.
   c. The hospital will lose its status as a Medicare provider in 23 days.
   d. The hospital will be fined $230 per bed per day until the plan of correction is submitted.

Correct: The hospital will lose its status as a Medicare provider in 23 days.
Rationale: Hospitals found to be in violation of EMTALA must submit a plan of correction to CMS. If not, they risk losing their Medicare provider status.

3. Individual physicians can pay fines of:
   a. Up to $500 per EMTALA violation
   b. Up to $5,000 per EMTALA violation
   c. Up to $50,000 per EMTALA violation
   d. Up to $500,000 per EMTALA violation

Correct: Up to $50,000 per EMTALA violation
Rationale: For individual physicians, EMTALA fines are up to $50,000 per violation.

4. A patient comes to a Medicare-participating hospital. The patient presents at a department that is not a dedicated emergency department. The patient appears to have an emergency condition. The patient is known to have limited health insurance coverage. Choose the true statement about this patient and the hospital's obligation to provide a medical screening exam (MSE):
   a. Under EMTALA, the hospital must provide the patient with an MSE.
   b. Under EMTALA, the hospital may transfer the patient to another hospital for an MSE.
   c. Under EMTALA, the hospital may request up-front, out-of-pocket payment before providing an MSE.
   d. Under EMTALA, the hospital may deny the patient an MSE, without offering transfer to another hospital.

Correct: Under EMTALA, the hospital must provide this patient with an MSE.
Rationale: EMTALA protects the right of patients to receive emergency screening and services, regardless of ability to pay.

5. Choose the true statement regarding personnel qualified to perform medical screening exams (MSEs):
   a. Under EMTALA, non-physicians may not perform MSEs.
   b. Under EMTALA, physicians must be on-call to perform MSEs.
   c. Under EMTALA, non-physicians may perform MSEs if a qualified physician is not on call.
   d. Under EMTALA, physicians must provide direct oversight of any non-physicians who perform MSEs.

Correct: Under EMTALA, physicians must be on-call to perform MSEs.
Rationale: EMTALA requires hospitals to have physicians on-call to perform MSE. Other qualified medical personnel (QMP) may perform MSEs if certain conditions are met.

6. Under EMTALA, which of the following is a feature of an emergency medical condition (EMC)?
   a. The condition is chronic.
   b. The patient believes the condition is a medical emergency.
   c. The condition is an immediate threat to the patient's health or safety.
   d. The condition is seen in a patient who presents at a dedicated emergency department.

Correct: The condition is an immediate threat to the patient's health or safety.
Rationale: Under EMTALA, an EMC poses a threat to a patient's health or safety.

7. A patient presents at a dedicated emergency department. A medical screening exam (MSE) is provided. An emergency medical condition (EMC) is found. Under EMTALA:
   a. The hospital has no further EMTALA duty to the patient at this time.
   b. The hospital must stabilize the patient or transfer the patient if medically necessary.
   c. The hospital may now transfer the patient if he or she does not have health insurance coverage.
   d. The hospital may ask for up-front, out-of-pocket payment for further services if the patient is uninsured.

Correct: The hospital must stabilize the patient or transfer the patient if medically necessary.
Rationale: When an EMC is found, the hospital has an EMTALA duty to stabilize the patient, regardless of the patient's ability to pay. The hospital may transfer the patient if the transfer is medically necessary to provide needed treatment. The hospital may not transfer the patient for financial reasons.

8. After finding an emergency medical condition (EMC), a hospital's EMTALA duty to a patient ends when:
   a. A patient has ongoing abnormal symptoms that cannot be explained away.
   b. A woman in active labor delivers the baby, whether or not the placenta has also been delivered.
   c. A patient's symptoms have been explained away. There is little to no risk the condition may worsen if the patient is discharged.
   d. A patient's symptoms are normalized. However, there is a reasonable risk the condition may worsen if the patient is discharged.

Correct: A patient's symptoms have been explained away. There is little to no risk the condition may worsen if the patient is discharged.
EMTALA duty ends when the patient is medically stable. A patient is medically stable when his or her symptoms have been normalized or explained away. The patient is NOT considered stable if there is a reasonable risk the condition will worsen if the patient is discharged. A woman in active labor must deliver both the baby and the placenta to be considered medically stable.

9. Under EMTALA, when can a nurse practitioner (NP) take call to provide services to an emergency patient?
   a. An NP can never take call under EMTALA.
   b. An NP can take call only when the on-call physician is too busy to take the call.
   c. An NP can take call only when the on-call physician replaces his or her name with the NP's name on the hospital's call list.
   d. An NP can take call only when both the on-call physician and the treating clinician agree that it is safe for the NP to take the call.

Correct: An NP can take call only when both the on-call physician and treating clinician agree that it is safe for the NP to take the call.

Rationale: Under EMTALA, both NPs and physician's assistants (PAs) may sometimes take call. This may happen only on a case-by-case basis, when judged to be safe for the patient.

10. Under EMTALA, an on-call physician does not have to respond to call when:
    a. The physician chooses not to respond.
    b. The physician is busy with non-emergency patients.
    c. The physician is busy with emergency patients at another hospital.
    d. The physician has an automatic system to forward all calls to a qualified physician's assistant.

Correct: The physician is busy with emergency patients at another hospital.

Rationale: Under EMTALA, on-call physicians must respond to call promptly. A physician is not in violation of EMTALA if he or she does not respond to call because he or she is with another patient who cannot be left.

11. Under EMTALA, which of the following is a feature of a "certified transfer"?
    a. The patient requests the transfer.
    b. The expected benefits of the transfer outweigh the risks.
    c. The transfer is pre-approved by the patient's insurance company.
    d. The transfer is in the financial interests of both the transferring and receiving hospital.

Correct: The expected benefits of the transfer outweigh the risks.

Rationale: In a certified transfer, the expected benefits outweigh the risks. The treating physician must certify this opinion with supporting documentation.

12. Under EMTALA, a transfer is considered appropriate if:
    a. The transfer saves money.
    b. The transfer is medically necessary.
    c. The transfer is more convenient for the treating physician.
    d. The transfer is more convenient for the transferring hospital.
Correct: The transfer is medically necessary.
Rationale: Under EMTALA, a transfer is appropriate only if medically necessary.

13. A patient transfer is being arranged. Prior to the transfer, what must the receiving hospital do to comply with EMTALA?
   a. Preapprove the transfer with the patient’s insurance company
   b. Send a physician to the transferring hospital, to evaluate the patient
   c. Confirm space and personnel are available to meet the needs of the patient
   d. Refuse the request for transfer, if on-call personnel will need to be called in to treat the patient

Correct: Confirm space and personnel are available to meet the needs of the patient
Rationale: Receiving hospitals must confirm that they have the space and personnel needed to treat the patient. Needed personnel may include on-call staff.

14. Under EMTALA, hospitals must accept a request for incoming transfer if:
   a. The transferring hospital is less able to provide needed treatment to an emergency patient.
   b. The transferring hospital does not want to use on-call personnel to treat an emergency patient.
   c. The transferring hospital does not want to provide emergency services to an uninsured patient.
   d. The transferring hospital has determined that the patient does not have an emergency medical condition.

Correct: The transferring hospital is less able to provide needed treatment to an emergency patient.
Rationale: Under EMTALA, a hospital must accept a transfer if the hospital is able to meet the needs of the patient, and the transferring hospital is less able to meet the patient's needs. Under other conditions, a hospital may refuse a transfer. However, it is always risky to refuse a transfer, and may result in an EMTALA citation. It is usually better to accept the transfer and report any possible EMTALA violations by the transferring hospital.

15. A transferring hospital’s EMTALA duty to an emergency patient ends when:
   a. An appropriate transfer is completed.
   b. A receiving hospital agrees to the transfer.
   c. A patient is transferred for financial reasons.
   d. The treating physician certifies the need for transfer.

Correct: An appropriate transfer is completed.
Rationale: When a transfer is involved, a hospital’s EMTALA duty to a patient ends only when an appropriate transfer is complete.