HealthStream Regulatory Script

[EMTALA]

Version: [May 2005]

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).

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

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

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Introduction: Consequences of Noncompliance

Failure to follow the rules of EMTALA can lead to:

- Medicare termination
- Fines
- Civil liability
<table>
<thead>
<tr>
<th>1003 Course Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>This course will help you and your facility comply with EMTALA. You will learn the details of the following EMTALA requirements:</td>
</tr>
<tr>
<td>• Emergency medical screening</td>
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<tr>
<td>• Stabilization of emergency medical conditions</td>
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<tr>
<td>• Medically appropriate transfers</td>
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<tr>
<td>Course Goals</td>
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<td>-------------</td>
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<tr>
<td>After completing this course, you should be able to:</td>
</tr>
<tr>
<td>- List potential consequences of failing to comply with EMTALA.</td>
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<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>
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</tbody>
</table>
Course Outline

This introductory lesson gives the course rationale, goals, and outline.

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: 1005.SWF/FLA
**Lesson 2: History and Enforcement**

**2001**

**Introduction**

Welcome to the lesson on the history and enforcement of EMTALA.

**FLASH ANIMATION: 2001.SWF/FLA**

<table>
<thead>
<tr>
<th>Lesson Snapshot</th>
<th>History and Enforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Origin of EMTALA</td>
<td>Investigation and notice of termination</td>
</tr>
<tr>
<td>Evolution of EMTALA</td>
<td>- Termination or correction</td>
</tr>
<tr>
<td>Enforcement of EMTALA</td>
<td>- Implementing a plan of correction</td>
</tr>
<tr>
<td>Cost of citation</td>
<td>- Fines</td>
</tr>
<tr>
<td>Frequency of citation</td>
<td>- Civil suits</td>
</tr>
<tr>
<td></td>
<td>- Reports to other agencies</td>
</tr>
</tbody>
</table>
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.
## Origin of EMTALA

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.

The rest of this course will explain the details of the final EMTALA rule.

But first, let’s take a brief look at what can happen when providers do not comply with EMTALA.
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:

- The hospital must submit a plan of correction to CMS.
- The hospital will lose its status as a Medicare provider in 23 days.

It is not common for hospitals to be terminated from Medicare because of EMTALA violations. However, termination has happened.
<table>
<thead>
<tr>
<th>2006</th>
<th>Enforcement of EMTALA: Termination or Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>When a noncompliant hospital submits a plan of correction to CMS, the hospital may be monitored for 90 days.</td>
</tr>
<tr>
<td></td>
<td>This is to make sure that the hospital starts to comply with EMTALA.</td>
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<tr>
<td></td>
<td>If so, the hospital regains its full Medicare status.</td>
</tr>
</tbody>
</table>

**Plan of correction submitted by hospital**

- Compliance with EMTALA demonstrated during 90-day observation period
- Full Medicare status restored
<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.

**Costs of Citation:**
- Implementing a plan of correction
- Fines
- Civil suits
- Reports to other agencies
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.

As of September 2003, the largest single fine was:
- $350,000 for a hospital
- $100,000 for a physician
## Costs of Citation: Civil Suits

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.

### Costs of Citation:
- Implementing a plan of correction
- Fines
- **Civil suits**
- Reports to other agencies

**Potential settlements of over $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)
- JCAHO, to decide whether the hospital should be reviewed
As of September 2003, 1,700 hospitals had been cited for violations of EMTALA.

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.
<table>
<thead>
<tr>
<th>EMTALA fines are covered by malpractice insurance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. True</td>
</tr>
<tr>
<td>b. 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.
<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have completed the lesson on the history and enforcement of EMTALA.</td>
</tr>
<tr>
<td>Remember:</td>
</tr>
<tr>
<td>- EMTALA started out as part of COBRA.</td>
</tr>
<tr>
<td>- Under EMTALA, all patients have the same access to emergency medical care, whether or not they are able to pay.</td>
</tr>
<tr>
<td>- CMS is in charge of investigating EMTALA complaints. Hospitals that do not comply with EMTALA can be terminated from Medicare.</td>
</tr>
<tr>
<td>- The OIG can fine hospitals and physicians for violating EMTALA.</td>
</tr>
<tr>
<td>- EMTALA makes it possible for noncompliant hospitals to be sued.</td>
</tr>
<tr>
<td>- EMTALA violations could be reported to the Justice Department, Office of Civil Rights, IRS, or JCAHO.</td>
</tr>
</tbody>
</table>
Welcome to the lesson on the EMTALA medical screening exam (MSE).
Objectives

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.
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) 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)

**In summary....**

Screen patients who:
- Come to any DED (on- or off-campus) and request emergency services.
- Come to any main campus location and request emergency services.
- Come to any main campus location and appear as though they need emergency services.
- Are transported in a hospital ambulance.
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

**Do not delay or deny emergency medical screening for any reason related to insurance payment or other financial issues!**
### Patients Included Under EMTALA: Signs

All Medicare hospitals must post EMTALA signs. These signs:

- Must tell patients about their rights under EMTALA.
- Should explain that the hospital must provide emergency medical services, whether or not the patient is able to pay.

**EMTALA signs must be posted in all DED:**

- Public entrances
- Waiting areas
- Registration areas
- Care areas
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

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**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).
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

![Diagram showing Triage process with stages: Not acceptable MSE under EMTALA, Exam sufficient to establish or exclude EMC, Acceptable MSE under EMTALA.](3008.GIF)
Scope of the MSE: Psychiatric and Intoxicated Patients

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.
Features of an EMC

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 (not active labor)
- Active labor
Under EMTALA, a patient has an EMC if the patient’s symptoms are severe enough to:

- Seriously threaten the health or safety of the patient.
- Cause serious harm to the patient’s bodily function.
- Cause serious harm to any bodily part or organ.
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.
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>Patients who come to a DED and ask for emergency services</th>
<th>Medicare hospitals do NOT have an EMTALA duty to provide MSEs to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients transported in a hospital-owned ambulance</td>
<td>Patients who come to off-campus locations that do not normally provide emergency medical 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>
<tr>
<td>Review</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>EMTALA allows non-physicians to perform MSEs.</td>
<td></td>
</tr>
<tr>
<td>a. True</td>
<td></td>
</tr>
<tr>
<td>b. False</td>
<td></td>
</tr>
</tbody>
</table>

**TRUE / FALSE INTERACTION**

Correct: A

Feedback for A: Correct.

Feedback for B: Incorrect.
<table>
<thead>
<tr>
<th>Summary</th>
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<tbody>
<tr>
<td>You have completed the lesson on emergency medical screening under EMTALA.</td>
</tr>
</tbody>
</table>

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

• The baby
• The placenta
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
- 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.
Under EMTALA, a patient is **not** stable if:

- The patient’s condition could worsen **because of** being transferred or discharged from the hospital.
- The patient’s condition could worsen **during or shortly following** transfer or discharge from the hospital.

In either case, there must be a **reasonable risk** that the patient’s condition will worsen.
Once a patient is stable, the hospital has no further EMTALA duty to the patient.
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
<table>
<thead>
<tr>
<th>The On-Call List</th>
</tr>
</thead>
<tbody>
<tr>
<td>The on-call list must have names of specific physicians.</td>
</tr>
<tr>
<td>The list must give each physician’s on-call time and specialty.</td>
</tr>
<tr>
<td>All hospital specialties must be covered at all times.</td>
</tr>
<tr>
<td>The call list must be posted in a visible place in the emergency department.</td>
</tr>
<tr>
<td>Call lists must be stored for five years, to keep a record of who was on-call when.</td>
</tr>
</tbody>
</table>

IMAGE: 4009.GIF

On-Call List
✓ Names of individual physicians
✓ All specialties covered at all times
✓ Visible posting in ED
✓ Five-year storage period
## The On-Call Physician: Obligation to Respond

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.

<table>
<thead>
<tr>
<th>On-Call Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Must respond promptly.</td>
</tr>
<tr>
<td>• Must see emergency patients on-site.</td>
</tr>
</tbody>
</table>
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.
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.
<table>
<thead>
<tr>
<th>On-Call System: Citable Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember: EMTALA citations often happen because physicians do not respond to call.</td>
</tr>
<tr>
<td>In addition, EMTALA citations often happen when:</td>
</tr>
<tr>
<td>• A PA or NP responds to call for a specialty assessment, when the on-call physician should have responded.</td>
</tr>
<tr>
<td>• A PA or NP routinely responds to call for specialty assessments.</td>
</tr>
<tr>
<td>• A patient must be transferred to another hospital because a physician does not respond to call.</td>
</tr>
<tr>
<td>• The transferring hospital does not record the name and address of a non-responding physician in a patient’s transfer papers.</td>
</tr>
<tr>
<td>• A hospital has <strong>uncovered call time</strong>. [glossary]</td>
</tr>
</tbody>
</table>

**A variety of EMTALA citations can arise from inappropriate on-call practices.**
For a patient to be stable, **all** abnormal findings must be normalized.

a. True
b. False

<table>
<thead>
<tr>
<th>TRUE / FALSE INTERACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct: B</td>
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<tr>
<td></td>
</tr>
<tr>
<td>A: Incorrect. Abnormal findings must be normalized or explained away.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>B: Correct. Abnormal findings must be normalized or explained away.</td>
</tr>
</tbody>
</table>
Under EMTALA:

a. Uncovered call time is allowed, as long as it is kept to a minimum.
b. The call list must have the names of specific physicians, NPs, or PAs.
c. The call list must cover all hospital specialties at all times.
d. All of the above
e. 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.
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.
<table>
<thead>
<tr>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>After completing this lesson, you should be able to:</td>
</tr>
</tbody>
</table>

- 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.
Transfer Requirements

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.
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
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.

---

**Diagram:**

- **Treatment to minimize transfer risks**
- **Agreement from receiving hospital**
- **Appropriate transfer under EMTALA**

---

Point 6 of 17
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)
<table>
<thead>
<tr>
<th>Personnel and Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The transferring hospital must send the patient with all necessary equipment and personnel.</td>
</tr>
<tr>
<td>This includes:</td>
</tr>
<tr>
<td>• Any medical attendants needed to make the transfer as safe as possible for the patient</td>
</tr>
<tr>
<td>• Any life-support equipment needed</td>
</tr>
<tr>
<td>• Proper transport vehicle (ambulance)</td>
</tr>
</tbody>
</table>

![Diagram](IMAGE: 5008.GIF)

- All necessary medical attendants and equipment for transfer
- Appropriate transfer under EMTALA
Appropriate Transfer: Summary

- Treatment to minimize transfer risks
  - Agreement from receiving hospital

- Pertinent documentation sent to receiving hospital

- All necessary medical attendants and equipment for transfer

- Physician certification or patient request

- Medical necessity

- Appropriate transfer under EMTALA
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.

**EMTALA obligations of receiving hospitals:**
- Accept appropriate transfers.
- Report potential violations.
<table>
<thead>
<tr>
<th>Receiving hospitals must report possible EMTALA violations within 72 hours.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**EMTALA obligations of receiving hospitals:**
- Accept appropriate transfers.
- Report potential violations.
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.
Appropriate Transfer: EMTALA Duty

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:

- The receiving hospital will accept the transfer.
- The receiving hospital has space for the patient.
- The receiving hospital has personnel who can treat the patient.
- All of the above
- 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.
**FLASH INTERACTION: 5016.SWF/FLA**

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><em>dedicated emergency department (DED)</em></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><em>Hill-Burton Act</em></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><em>MSE</em></td>
<td>medical screening exam</td>
</tr>
<tr>
<td></td>
<td><em>uncovered call time</em></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. If a Medicare hospital violates EMTALA:
   a. The hospital may be sued.
   b. The hospital may be fined up to $50,000.
   c. The hospital may be terminated from Medicare.
   d. All of these answers are correct.
   e. None of these answers is correct.

Correct Answer: All of these answers are correct.
Answer Rationale: Hospitals that violate EMTALA may be sued, fined, or terminated from Medicare.

2. EMTALA violations can be reported to JCAHO. JCAHO may decide to review the hospital.
   a. True
   b. False

Correct Answer: True
Answer Rationale: This statement is true. EMTALA violations also could be reported to the Justice Department, the Office of Civil Rights, and the IRS.

3. Under EMTALA, hospitals must not:
   a. Delay a medical screening exam (MSE) to get financial information from a patient.
   b. Refuse to provide a medical screening exam (MSE) if the patient's health insurance plan will not authorize an MSE.
   c. Convince a patient to leave the hospital before a medical screening exam (MSE), by pointing out the cost of emergency services.
   d. All of these answers are correct.
   e. None of these answers is correct.

Correct: All of these answers are correct.
Rationale: The MSE must not be delayed, denied, or discouraged for financial reasons.

4. A pregnant woman arrives at a dedicated emergency department. A medical screening exam shows that she is in active labor. However, the labor is not very advanced. She is not likely to deliver before she could be safely transferred to another facility. Transfer would not be risky for the woman or the fetus for any other reason. True or False: Under EMTALA, this patient has an emergency medical condition (EMC).
   a. True
   b. False
Correct Answer: False
Answer Rationale: Under EMTALA, a pregnant woman in active labor has an EMC only in two cases. First, she has an EMC if she is likely to deliver before she could be transferred safely to another facility. Second, she has an EMC if transfer could be medically risky for her or for the unborn fetus.

5. A patient arrives at a dedicated emergency department. The patient is worried about severe chest pains. A medical screening exam (MSE) is performed. The MSE shows that the patient is having a heart attack. The facility has an EMTALA duty to:
   a. Stabilize the patient.
   b. Transfer the patient to another facility in a medically appropriate way.
   c. Either stabilize the patient or transfer the patient to another facility in a medically appropriate way.
   d. None of these answers is correct. After the MSE, the facility has no further EMTALA duty to the patient.

Correct Answer: Either stabilize the patient or transfer the patient to another facility in a medically appropriate way.
Answer Rationale: A heart attack is an emergency medical condition (EMC). When an MSE finds an EMC, a facility has two choices, depending on its resources. If possible, the facility must stabilize the patient. If the facility does not have the resources to stabilize the patient, the hospital must transfer the patient to another facility in a medically appropriate way.

6. Under EMTALA, a certain patient is not medically stable. This means that there is a reasonable risk that this patient's condition might worsen:
   a. As a direct result of transfer or discharge from the hospital
   b. During or shortly following transfer or discharge from the hospital, as part of the natural course of the condition
   c. Either of these answers
   d. Neither of these answers

Correct Answer: Either of these answers
Answer Rationale: Under EMTALA, a patient is not stable when his or her condition could worsen during, shortly following, or as a direct result of transfer or discharge.

7. A patient comes to a dedicated emergency department. A specialist is needed to stabilize the patient. The on-call specialist finds out all the details of the patient’s case. The specialist decides it is safe to send her department’s nurse practitioner (NP) to stabilize the patient. To comply with EMTALA, who must agree with this decision?
   a. The NP
   b. The patient
   c. The clinician on-site with the patient
   d. All of these answers
   e. None of these answers

Correct Answer: The clinician on-site with the patient
Answer Rationale: EMTALA allows an on-call physician to send a substitute for call. However, the clinician on-site with the patient must agree that a PA or NP substitute can handle the case safely.
8. **EMTALA allows specialty physicians to schedule routine patient care during their emergency on-call time.**
   a. True
   b. False

Correct Answer: True
Answer Rationale: Under EMTALA, specialty physicians may schedule routine patient care during their emergency on-call time. However, the physician must follow certain guidelines and restrictions.

9. A patient comes to Hospital A’s emergency department. The clinician on-duty performs a thorough medical screening exam (MSE). He then calls a specialty physician, to provide stabilizing care. The on-call physician refuses to respond; it’s the middle of the night and she just got home after a 14-hour surgery. The on-duty clinician calls Hospital B to arrange a transfer. On the transfer papers, the clinician signs off on the medical need for transfer. He also records the name of the specialty physician who refused to respond to call. After receiving the transfer, Hospital B files an EMTALA complaint with CMS. Based on the information given, who should be cited for EMTALA violation?
   a. Hospital B, for filing a nuisance complaint
   b. The specialty physician, for not responding to call
   c. The on-duty clinician, for falsely signing off on a medical need for transfer
   d. All of these answers
   e. None of these answers

Correct Answer: The specialty physician, for not responding to call
Answer Rationale: Only the specialty physician is in violation.

10. A hospital arranges to transfer an emergency patient. The treating physician signs off on the transfer. The patient’s medical records clearly indicate that his condition could have been treated at the transferring hospital. The records also show that his condition was likely to worsen during the course of any transfer. Which of the following statements is FALSE?
   a. Transfer of this patient is medically appropriate.
   b. The physician could be fined up to $50,000.
   c. EMTALA is likely to investigate this transfer.
   d. The receiving hospital could sue the transferring hospital.

Correct Answer: Transfer of this patient is medically appropriate.
Answer Rationale: Transfer of this patient is not medically appropriate. This transfer violates EMTALA.

11. Hospital A requests permission to transfer a patient to Hospital B. The transfer is medically necessary. Hospital B has the space and personnel to meet the patient’s needs. True or False: Under EMTALA, Hospital B reserves the right to refuse this transfer.
   a. True
   b. False

Correct Answer: False
Answer Rationale: Under EMTALA, hospitals must accept requests for incoming transfer if two conditions are met. First, the transfer must be medically necessary. Second, the receiving hospital must have the space and personnel to meet the patient’s needs.

12. Under EMTALA, an on-call specialty physician:
   a. Must respond promptly when called
   b. May ask to have an emergency patient transferred to his or her office
   c. May allow a nurse practitioner (NP) to respond to call on a routine basis, unless the NP decides that he or she needs backup from the physician
   d. All of these answers
   e. None of these answers

Correct Answer: Must respond promptly when called
Answer Rationale: Under EMTALA, an on-call specialty physician must respond promptly to call.

13. Hospital A wants to transfer a patient to Hospital B. The patient has an emergency medical condition (EMC). Under EMTALA, this transfer is allowed if:
   a. The patient has Happy-Healthy Health Insurance (HHHI). Hospital A does not accept HHHI. Hospital B does.
   b. Special medical equipment is needed to stabilize the patient. Hospital A does not have this equipment. Hospital B does.
   c. Dr. Smith, a specialist, is needed to stabilize the patient. Dr. Smith is on-call at Hospital A. However, the doctor is currently seeing patients for routine care at Hospital B.
   d. All of these are acceptable reasons for transfer under EMTALA.
   e. None of these is an acceptable reason for transfer under EMTALA.

Correct Answer: Special medical equipment is needed to stabilize the patient. Hospital A does not have this equipment. Hospital B does
Answer Rationale: Under EMTALA, a transfer is okay only if medically necessary. It is never okay to transfer a patient for financial reasons. Transfers also should not be made for reasons of convenience.

14. A patient is transferred from Hospital A to Hospital B. Hospital A does not send enough medical attendants to keep the patient as safe as possible during the transfer. True or False: Under EMTALA, this is not an appropriate transfer.
   a. True
   b. False

Correct Answer: True
Answer Rationale: This statement is true.

15. ________________ must file an EMTALA complaint.
   a. Hospital A, after transferring an emergency patient to Hospital B for financial reasons
   b. Hospital B, after receiving an emergency transfer arranged by Hospital A for financial reasons
   c. A patient with an emergency medical condition, transferred from Hospital A to Hospital B for financial reasons
   d. All of these answers

Correct Answer: All of these answers
e. None of these answers

Correct Answer: Hospital B, after receiving an emergency transfer arranged by Hospital A for financial reasons
Answer Rationale: Under EMTALA, receiving hospitals must report inappropriate transfers.

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Final Exam

Question Title: Question 1
Question: Possible EMTALA violations are investigated by:

Answer 1: State licensing officials
Answer 2: The Justice Department
Answer 3: The Office of the Inspector General (OIG)
Answer 4: The Centers for Medicare and Medicaid Services (CMS)

Correct Answer: State licensing officials
Answer Rationale: When CMS receives an EMTALA complaint, they ask state licensing officials to investigate.
Question Title: Question 2
Question: A hospital with 450 beds violates EMTALA. The hospital comes up with a plan of correction to comply with EMTALA. True or False: This plan of correction is likely to cost the hospital close to $2 million in the first year.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale: For hospitals with 400 to 500 beds, a plan of correction can cost close to $2 million in the first years. For smaller hospitals, an EMTALA plan of correction can cost as much as $150,000 in the first year.

Question Title: Question 3
Question: Under EMTALA, a Medicare hospital must provide a medical screening exam (MSE) to:

Answer 1: Any patient who develops an EMC during a scheduled outpatient procedure
Answer 2: Any patient who develops an EMC after being admitted to the hospital for elective surgery
Answer 3: Any patient who comes to a DED and requests emergency examination or treatment
Answer 4: All of these answers
Answer 5: None of these answers

Correct Answer: Any patient who comes to a DED and requests emergency examination or treatment
Answer Rationale: EMTALA does not cover admitted patients. EMTALA also does not cover patients who develop an EMC during a scheduled outpatient procedure. Medicare conditions of participation (COPs) protect these patients.

Question Title: Question 4
Question: To comply with EMTALA, discuss payment with an emergency patient only AFTER the patient has been screened and stabilized.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale: This statement is true.

Question Title: Question 5
Question: Under EMTALA:

Answer 1: Triage is an acceptable MSE.
Answer 2: Laboratory testing and imaging studies are never necessary for an MSE.
Answer 3: The MSE must be complete enough to find out whether the patient has an EMC.
Answer 4: All of these answers are correct.
Answer 5: None of these answers is correct.

Correct Answer: The MSE must be complete enough to find out whether the patient has an EMC.
Answer Rationale: Under EMTALA, the MSE must be complete enough to find out if the patient has an EMC. Therefore, triage is NOT an acceptable MSE. The MSE may include lab testing or imaging, if needed.

Question Title: Question 6
Question: Under EMTALA, a certain patient has an emergency medical condition (EMC). This patient has symptoms severe enough to:

Answer 1: Cause serious bodily harm.
Answer 2: Cause serious harm to some part of the body.
Answer 3: Seriously threaten the health or safety of the patient.
Answer 4: All of these answers describe an EMC under EMTALA.
Answer 5: None of these answers describes an EMC under EMTALA.

Correct Answer: All of these answers describe an EMC under EMTALA.
Answer Rationale: A patient has an EMC if his or her symptoms are serious enough to threaten health, safety, or bodily integrity.

Question Title: Question 7
Question: A patient comes to a dedicated emergency department (DED). The patient is worried about severe chest pains. A medical screening exam (MSE) is performed. The patient is diagnosed with heartburn. True or False: The facility has no further EMTALA duty to this patient.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale: If an MSE does not find an EMC, EMTALA duty ends.

Question Title: Question 8
Question: A pregnant woman in active labor comes to a dedicated emergency department. An MSE finds that her labor is an EMC under EMTALA. This patient is medically stable only after:

Answer 1: She is fully dilated.
Answer 2: The baby is delivered.
Answer 3: The baby's head crowns.
Answer 4: She delivers both the baby and the placenta.

Correct Answer: She delivers both the baby and the placenta.
Answer Rationale: Under EMTALA, a woman in active labor is stable only after she delivers both the baby and the placenta.
Question Title: Question 9
Question: Under EMTALA, a patient with an EMC must be stabilized. During the stabilization process, all symptoms must be normalized or explained away.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale: This statement is true.

Question Title: Question 10
Question: When a patient meets the EMTALA definition of medical stability, the hospital’s EMTALA duty to the patient ends.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale: This statement is true.

Question Title: Question 11
Question: A specialty physician is on-call at Hospital A. True or False: To comply with EMTALA, this same physician cannot be on-call at Hospital B at the same time.

Answer 1: True
Answer 2: False

Correct Answer: False
Answer Rationale: Under EMTALA, a specialty physician may be on-call at more than one hospital at the same time. However, the physician must follow certain guidelines and restrictions.

Question Title: Question 12
Question: An on-call physician does not respond to a call from Hospital A. Under EMTALA, this is okay if:

Answer 1: The physician is treating an emergency patient at Hospital B.
Answer 2: The physician is seeing patients for routine care at Hospital A.
Answer 3: The physician is seeing patients for routine care at Hospital B.
Answer 4: All of these answers are correct.
Answer 5: None of these answers is correct.

Correct Answer: The physician is treating an emergency patient at Hospital B.
Answer Rationale: Under EMTALA, it is okay for a physician not to respond to call if the physician is already treating a patient who cannot be left. This is the ONLY acceptable reason for not responding to call.

Question Title: Question 13
Question: An on-call specialty physician does not respond to call. The physician does not have a legitimate excuse. In this case:

Answer 1: The physician must be disciplined by the hospital.
Answer 2: The hospital records must document any disciplinary action taken against the physician.
Answer 3: The physician’s name and address must be documented in the patient’s record and in any patient transfer papers.
Answer 4: All of these answers are correct.
Answer 5: None of these answers is correct.

Correct Answer: All of these answers are correct.
Answer Rationale: When a physician does not respond to call, EMTALA requires all of these actions.

Question Title: Question 14
Question: Before an emergency patient is transferred:

Answer 1: The patient must request a transfer.
Answer 2: The treating physician must certify that the potential benefits of transfer outweigh the risks.
Answer 3: The physician must sign off on the transfer, and the patient must request a transfer.
Answer 4: Either the physician must sign off on the transfer, or the patient must request a transfer.

Correct Answer: Either the physician must sign off on the transfer, or the patient must request a transfer.
Answer Rationale: Under EMTALA, a transfer must be certified or requested.

Question Title: Question 15
Question: Hospital A transfers an emergency patient to Hospital B. To comply with EMTALA, Hospital A must send _____________ to Hospital B.

Answer 1: Any lab values or imaging studies
Answer 2: Recorded observations of signs and symptoms
Answer 3: Documentation of any diagnosis made or treatment given
Answer 4: All of these answers
Answer 5: None of these answers

Correct Answer: All of these answers
Answer Rationale: The transferring hospital must send all pertinent documentation to the receiving hospital.