



January 2025

The Iowa Department of Inspections, Appeals, and Licensing (DIAL) Medicare Services Unit provides monthly education to hospitals via "The Pulse" newsletter because it's crucial for providers to stay informed of trends. This edition of the newsletter will provide guidance and training for the Emergency Medical Treatment and Labor Act (EMTALA) that is provided to state surveyors. DIAL hopes to highlight certain aspects of Medicare requirements, but this information is not a legal document.

In 1986, Congress enacted EMTALA to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

---

## A state surveyor's perspective on EMTALA regulations



### **What constitutes an appropriate medical screening exam?**

The definitions of "emergency medical condition" and "to stabilize" under EMTALA are quite different than the common clinical use of terms like "medical emergency," "unstable," or "stable."

Clinicians might not refer to a person as being "unstable," but that person still may have an EMC requiring stabilization under EMTALA. The ultimate clinical outcome isn't a proper basis for finding whether an EMC was stabilized, nor is stabilization defined by a narrow clinical factor, like vital signs alone.

The EMTALA statute and regulations always refer to stabilization with respect to an EMC, rather than a patient being stabilized. It's important to gather evidence for a later professional medical review to determine if "material deterioration of the condition is likely, within reasonable medical probability."

### **Disparate medical screening examination processes**

The MSE must be appropriate to the person's presenting signs and symptoms (a medical determination made by a physician reviewer whether the MSE was "reasonably calculated to determine whether an EMC exists in the context of the specific facts of the case and the hospital's capabilities and policies") and non-disparate (the same MSE that the hospital would perform on any person with those signs and symptoms, without regard to payment status, race, national origin, language proficiency, etc.).

The determination of whether an MSE was appropriate for a person's signs and symptoms is independent of any evidence of the hospital's financial motivation or its bad intent. In other words, the Centers for Medicare & Medicaid Services (CMS) doesn't have to show why a hospital failed to provide an appropriate MSE (financial reasons or otherwise) to find an EMTALA violation. A patient's final clinical outcome isn't a proper basis for finding whether an appropriate screening was given at the time or whether a person transferred had an EMC that was stabilized. Surveyors will review records for other patients with similar signs and symptoms, and use interviews, policy reviews, direct process observation, etc. to help determine whether a disparate MSE process may exist.

### **Psychiatric emergencies**

Psychiatric conditions may also meet the EMTALA definition of emergency medical condition. To help determine when a psychiatric EMC is stabilized, surveyors look for evidence that the person was protected and prevented from injuring or harming themselves or others and got sufficient treatment to assure that no material deterioration of the condition was likely, within reasonable medical probability.

Administration of chemical or physical restraints alone may help achieve the former but not necessarily the latter. A hospital has the same obligations under EMTALA whether or not a patient is in law enforcement custody and/or is under a state-based involuntary legal status, order, hold, or certification.

Although this training is intended for the public, it's helpful to share with direct-line staff for EMC, stabilizing treatment and transfers in addition to other rights protected by EMTALA. To access training, see the [Quality, Safety, & Education Portal Training Catalog](#), and select "EMTALA: An Introduction."

---

**Iowa Department of Inspections, Appeals, & Licensing**

Health & Safety Division | 6200 Park Ave., Suite 100 | Des Moines, Iowa 50321

515.281.4115 | FAX 515.281.5022