

Regulatory paper: emtala

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The healthcare industry has many regulations to ensure proper care is given, information is protected, and organizations are operating properly. The Emergency Medical Treatment and Labor Act statute of 1986 is no exception. In the following the EMTALA law will be explained with its purpose, how it is enacted, key points of information about the law, consequences for failing to abide the law, and how this regulation affects many different aspects, including the management of employees, resources, patients and the health care sector itself.

Established in 1986, by Congress, the Emergency Medical Treatment and Labor Act as part of Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (ACEP, n. d.). EMTALA was initially created to prevent what is known as “ patient dumping”, the transfer of uninsured or underinsured patients from private to public hospitals solely based on the patients’ inability to pay. The intent was to ensure everyone had access to emergency medical treatment and is now known as one of the most comprehensive regulations regarding the guarantee of medical care in a hospital, in addition to emergency care (Emergency, 2001).

Investigations of violations of the law are the responsibility of the HCFA and the Office of the Inspector General of the Department of Health and Human Services (Emergency, 2001). Any hospital or physician not complying with requirements of the Emergency Medical Treatment and Labor Act can face strong consequences and large fines. The fine for negligently violating EMTALA can reach \$50, 000 for a hospital or physician, except hospitals who have less than 100 beds, whose fine is limited at \$25, 000 (ACEP, n. d.).

A non-direct consequence consists of the hospital or physician being revoked from eligibility of the Medicare program (O'Shea, 2007). Although this consequence is not very likely to occur, it still is a very serious possibility. The American Medical Association conducted a Patient Care Physician Survey in 2001 with the following facts (O'Shea, 2007): In a typical week of practice more than 95% of emergency department physicians will provide EMTALA covered care.

More than 30% of all physicians will provide EMTALA covered care in a typical week. On average, EMTALA covered care makes up 22.9 hours of an emergency medicine physician's week and 9.7 hours of a surgeon's week. These are important facts for employees to understand because it shows how often EMTALA covered care will be presented to a hospital each week. As with most things in life, the Emergency Medical Treatment and Labor Act has both positive and negative effects on the different aspects of the health care world.

EMTALA provides the additional tasks of ensuring employees are properly trained and properly handling and executing situations. It can be debilitating on resources as the patients are uninsured or underinsured and will not have the ability to pay for the services obtained. For patients, EMTALA is a very positive regulation that provides the ability to receive the health care services needed, without the added stress to produce insurance coverage or the money before they are able to receive care.

As far as the affect of health care in general it can be debilitating and overwhelming because many patients who lack health insurance coverage attend the emergency room because they have the right to an exam rather

than utilizing a primary care physician who could deny services due to nonpayment. The Emergency Medical Treatment and Labor Act is a complex law that has the intention of protecting the patient, regardless of who they are or what they may possess.

Although many may suggest that there is room for improvement, based on the amount of money lost from nonpaid bills of patients' care protected by EMTALA, it nonetheless serves the purpose of its intention. Employees should be able to understand what the law is, the law's purpose and who enacts it, key facts about EMTALA, consequences of failing to comply and how the regulations affect management of employees, resources, patients and health care.