



Medical Liability Reform for EMTALA Services

ACEP strongly supports the "Health Care Safety Net Enhancement Act of 2017" (H.R. 548/S. 527), sponsored by Representative Charlie Dent (R-PA) and Senator Roy Blunt (R-MO), and we urge members of the House and Senate to co-sponsor their respective bills.

The nature of emergency medicine is providing care to patients who have serious injuries or illnesses, with whom we have little or no relationship and, at best, a limited ability to access their medical history. For these reasons, emergency and other on-call physicians have much higher liability exposure and subsequent premiums. Providing liability protection to physicians for the federally-mandated EMTALA services rendered will help ensure emergency and on-call physicians remain available to treat patients in their communities. Otherwise, we will continue to see sharp declines in on-call specialist availability and the relocation of emergency physicians to areas of the country where the liability environment is more favorable.

The "Health Care Safety Net Enhancement Act" will encourage physicians and on-call specialists to continue their lifesaving work and ensure emergency medical care will be available for your constituents when and where it is needed. Specifically, the legislation addresses the growing crisis in access to emergency care by providing emergency and on-call physicians who perform EMTALA-related services with temporary protections under the Federal Tort Claims Act.

EMTALA, the "Emergency Medical Treatment and Labor Act," is a federal law enacted in 1986 that requires hospital emergency departments and its physicians to provide a medical screening exam for all patients, regardless of their insurance status or ability to pay. If an emergency medical condition is discovered, then medical treatment must be provided on-site or the patient is transferred to a facility that could provide the necessary treatment.

During the 112th Congress, the House version of this bill (H.R. 157) was approved by voice vote as an amendment to H.R. 5 in March, 2012. The Senate did not take action on H.R. 5 before the end of the session.

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