

Course: EMTALA Challenges - Psychiatric and Obstetric

Release date: July 1, 2021

Expiration date: June 30, 2024

Estimated Time to Complete:

EMTALA Challenges - Psychiatric	Approximately 1.5 hours total (4 Lessons of 15-30 minutes each + Post-Test + Evaluation)
EMTALA Challenges - Obstetric	Approximately 1.5 hours total (4 Lessons of 15-30 minutes each + Post-Test + Evaluation)

Target audience

Emergency physicians, Psychiatrists, Obstetricians, Hospitalists, On-call attending physicians, physician assistants, nurse practitioners, residents, emergency department medical directors, hospital administrators, emergency nurses, and other health care providers engaged in the practice of emergency medicine.

Learner Objectives

1. Demonstrate knowledge of the key components of EMTALA.
2. Describe the impact of EMTALA regulations on care of psychiatric and OB patients who present to the hospital ED with an Emergency Medical Condition (EMC).
3. Demonstrate competency with the major EMTALA psychiatric and OB compliance areas.

How it works

- Primary learning is via a Video slide presentation for each Lesson
- Additional material is posted below each Video, including references.
- Navigation buttons will appear in the course window.
- There is a Quiz for each Lesson.
- You must pass each Quiz with at least 80% in order to move to the next lesson.
- After completing the Lessons, there is a Post-Test.
- You must pass the Post-Test with at least 80% in order to move to the Evaluation.
- To get CME credit, you have to pass the Post-Test and complete the Evaluation.
- You can take the Post-Test and Evaluation as many times as you need to.
- You must pass the Evaluation with 100% (i.e. answer all questions) to get CME Credit.
- On the Evaluation, you will need to attest that you completed the course according the “Method of Participation” (below).
- Once you successfully complete the Evaluation, you will be directed back to the Main Course Page to Print your CME Certificate.

Minimum Post-Test Score: CME will be provided based on a passing score of 80% within the activity.

Individuals in control of content

- Robert A. Bitterman, MD, JD, FACEP, Course Content Developer, Faculty
- Robert I. Broida, MD, FACEP, Educational Planning Representative

Financial relations for all individuals in control of content

The American Osteopathic Association (AOA) has implemented a policy to comply with the current Accreditation Council for Continuing Medical Education (ACCME) Standards for Integrity and Independence in Accredited Continuing Education requiring resolution of all faculty conflicts of interest. Faculty declaring a relevant commercial interest must be identified in the activity syllabus and/or program.

In accordance with disclosure policies of AOA and the ACCME, every effort has been made to ensure all CME activities are balanced, independent, objective, and scientifically rigorous. These policies include complying with ACCME's Standards for Integrity and Independence in Accredited Continuing Education and resolving all possible conflicts of interest for the Planning committees, Authors, Faculty and staff. **All relevant financial relationships have been mitigated.**

- Robert A. Bitterman, MD, JD, FACEP, Course Content Developer, Faculty
- Robert I. Broida, MD, FACEP, Educational Planning Representative

Disclosure of commercial support

In accordance with the ACCME Standards for Integrity and Independence in Accredited Continuing Education and policy of the American Osteopathic Association, the source of all support from commercial interests (including "in-kind" support), or lack of commercial support, must also be disclosed to learners prior to the start of the activity.

There was no commercial support for this activity.

Method of participation

This educational activity consists of individual learning modules with multimedia presentations, each with a quiz, followed by a post-test and evaluation questions. The activity should take approximately 1.0-2.0 hours to complete in its entirety. Participants will be able to claim credit at the completion of the evaluation, which requires that each quiz and the post-test be passed with a grade of 80%.

To complete each activity module as designed, the participant should, in order:

1. Review the instructions to learners to include learning objectives
2. Complete the educational intervention
3. Complete the post-test. A minimum score of 80% is required.
4. Complete the Activity Evaluation including the Confirmation Statement & the Attestation Statement

[Hardware and software requirements](#)

[Privacy Policy](#)

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Questions?

- Technical support: webmaster@ed-qual.com
- CME credit: CME@ed-qual.com
- Suggestions for future courses: ideas@ed-qual.com

CME Statements

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Osteopathic Association (AOA) and ED Quality Solutions. The AOA is accredited by the ACCME to provide continuing medical education for physicians.

AOA designates this activity for a maximum of 3.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Provider contact information

ED Quality Solutions, LLC

PO Box 20685

Sarasota, FL 34276

941-960-7015

CME@ed-qual.com

Monday – Friday, 9am – 5pm (EST)

Bibliography

GENERAL

1. 42 USC 1395dd – EMTALA statute. <https://www.law.cornell.edu/uscode/text/42/1395dd>
2. 42 CFR 489.24 – EMTALA regulations.
3. 42 CFR 482.55 – Medicare Condition of Participation for Emergency Services.
4. *Burditt v US Dept of HHS*, 934 F.2d 1362 (5th Cir. 1991)
5. CMS State Operations Manual Appendix V – EMTALA Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases, (Rev. 191, 07-19-19), Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_v_emerg.pdf
6. *Moses v. Providence Hospital and Medical Centers, Inc.*, 561 F.3d 573 (6th Cir. 2009), certiorari denied, No. 09-438, 2010 WL 255241 (U.S. June 28, 2010).
7. Bitterman RA. Feds Increase EMTALA Penalties against Physicians and Hospitals. *Emergency Physicians Monthly*, October 17, 2017. Available at <http://epmonthly.com/article/feds-increase-emtala-penalties-physicians-hospitals/>

Psych Patients

8. CMS QSO-19-15-EMTALA, July 2, 2019, Frequently Asked Questions on EMTALA and Psychiatric Hospitals. Available at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-15-EMTALA.pdf>
9. Bitterman, RA. When is a Psychiatric Patient Stable under Federal Law, EMTALA? *Bloomberg Health Law & Business Insights*, Posted May 8, 2018, available at <https://news.bloomberglaw.com/health-law-and-business/when-is-a-psychiatric-patient-stable-under-federal-law-emtala>
10. Bitterman, RA. Psychiatric EMTALA Enforcement Has Gone Off the Rails: Comments on “Civil Monetary Penalties Resulting From Violations of EMTALA Involving Psychiatric Emergencies, 2002 to 2018.” *Invited Commentary*, *Acad Emerg Med* 2019;26(5):574-579.
11. AHA and FAH Letter to Kate Goodrich, MD, CMO of CMS and Director, CMS Center for Clinical Standards and Quality, October 5, 2018, titled: Need for Direction to Regional Offices and Surveyors Regarding EMTALA and the Care of Patients with Psychiatric and Substance Use Disorders. Available at <https://www.aha.org/system/files/2018-10/181009-cl-emtala.pdf>
12. CMS QSO-19-14-Hospitals, CAHs June 04, 2019 State Operations Manual (SOM) Emergency Medical Treatment and Labor Act (EMTALA) and Death Associated With Restraint or Seclusion Complaint Investigation Timeline Revisions. Available at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-14-Hospitals-CAHs.pdf>

OB Patients

13. CMS Ref: S&C-02-14, January 16, 2002. Certification of False Labor-EMTALA.

<http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter02-14.pdf>

14. CMS Ref: S&C-06-32, September 29, 2006. Revisions to Special Responsibilities of Hospitals under EMTALA. (The definition of "Labor" is revised to expand the types of health care practitioners who may certify false labor.) Available at:

<http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter06-32.pdf>

15. CMS QSO-05-26 of April 22, 2005, Revised 06/27/2019, Interaction of EMTALA and the Born-Alive Infants Protection Act of 2002. NOTE: This memorandum was reissued to remind hospitals of their obligation to comply with EMTALA as it relates to the Born-Alive Infant Protection Act. Available at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-05-26.pdf>