



BETTER BENEFITS – MORE CHOICES

Good News about the Medicare Prescription Drug, Improvement and Modernization Act of 2003!

MEDICARE ESTABLISHES ADVISORY GROUP ON EMERGENCY MEDICAL TREATMENT AND LABOR ACT RESPONSIBILITIES

CMS Released the Following Information in a Press Release Yesterday

- ❖ The Centers for Medicare & Medicaid Services (CMS) issued a notice establishing a technical advisory group to review regulations affecting hospital responsibilities under the Emergency Medical Treatment and Labor Act (EMTALA) to individuals who come to the hospital requesting treatment for what may be emergency medical conditions. The advisory group, which was required by the Medicare Prescription Drug, Improvement, and Modernization Act (MMA), will help CMS develop rules that will protect individual rights while minimizing unnecessary burdens on hospitals and physicians.
- ❖ CMS anticipates receiving input from a broad spectrum of viewpoints, including patient advocates, hospitals, and physicians, with hopes of working to improve how hospitals and physicians respond to individuals with medical emergencies, without imposing unnecessary requirements on providers. Last year, the Department took an important first step by clarifying and simplifying our EMTALA regulations to protect patient rights and give clear guidance to providers. It is expected that this advisory group will have additional ideas to further improve the regulations.
- ❖ The advisory group, which will meet at least twice a year, will consist of 19 members, two of whom are agency officials specified in the MMA, and the rest to be appointed by the Secretary of Health and Human Services from nominations submitted by interested groups. The agency officials include the CMS Administrator and the Health & Human Services Inspector General (or their designees). CMS has primary responsibility for investigating EMTALA complaints, and when appropriate, making referrals to the Inspector General for imposition of sanctions.
- ❖ In addition, the MMA requires that four members be representatives of hospitals, at least one of which must be a public hospital, and seven members will be practicing physicians drawn from the fields of emergency medicine, cardiology or cardio-thoracic surgery, orthopedic surgery, neurosurgery, pediatrics or a pediatric subspecialty, obstetrics-gynecology, and psychiatry.
- ❖ Besides provider representatives, the advisory group is required to have, as members, two patient representatives, two CMS regional office staff who have been involved with EMTALA investigations, one state survey agency representative, and one representative from a Quality Improvement Organization, which is responsible for reviewing EMTALA cases involving questions of medical judgment.
- ❖ The notice will be published in the May 28 Federal Register. Nominations for the advisory group should be submitted to CMS no later than July 12, 2004. The committee is expected to hold its first

meeting in late fall, and, unless extended by Congress, the committee's charter will expire 30 months from the date of the first meeting.

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