REPORT NUMBER ONE

to the

Secretary

U.S. Department of Health and Human Services

From the Inaugural Meeting of the

Emergency Medical Treatment and Labor Act

Technical Advisory Group

Hubert H. Humphrey Building
Washington, DC
March 30–31, 2005

EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)
TECHNICAL ADVISORY GROUP (TAG)
Minutes of the Inaugural Meeting
March 30–31, 2005

Opening

Call to Order, Opening Remarks

Herb Kuhn, Director, Center for Medicare Management, served as moderator for the meeting in the absence of a chair and called the meeting to order at 9:15 a.m., Wednesday, March 30 (see Appendix A). He welcomed the members of the TAG and the audience and identified the group's functions, as identified in the charter: 1) review EMTALA regulations, 2) advise the agency and provide recommendations to the Secretary concerning these regulations and their application to hospitals and physicians, 3) solicit public comments regarding the implementation of the regulations, and 4) disseminate information on application of the regulations to hospitals, physicians, and the public.

Welcome

Dr. Mark McClellan, Administrator of the Centers for Medicare and Medicaid Services (CMS), thanked the members for their participation and emphasized that the agency seeks input on how revised regulations and enforcement are working in practice. Since the agency published interpretive guidelines in 2003 and 2004, new issues have arisen, including questions about on-call obligations and specialty hospitals, and Dr. McClellan said he is grateful to the TAG members for their willingness to address these and other issues.

Gregory Demske of the Office of the Inspector General (OIG) echoed the importance of input from those in the trenches on the realities of dealing with EMTALA regulations. He emphasized that OIG seeks to identify and address the most serious violations from the civil enforcement perspective.

Brief Overview of Federal Advisory Committee Act (FACA)

Sharon Freas, Committee Management, FACA Management Office, described for members their primary responsibilities under FACA.

Swearing In of EMTALA TAG Members

Ms. Freas administered the oath to swear in the new members of the TAG.

Introductions of Appointed EMTALA TAG Members

The TAG members introduced themselves, and each discussed his or her particular interest in issues related to EMTALA. The following members indicated they would be willing to serve as chair of the TAG: Dr. Cesar Aristeiguieta, Ms. Azzie Conley, Dr. Warren Jones, Ms. Julie Mathis Nelson, Dr. James Nepola, Dr. Mark Pearlmutter, Mr. Brian Robinson, and Dr. David Siegel.

Election of Chairperson

Dr. Siegel was elected chair and thanked the group for their support. Dr. James Nepola was elected vice chair.

Public Testimony

American College of Nurse Midwives

Deanne Williams, C.N.M., M.S., proposed revising Section 489.24, Special responsibilities of Medicare Hospitals in emergency cases, (b), definitions: "Labor means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician certifies that, after a reasonable time of observation, the woman is in false labor," to insert after the phrase "unless a physician," the phrase "or certified nurse midwife/certified midwife" (Appendix 1). She said the requirement adds an unnecessary burden for hospitals and disregards the fact that it is within the scope of practice of midwives in all states to discharge pregnant patients in false labor. Robert Bitterman of the American College of Emergency Physicians suggested that no such change was needed because labor is not defined in the original statute as an emergency condition, so EMTALA regulations do not apply.

TAG Response

The TAG requests that CMS staff provide its interpretation on whether a certified nurse midwife who determines a patient is in false labor can discharge that patient without seeking consultation from a physician.

The TAG requests that CMS staff contact the American Academy of Family Practitioners and the American College of Obstetricians and Gynecologists for input on the implications of such a change for consideration by the group at its next meeting.

The TAG requests that CMS clarify how Medicare and Medicaid guidelines treat "certified midwives" in terms of responsibility and the scope of care provided.

American Hospital Association

Mary Beth Savary Taylor said refusal by specialty physicians to take emergency call limits patient access to specialty care and asked that CMS address the issue, perhaps by revising the Medicare Conditions of Participation for physicians to require emergency call participation (Appendix 2). Ms. Savary Taylor said physician-owned specialty hospitals are taking healthier, better-insured patients and better-paying procedures away from full-service hospitals, yet do not share the EMTALA burden. She asked that CMS establish an appeals process for hospitals charged with violating EMTALA regulations. She also asked that CMS address potential conflicts between EMTALA regulations and state laws regarding psychiatric patients.

TAG Response

The TAG requests that the American Hospital Association provide specific data on the barriers faced by hospitals in finding enough physicians to staff on-call services, particularly identifying services or facilities that have been reduced or cut as a result of the lack of on-call physician availability.

The TAG requests that the American Hospital Association provide specific data supporting the need for an appeals process for hospitals charged with violating EMTALA.

American Association of Neurological Surgeons/Congress of Neurological Surgeons

Alex B. Valadka, M.D., identified numerous areas of concern, such as the vagueness of the phrase "best meets the needs of hospital patients" in relation to on-call physician staffing requirements in the interpretive guidelines, and the demands by hospitals on neurosurgeons to commit to an excessive on-call schedule (Appendix 3). He suggested the interpretive guidelines be modified to allow hospitals to define acceptable response time in a range of minutes and to permit exceptions when response time is beyond the physician's control. Dr. Valadka also asked the TAG to consider revisions to the current guidelines on "selective" call, backup call plans, and elective surgery by on-call physicians.

TAG Response

The TAG requests that the American Association of Neurological Surgeons provide specific data about hospitals that have required neurosurgeons to commit to an excessive amount of on-call care (e.g., 24 hours a day, 7 days a week, 365 days a year).

Emergency Department Practice Management Association (EDPMA)

Emily Wilson said her organization is also concerned about the vagueness of the phrase "best meets the needs of hospital patients." She hoped the TAG would revise the current guidelines to clarify what is permitted and prohibited under EMTALA to eliminate inconsistency in enforcement but had no specific recommendations at this time (Appendix 4). Joyce Cowan, counsel for the EDPMA, said hospitals had more leverage to encourage physicians to commit to emergency call before the current interpretive guidelines were published.

The Schumacher Group

William Schumacher, M.D., also asked for more clarification of EMTALA regulations, asking that the TAG recommend the interpretive guidelines provide clear role definitions for all the stakeholders in the process (Appendix 5). He said the shortage of physicians causes problems well beyond the scope of EMTALA and must be addressed on a much larger level using a variety of solutions, such as financial incentives for taking call and additional reimbursement to hospitals. Dr. Schumacher pointed out that EMTALA enforcement has driven a wedge between physicians and hospitals that impedes communication, trust, and, ultimately, patient care.

Leslie Norwalk, Deputy Administrator of CMS, described three levels at which changes to EMTALA can be made and the relative ease of effecting change at each level. 1) Revising the EMTALA statute requires congressional action, a long and arduous process. 2) Regulatory changes can be handled by CMS without congressional action but also require a great deal of time and input. 3) Revisions to the interpretive guidelines are relatively simple. Interpretive guidelines go to state surveyors and can be used to address inconsistencies in enforcement, especially regional variation.

- The TAG asks that CMS look at its available data to determine whether the number of transfers of patients from one emergency department to another can be identified through Medicare claims data or through complaints related to transfers filed with state surveyors or OIG.

- The TAG asks that Dr. William Schumacher of the Schumacher Group provide data on transfers before and after the publication of 2003 EMTALA interpretive guidelines (or work with EDPMA to provide such data) and a copy of its 2005 survey when available.

Barbara Marone of the American College of Emergency Physicians provided the results of her organization's survey of emergency department directors' impressions on the number of transfers and issues related to on-call availability by specialty.

American Association of Orthopaedic Surgeons/Orthopaedic Trauma Association

Jason W. Nascone, M.D., said proposals that physicians be required to take emergency call are divisive; instead, any changes should encourage physicians and hospitals to take a cooperative approach to the problem (Appendix 6). He asked that the interpretive guidelines specifically prohibit hospitals from requiring any physician to commit to an excessive call schedule, that CMS monitor hospitals to ensure they have a backup call system in place, and that the issues of "selective" call and elective surgery while on call be reevaluated. Dr. Nascone said patients are being unnecessarily transferred to level 1 and 2 trauma centers for conditions that could be treated by the referring hospital. He said both public and private insurers should recognize the increased burden of providing emergency services.

TAG Response

- The TAG asks that the American Association of Orthopaedic Surgeons and the Orthopaedic Trauma Associations provide specific data on transfers of patients that include the reason for transfer and patient payor status.

- The TAG requests that CMS staff contact the American College of Surgeons' Committee on Trauma for annualized data on transfers and the possibility of surveying hospitals to evaluate transfers before and after the most recent interpretive guidelines were published.

Federation of American Hospitals

Jeffrey G. Micklos pointed to data from the Schumacher Group and the American College of Emergency Physicians underscoring the lack of physicians available for emergency call (Appendix 7). He suggested CMS revise the Medicare Conditions of Participation to allow hospitals to prohibit appointment/reappointment of medical staff members who refuse to participate in emergency call. Alternatively, CMS should reduce hospitals' obligations under EMTALA, so that hospitals need only ensure that patients receive appropriate medical screening and either stabilize or transfer patients on the basis of available resources. He suggested TAG ask how CMS reimbursement can be modified to encourage physicians to take emergency call. However, TAG members noted, the requirement of budget neutrality for Medicare reimbursement means such payment would reduce payments in other areas of Medicare.

TAG Response

The TAG asks that CMS staff provide to the group the Medicare Conditions of Participation for 1) medical staff and governing bodies and 2) emergency departments.

American College of Emergency Physicians

Robert Bitterman, M.D., J.D., said confusion about EMTALA requirements and inconsistency in enforcement stem from the failure to consider the original language and definitions of the statute and that CMS interpretations have been at odds with appellate court interpretations of the statute (Appendix 8). His organization supports the need for an appeals process for those charged with violating EMTALA regulations. Dr. Bitterman cited numerous studies documenting that EMTALA regulations have exacerbated the shortage of physicians available for emergency call. He said that by simply posting in the emergency department a list of physicians available for emergency call, hospitals would have a clear picture of what services they can and cannot provide and would take action to establish appropriate transfer relationships and procedures. He also suggested hospitals define who in the emergency department has the authority to accept or reject transferred patients. Dr. Bitterman said the most recent interpretive guidelines have worsened the emergency call situation.

TAG Response

The TAG asks that Dr. Robert Bitterman of the American College of Emergency Physicians provide the studies he cited in his testimony regarding on-call physician issues (Robert Wood Johnson Foundation, *Annals of Emergency Medicine*, etc.).

Written testimony provided by the National Association of Psychiatric Health Systems (Appendix 9) and the American Medical Association (Appendix 10) was also reviewed by the TAG.

Administrative Items

Scheduling

The TAG members agreed to schedule a two-and-a-half-day-long meeting sometime between late May and early June, allowing for the possibility of a third meeting later in the year. Thereafter, the group expected to meet twice a year for 2-3 days at a time.

Subcommittees

The TAG asked that CMS charter two subcommittees, one to identify the issues to be addressed related to emergency call (the On-Call Subcommittee) and one to identify other EMTALA issues, specifically issues that may be addressed through targeted changes to the interpretive guidelines (the Action Group Subcommittee).

TAG Recommendations

- The TAG recommends establishing an On-Call Subcommittee to identify issues to be addressed by the TAG.

- The TAG recommends establishing an Action Group Subcommittee to identify issues other than on-call issues to be addressed by the TAG.

The On-Call Subcommittee would be chaired by Dr. John Kusske; Dr. Cesar Aristeiguieta, Ms. Gretchen Kane, Dr. James Nepola, Mr. Carlos Perez, and Dr. David Tuggle agreed to serve as members. The Action Group Subcommittee would be chaired by Ms. Julie Mathis Nelson; Dr.

Carol Bayer, Dr. Richard Perry, Mr. Brian Robinson, and Dr. Michael Rosenberg agreed to serve as members.

Once chartered, the subcommittees will meet by teleconference before the next (May/June) meeting. The On-Call Subcommittee will review the testimony provided and other materials to identify some specific issues the TAG may address at future meetings. The Action Group Subcommittee will look first at the interpretive guidelines to identify potential revisions to improve clarity and feasibility that the TAG may consider at future meetings. Both subcommittees agreed to provide their suggestions to TAG members in advance of the next meeting.

Agenda for the Next Meeting

The TAG asked that the following items be included in the members' background material for the next meeting:

- The most current regulation in one continuous document
- All CMS memoranda on EMTALA interpretation, e.g., hospital capacity, labor and delivery certification, and on-call physician coverage
- OIG Advisory Opinion from 1998 on dual staffing and registration and any other relevant OIG guidance
- Legislative history of the formation of the TAG by the Medicare Modernization Act
- Legislative history of the creation of EMTALA

In addition, the TAG made the following recommendations/requests related to the upcoming meeting(s).

- The TAG recommends that CMS staff explore the possibility of establishing a password-protected web site for members for posting materials for review and electronic communication.

- The TAG requests that CMS staff educate members on the limits and requirements for open meetings.

- For the next meeting's agenda, the TAG requests the following:

  CMS staff should solicit testimony from the American Psychiatric Association, the National Alliance for the Mentally Ill, and the National Association of Public Hospitals on the issue of emergency transfers of psychiatric patients.

  CMS staff should provide education on the regulations and interpretive guidance.

  CMS staff should give an overview of the complaint process and the steps from the filing of a complaint through investigation and ultimate resolution.

CMS staff should provide statistical data from the regional offices on the number of complaints, investigations, etc., related to EMTALA.

A senior representative from the general counsel of the Department of Health and Human Services with expertise on EMTALA issues should be present for some portion of the meeting to offer insight on legal interpretations of EMTALA.

Adjournment

Dr. Siegel adjourned the meeting at 2:45 on Thursday, March 31, 2005. Collected recommendations and requests of the TAG are listed in Appendix B.

[A full transcript of this meeting is available for inspection and/or copying. Please contact: Beverly J. Parker at 410/786-5320 or by email at Beverly.Parker@cms.hhs.gov .]

Report prepared and submitted by
Dana Trevas, Rapporteur

EMTALA TAG Members Present at the March 30–31, 2005 Meeting

EMTALA Technical Advisory Group Members

David Siegel M.D., J.D., *Chair*
Emergency and Internal Medicine Physician
Senior Physician Consultant and Clinical Coordinator
Florida Medical Quality Assurance (Quality Improvement Organization)
Tampa, FL

James Nepola, M.D., *Vice Chair*
Orthopedic Trauma Surgeon
Chair, Orthopedic Trauma Association
Iowa City, IA

Cesar A. Aristeiguieta, M.D.
Emergency Physician, Medical Director
Los Angeles County Paramedic Training Institute
Los Angeles, CA

Carol L. Bayer, M.D.
Psychiatrist, Vice President for Medical Affairs
East Jefferson General Hospital
Metairie, LA

James L. Biddle, M.D.
Obstetrician-Gynecologist
McAllen, TX

Azzie Conley, R.N.
Assistant Section Chief for Acute Care
North Caroling State Survey Agency
Raleigh, NC

Warren A. Jones, M.D.
Physician, Executive Director
Mississippi State Medicaid Director
Jackson, MS

Gretchen A. Kane
Health Quality Review Specialist and EMTALA Coordinator
CMS Region IX
San Francisco, CA

John A. Kusske, M.D.
Neurosurgeon
Chair, Department of Neurological Surgeons
University of California, Irvine Medical Center
Orange, CA

Daniel Levinson
Acting Inspector General
Department of Health and Human Services
Washington, DC
(Alternate: Gregory Demske)

Mark B. McClellan, M.D., Ph.D.
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Baltimore, MD
(Alternate: Leslie Norwalk)

Julie Mathis Nelson, J.D.
Attorney and Partner
Coppersmith, Gordon, Schermer, Owens, & Nelson, P.L.C.
Phoenix, AZ

Mark Pearlmutter, M.D.
Emergency and Internal Medicine Physician
Chief, Department of Emergency Medicine
St. Elizabeth's Medical Center
Boston, MA

Carlos Perez
Senior Vice President, Executive Director
South Manhattan Healthcare Network
New York, NY

Richard Perry, M.D.
Surgeon and Physician
Phoenix, AZ

Brian Robinson
President, Chief Executive Officer
HCA Las Vegas Market
Las Vegas, NV

Michael J. Rosenberg, M.D.
Cardiologist and Interventional Cardiologist
Assistant Professor of Medicine
University of Chicago Pritzker School of Medicine
Park Ridge, IL

David W. Tuggle, M.D.
Pediatric Surgeon, Vice Chair, Department of Surgery
University of Oklahoma College of Medicine
Oklahoma City, OK

Charlotte S. Yeh, M.D.
Emergency Physician
CMS Regional Administrator, Region I
Boston, MA

CMS Staff
Herb Kuhn, Director
Center for Medicare Management

Elizabeth Richter, Director
Hospital and Ambulatory Policy Group

Edith Hambrick, M.D., J.D., Medical Officer
Hospital and Ambulatory Policy Group

Kenneth Simon, M.D., M.B.A., Medical Officer
Hospital and Ambulatory Policy Group

George Morey, Senior Technical Advisor
Hospital and Ambulatory Policy Group

Beverly Parker, Designated Federal Official
Hospital and Ambulatory Policy Group

Molly Smith, Health Insurance Specialist
Hospital and Ambulatory Policy Group

Sharon Freas, Committee Management
FACA Management Office

Frank Sokolik, Director
Division of Acute Care Services

OIG Staff
Sandra Sands, J.D., Senior Attorney
Office of the Inspector General

Public Witnesses
Deanne Williams, C.N.M., M.S.
American College of Nurse Midwives

Mary Beth Savary Taylor
American Hospital Association

Alex B. Valadka, M.D.
American Association of Neurological
Surgeons/Congress of Neurological Surgeons

Emily Wilson
Emergency Department Practice Management
Association

William Schumacher, M.D.
The Schumacher Group

Jason W. Nascone, M.D.
American Association of Orthopaedic
Surgeons/Orthopaedic Trauma Association

Jeffrey G. Micklos
Federation of American Hospitals

Robert Bitterman, M.D., J.D., F.A.C.E.P.
American College of Emergency Physicians

Rapporteur
Dana Trevas

APPENDICES

Appendix A: Meeting Agenda
Appendix B: Recommendations/Requests from the March 30–31, 2005, meeting

The following documents were presented at the EMTALA TAG meeting on March 30–31, 2005, and are appended here for the record:

Appendix 1: Statement of the American College of Nurse-Midwives before the Emergency Medical Treatment and Labor Act's Technical Advisory Group
Appendix 2: Statement of the American Hospital Association to the EMTALA Technical Advisory Group
Appendix 3: Comments of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons to the EMTALA Technical Advisory Group
Appendix 4: Statement of Emily Wilson, Managing Director, Emergency Department Practice Management Association, to the EMTALA Technical Advisory Group
Appendix 5: Correspondence to the EMTALA Technical Advisory Group from William C. Schumacher, M.D., of The Schumacher Group
Appendix 6: Statement of Jason W. Nascone, M.D., on behalf of the Association of Orthopaedic Surgeons and the Orthopaedic Trauma Association to the EMTALA Technical Advisory Group
Appendix 7: Statement of the Federation of American Hospitals
Appendix 8: Statement of the American College of Emergency Physicians to the EMTALA TAG
Appendix 9: Statement of the National Association of Psychiatric Health Systems
Appendix 10: Statement of the American Medical Association to the Emergency Medical Treatment and Labor Act Technical Advisory Group re: EMTALA Regulations

APPENDIX A

Agenda
First EMTALA TAG Meeting
March 30-31, 2005
Room 705A, Hubert Humphrey Bldg.
200 Independence Avenue, S.W.
Washington, D.C. 20201

Day 1 - WEDNESDAY, March 30, 2005

9:00 a.m. **Opening Session**

Call to Order, Opening Remarks
(Moderator: TBA)
Welcome
(Dr. Mark McClellan, Administrator, Centers for Medicare and Medicaid Services and Gregory Demske, Office of Inspector General)
Brief Overview of Federal Advisory Committee Act (FACA)
(Sharon Freas, Committee Management, FACA Management Office)

9:30 a.m. Swearing in of EMTALA TAG members – Tab 2
(Michael O. Leavitt, Secretary, DHHS, or his designee)

Break

10:30 a.m. Brief self-introductions of appointed EMTALA TAG members (2 min)

12:00 p.m. LUNCH

1:00 p.m. Election of Chairperson by ballot – Tab 11
(Moderator)

Group Photo (David Snowden)

1:45 **Reconvene under direction of elected Chairperson**
Public Testimony (registered) [TBA] – Tab 12
(Topics: see Federal Register notice at Tab 4)

Break (at the discretion of Chairperson)

5:00 p.m. Adjournment

Day 2 - THURSDAY, March 31, 2005

9:00 a.m.	Public Testimony – continued (registered and from the floor) [TBA]
12:00 p.m.	**LUNCH**
1:00 p.m.	TAG discussions and administrative items
	Break (at discretion of Chairperson)
3:45 p.m.	TAG discussions and administrative items, including frequency of meetings and next meeting date
5:00 p.m.	Adjournment

APPENDIX B

EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA) TECHNICAL ADVISORY GROUP (TAG)
Recommendations/Requests
March 30-31, 2005

- The TAG requests that CMS staff number the pages for all materials included in the binder for members.

- The TAG requests that CMS staff provide its interpretation on whether a certified nurse midwife who determines a patient is in false labor can discharge that patient without seeking consultation from a physician.

- The American College of Nurse Midwives has proposed revising Section 489.24, Special responsibilities of Medicare Hospitals in emergency cases, (b), definitions: "Labor means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician certifies that, after a reasonable time of observation, the woman is in false labor," to insert after the phrase "unless a physician," the phrase "or certified nurse midwife/certified midwife." The TAG requests that CMS staff contact the American Academy of Family Practitioners and the American College of Obstetricians and Gynecologists for input on the implications of such a change for consideration by the group at its next meeting.

- The TAG requests that CMS clarify how Medicare and Medicaid guidelines treat "certified midwives" in terms of responsibility and the scope of care provided.

- The TAG requests that the American Hospital Association provide specific data on the barriers faced by hospitals in finding enough physicians to staff on-call services, particularly identifying services or facilities that have been reduced or cut as a result of the lack of on-call physician availability.

- The TAG requests that the American Hospital Association provide specific data supporting the need for an appeals process for hospitals charged with violating EMTALA.

- The TAG requests that the American Association of Neurological Surgeons provide specific data about hospitals that have required neurosurgeons to commit to an excessive amount of on-call care (e.g., 24 hours a day, 7 days a week, 365 days a year).

- The TAG requests more data on the number of transfers of patients from one emergency department to another:

- The TAG asks that CMS look at its available data to determine whether such information can be identified through Medicare claims data or through complaints related to transfers filed with state surveyors or the Office of the Inspector General (OIG).

- The TAG asks that Dr. William Schumacher of the Schumacher Group provide data on transfers before and after the publication of 2003 EMTALA interpretive guidelines (or work with the Emergency Department Practice Management Association to provide such data) and a copy of its 2005 survey when available.

- The TAG asks that the American Association of Orthopaedic Surgeons and the Orthopaedic Trauma Association provide specific data on transfers of patients that include the reason for transfer and patient payor status.

- The TAG requests that CMS staff contact the American College of Surgeons' Committee on Trauma for annualized data on transfers and the possibility of surveying hospitals to evaluate transfers before and after the most recent interpretive guidelines were published.

- The TAG asks that CMS staff provide to the group the Medicare Conditions of Participation for 1) medical staff and governing bodies and 2) emergency departments.

- The TAG asks that Robert Bitterman of the American College of Emergency Physicians provide the studies he cited in his testimony regarding on-call physician issues (Robert Wood Johnson Foundation, *Annals of Emergency Medicine*, etc.).

- The TAG recommends establishing an On-Call Subcommittee to identify issues to be addressed by the TAG.

- The TAG recommends establishing an Action Group Subcommittee to identify issues other than on-call issues to be addressed by the TAG.

- For the next meeting, the TAG requests the following material be included in the background binders:
    - The most current regulation in one continuous document
    - All CMS memoranda on EMTALA interpretation, e.g., hospital capacity, labor and delivery certification, and on-call physician coverage
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    - Legislative history of the formation of the TAG by the Medicare Modernization Act
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  CMS staff should provide statistical data from the regional offices on the number of complaints, investigations, etc., related to EMTALA.

  A senior representative from the general counsel of the Department of Health and Human Services with expertise on EMTALA issues should be present for some portion of the meeting to offer insight on legal interpretations of EMTALA.