

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

THOMAS A. MARSHALL, *Executive Director*
5550 Meadowbrook Drive
Rolling Meadows, IL 60068
Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org

President
ROBERTO C. HEROS, MD
University of Miami
Miami, Florida



CONGRESS OF
NEUROLOGICAL SURGEONS

LAURIE BEHNCKE, *Executive Director*
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Phone: 877-517-1CNS
FAX: 847-240-0804
info@1CNS.org

President
STEPHEN M. PAPADOPOULOS, MD
Barrow Neurologic Institute
Phoenix, Arizona

Executive Summary

Recommendations on EMTALA Provisions of the Hospital Inpatient Prospective Payment Systems Proposed Rule

EMTALA and On-Call Requirements

- Adopt an affirmative rule *prohibiting* hospitals from requiring physicians to provide on-call emergency coverage 24 hours per day, 7 days per week, 365 days per year. At the very least, CMS must establish some sort of grievance process whereby physicians can appeal unreasonable hospital on-call requirements.
- Specifically acknowledge that hospitals are not always capable of providing on-call coverage and that the failure to do so is not contrary to the "best meets the needs of the hospital's patients" standard proposed in the rule.
- Further clarify through interpretive guidelines and/or illustrative examples what constitutes "circumstances beyond the physician's control" when an on-call physician cannot respond to emergency call.
- Create EMTALA "safe harbors" that recognize some exceptions to strict EMTALA compliance. Safe harbors could be created that would:
 - Permit simultaneous call at multiple hospitals.
 - Permit the transfer of patients to the hospital where the on-call physician is physically located when, in the judgment of the treating or on-call physician, transfer would ensure the fastest or most effective treatment.
 - Permit elective surgery when physicians are on-call.
 - Require physicians to be on-call for services that are within the scope of their usual practice.

Scope of EMTALA Applicability to Hospital Inpatients

Establish a bright-line rule that simply states that once a patient has been admitted to the hospital (including through the emergency department) as an inpatient, EMTALA ceases to apply.

Applicability of EMTALA to Provider-Based Entities

Acknowledge that the movement of patients to on-campus entities that may not be physically attached (or owned by the hospital) to the main hospital building do not constitute a "transfer" when such movement is for the purposes of performing EMTALA mandated screening and stabilization services.