

Critically ill uninsured Americans still at risk of being turned away from hospitals despite law

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Despite a twenty-five year old law that bans "patient dumping" the practice continues to put uninsured Americans at risk, according to a national team of researchers led by a professor at the George Washington School of Public Health and Health Services. Patient dumping is the practice of turning away or transferring uninsured patients with emergency medical conditions.

The study, which appears in the August issue of [Health Affairs](#), suggests that hospitals still practice "patient dumping" which is in violation of the law. The researchers investigate and present five case studies of patients who had been denied care or transferred in an unstable condition to Denver [Health](#), a large, urban safety-net hospital. The researchers conclude not only that such "patient dumping" occurs under the current interpretation and enforcement of the law but that Denver Health is hardly alone.

"Federal and state investigators must do a better job of identifying violators of the law and enforcing the ban on patient dumping," says Sara Rosenbaum, lead author of the study and the Harold and Jane Hirsh Professor of [Health Law](#) and Policy, George Washington University School of Public Health and [Health Services](#) in Washington, D.C. "If we do not start aggressively enforcing the law, millions of [uninsured Americans](#) will continue to get no care at all or incomplete care," she said.

In Denver, and in communities around the nation, the cost of treating millions of Americans without insurance has been rising. This in-depth study of the law and individual cases suggests not-for-profit and for-profit hospitals engage in this practice—which adds to the burden shouldered by the [hospital](#) of last resort—often public hospitals that already care for many patients without the means or insurance to pay for their own care.

The researchers looked at the legal interpretation and enforcement of the Emergency Medical Treatment and Labor Act (EMTALA), a 1986 law that requires hospitals to provide appropriate medical screening and stabilizing care to [uninsured patients](#) with emergency conditions. In addition, the researchers analyzed case studies that actually occurred at Denver Health and illustrate the type of violations that commonly occur.

Rosenbaum and colleagues looked at existing lawsuits and a 2003 rule issued under the George W. Bush administration to clarify the law's implementation. They concluded that court rulings, regulations and other factors have allowed hospitals to skirt the intent of the law. For example, the 2003 regulations say that patients have to arrive at a "dedicated emergency department" and that EMTALA does not apply when a critically ill patient shows up in another department.

In addition, the researchers say that even outright violators of the law are rarely identified or penalized. The end result: Public hospitals like Denver Health often get patients who are uninsured and diverted or transferred in a medical emergency. The researchers highlight five real-life examples of such potential violations, including a 64-year old who was transferred 350 miles to Denver Health even though the local hospitals had the capacity to treat the woman's life-threatening condition.

In order to stop this practice, the federal government must develop a

more effective system for reporting non-compliance with the [law](#), the authors say. They also argue that federal and state regulators must establish clearer standards to make it easier for hospitals to avoid violations. And they say a simplified reporting system, one that shifts responsibility from patients and hospitals to enforcement agencies, would go a long way to help curb the practice of "patient dumping."

More information: To view report: content.healthaffairs.org/content/31/8/1749.abstract

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