

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
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Atlanta, Georgia 30303-8909



**Date:** December 14, 2005  
**To:** Region IV Hospitals  
**From:** Ann M. Pfeiffer, RN, MSN, FNP  
Region IV EMTALA Team

A handwritten signature in black ink, appearing to be "Ann M. Pfeiffer". The signature is written in a cursive style and is positioned to the right of the "From:" field.

**Subject:** "Parking" of EMS Patients in Hospitals

The Centers for Medicare and Medicaid Services (CMS) has learned that several hospitals routinely prevent Emergency Medical Service (EMS) staff from transferring patients from their ambulance stretchers to a hospital bed or gurney. Reports include patients being left on an EMS stretcher (with EMS staff in attendance) for extended periods of time. Many of the hospital staff engaged in such practice believe that unless the hospital "takes responsibility" for the patient, the hospital is not obligated to provide care or accommodate the patient. Therefore, they will refuse EMS requests to transfer the patient to hospital units.

This practice may result in a violation of the Emergency Medical Treatment and Labor Act (EMTALA) and raises serious concerns for patient care and the provision of emergency services in a community. Additionally, this practice may also result in violation of the Conditions of Participation for Hospitals.

Under EMTALA, a patient is considered to have "presented" to a hospital when a patient arrives on hospital grounds (defined as the main hospital building and any hospital owned property within 250 yards of the main hospital building) and a request is made on the individual's behalf for examination or treatment of an emergency medical condition. A patient who arrives via EMS meets this requirement when EMS personnel request treatment from hospital staff. Therefore, the hospital must provide a screening examination and stabilizing treatment, if necessary, to resolve the patient's emergency medical condition. CMS does not recognize the distinction some hospital staff are trying to make in identifying EMS versus Hospital responsibility for a patient already in the facility.

This applies to patients transferred to a receiving facility under EMTALA as well. A hospital that delays the screening examination or stabilizing treatment of a patient who arrives via transfer from another facility by not allowing EMS to leave the patient could also be in violation of EMTALA.

Our office recognizes the enormous strain and crowding many hospital emergency departments face every day. However, this practice is not a solution. "Parking" patients in hospitals and refusing to release EMS equipment or personnel jeopardizes patient health and impacts the ability of the EMS personnel to provide emergency services to the rest of the community.

The Atlanta Regional Office welcomes the opportunity to work with provider organizations to develop a legal and effective way to manage the larger issues raised by this practice.