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March 30, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Emergency Medical Treatment and Labor Act (EMTALA): Applicability to Hospital Inpatients and Hospitals With Specialized Capabilities [CMS–1350–NC]

Dear Acting Administrator Tavenner:

On behalf of the physician and medical student members of the American Medical Association (AMA), I write to express our support for the Centers for Medicare and Medicaid Services (CMS) request for comments entitled *Emergency Medical Treatment and Labor Act (EMTALA):*Applicability to Hospital Inpatients and Hospitals With Specialized Capabilities [CMS–1350–NC].

As we outlined in our February 21, 2011 <u>comments</u> regarding CMS' advanced notice of proposed rulemaking on this issue, the AMA has long expressed concern about the expansion of the scope of EMTALA. EMTALA obligations often result in over-utilization of physician resources, administrative hurdles, and uncompensated care. Further, physicians are already bound by a host of legal and ethical obligations to provide necessary patient care, and take those obligations seriously.

Expanding EMTALA to inpatients, or to individuals who have been admitted as inpatients at one hospital in good faith and then require transfer to another hospital with specialized capabilities, would further exacerbate the problems posed by EMTALA. Therefore, we strongly support CMS' decision not to expand EMTALA to inpatients or to transfers of inpatients to hospitals with specialized capabilities.

We appreciate the opportunity to comment on this issue. Should you have any questions regarding this letter, please contact Mari Savickis, Assistant Director, Federal Affairs, at mari.savickis@ama-assn.org.

Sincerely,

James L. Madara, MD

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