# EMTALA Panel Defers to Hospitals on False Labor

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WASHINGTON — Local laws and practice patterns should dictate which health care providers can certify false-labor cases, according to a preliminary recommendation from the Emergency Medical Treatment and Active Labor Act Technical Advisory Group.

Currently, the EMTALA, which is now law, recognizes only physicians as qualified to certify false-labor cases. Agreeing with the recommendations of one of its subcommittees, the technical advisory group determined at its recent meeting that this requirement was "inconsistent with the scope of practice for nurse-midwives and other practitioners under state laws," and should therefore be eliminated.

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Instead, hospital policies and procedures should dictate which medical personnel are capable of making such an assessment, said the panel, which advises the Department of Health and Human Services and the administrator of the Centers for Medicare and Medicaid Services (CMS) on issues related to EMTALA.

The changes proposed by the technical advisory group's subcommittee "would allow a hospital to take into account state law, federal law, local practice patterns, and scope of practice and make a decision that works for that hospital and its patients," Charlotte Yeh, M.D., a member of the technical advisory group, an emergency physician, and the CMS regional administrator for Region I in Boston, told this newspaper.

Deanne Williams, a certified nurse-midwife and executive director of the American College of Nurse-Midwives, called the action "a very important step toward eliminating a significant barrier to care that was mistakenly created by the EMTALA regulations."

Laws in every state permit nurse-midwives to determine if a woman is in false labor, she said.

"We are very hopeful that this problem will be fixed quickly. As more hospitals create labor triage units, they will need teams of nurse-midwives and physicians to ensure that pregnant women do not wait for hours to be discharged," she added.

Dr. Yeh noted that nurse-midwives would still have to contend with the individual hospitals and their definitions of qualified personnel, even if the physician requirement for false labor was eliminated.

"The [technical advisory group] also recognizes that a woman in labor could have emergency medical conditions other than labor that would not be within the scope of practice of a nurse-midwife," she said.

"We would expect that a hospital, as part of its credentialing process, would take that into account when identifying who can perform medical screening examinations," Dr. Yeh added.

"One of the most common conditions treated by a certified nurse-midwife/certified midwife is the assessment of labor," Ms. Williams testified at a recent meeting of the technical advisory group.

"Restricting a midwife's ability to discharge a patient who they have determined is not in labor merely takes physicians away from medical matters," she added.

While the full advisory group ultimately voted to support the subcommittee's recommendation, it does not represent a final action of the panel, David Siegel, M.D., an emergency and internal medicine physician in Tampa, Fla., and the panel's chairman, clarified in an interview. The recommendation will be part of a larger package that the technical advisory group's new "action subcommittee" will deliver to the group and, subsequently, to CMS.

EMTALA was enacted in 1986 to ensure public access to emergency services regardless of ability to pay. The Medicare Modernization Act of 2003 required the Department of Health and Human Services to establish a technical advisory group to review EMTALA regulations. The group is required by law to meet at least twice a year. ■