



Hospital fined nearly \$1.3 million for multiple EMTALA violations involving psychiatric patients

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On June 2, 2017, AnMed Health (AnMed) entered into a \$1.295 million [settlement agreement](#) with the Office of the Inspector General for the Department of Health and Human Services (HHS OIG). HHS OIG alleged that AnMed failed to comply with the Emergency Medical Treatment and Labor Act's (EMTALA) requirements of screening and stabilization 36 times over a two-year period between 2012-2013. The alleged 36 violations relate to AnMed's policy for treatment of patients presenting with unstable psychiatric conditions, including suicidal and homicidal thoughts.

Medicare-participating hospitals with an emergency department (ED) are required by EMTALA to provide proper screening of patients who present for treatment. If the screening reveals the patient has an emergency medical condition, the hospital must either (a) provide appropriate stabilizing treatment before discharging or transferring the patient, or (b) determine that the benefits of transfer outweigh the risks of transfer. Hospitals that violate EMTALA are now subject to a civil monetary penalty of up to [\\$104,826 per violation](#). (Until November 2, 2015, the maximum per violation penalty was \$50,000, but the penalty amount was recently adjusted and is now subject to yearly inflation increases). The nearly \$1.3 million settlement amount, split over the 36 alleged violations, equates to roughly \$36,000 per violation. For the time period at issue (2012-2013), the maximum per violation penalty was \$50,000.

AnMed is a three-hospital system located in South Carolina. AnMed's settlement with HHS OIG marks the largest dollar settlement ever for EMTALA violations. According to HHS OIG, AnMed involuntarily committed the 35 patients (one patient was committed twice) to the ED for periods ranging from six to 38 days. HHS OIG considered the patients' unstable psychiatric conditions to be emergency medical conditions triggering EMTALA obligations and alleged that AnMed did not properly stabilize the patients. Specifically, HHS OIG alleged that AnMed failed to have its on-call psychiatrists examine and treat the patients. Instead, AnMed kept the patients in the ED and they were seen only by ED physicians for "days or weeks instead of being admitted to AnMed's psychiatric unit for stabilizing treatment."



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The settlement agreement indicates that on-call psychiatrists and behavioral health unit beds were available during the course of treatment for all the patients involved in the case. Moreover, the settlement agreement suggests that AnMed's policy for behavioral health admissions was based on a financial screening in violation of EMTALA, in that AnMed's policy was to hold all behavioral patients involuntarily committed in the ED who lacked financial resources until they could be transferred to a state mental hospital.

Many hospitals struggle with how to handle behavioral health/psychiatric patients that come to their emergency rooms. HHS OIG's settlement with AnMed sends a strong message that EMTALA applies to these more difficult behavioral/psychiatric patients and that hospitals should review their policies, procedures and practices to ensure that they are in compliance with EMTALA requirements. With the recent increase in penalties for EMTALA violations, the cost of noncompliance could be quite steep.