

'Social triage': How patient transfers help rich hospitals stay rich

Dr. David Himmelstein, PNHP Credit: Robin Holland

## This time on Code WACK!

What's the story behind the <u>EMTALA</u> patient protection law of 1986, which requires hospitals to stabilize or treat patients who are in a health emergency regardless of their insurance status or ability to pay? What has this law done for patients and what does it mean for hospitals?

# How does the current way hospitals are paid incentivize them to pass the buck on uninsured patients?

To find out, we spoke to <u>Dr. David Himmelstein</u>, a distinguished professor of public health at CUNY's Hunter College and a lecturer in medicine at Harvard Medical School. He also serves as a staff physician at Montefiore Medical Center in the Bronx and is the co-founder of <u>Physicians for a National Health Program</u>. This is the first of a two-part series with Dr. Himmelstein.

### **SHOW NOTES**

### **WE DISCUSS**

#### You're a co-founder of Physicians for a National Health Program. How did you come to support single-payer health care?

"I grew up in New York and really intended to be a doctor, taking care of poor people and contributing to the care of oppressed communities and found that the healthcare system wouldn't let me.

"There were so many barriers to the adequate care of people in need that it just became impossible to do my job well under the healthcare system as it is.

"So I got involved in what we would need to do to fix the healthcare system." – *David Himmelstein, MD* 

#### You collaborated on a major study that contributed to the passage of the federal "Emergency Medical Treatment and Labor Act," EMTALA. How did that come about?

I was a resident at the public hospital in Oakland, California along with many other residents. We were disgusted at the mistreatment of our patients by private hospitals that ... routinely shoved patients who were coming to their emergency rooms - who didn't have insurance - into ambulances to send them to us at the public hospitals. And many [patients] were clearly worse off because of often long ambulance rides when they were gravely ill. - David Himmelstein, MD Yet the EMTALA law has been controversial in part because of the cost to hospitals of caring for the uninsured. Why is that?

"...[EMTALA] says to a hospital ... you actually have to take care of someone if they're in a life-threatening condition, even if you may not be getting paid for it.

And some hospitals say, 'well that's a money loser and it's going to put us in financial straits.' And probably they're right. For some hospitals there are grave financial problems that they're under and caring for uninsured patients makes things worse.

So on the one hand, they want to do something terrible and on the other hand, one can see why they would want to." – *David Himmelstein, MD* 

### **Helpful Links**

<u>Patient transfers: medical practice as social triage.</u> National Library of Medicine

Inter-hospital transfer and patient outcomes: a retrospective cohort study, National Library of Medicine

Emergency Medical Treatment & Labor Act (EMTALA), CMS.gov

**Understanding EMTALA**, American College of Emergency Physicians

<u>A worrisome trend in American hospitals is hurting poor patients</u>, Vox

Some hospitals rake in high profits while their patients are loaded with medical debt, NPR

### **Episode Transcript**

Read the full episode transcript.

### David Himmelstein, M.D. - *Biography*

**David U. Himmelstein M.D.** is a Distinguished Professor of Public Health at CUNY's Hunter College and a Lecturer in Medicine at Harvard Medical School, where he was previously a Professor of Medicine.

He also serves as a staff physician at Montefiore Medical Center in the Bronx.

He graduated from Columbia University's College of Physicians and Surgeons, completed a medical residency at Highland Hospital in Oakland, California, a fellowship in General Internal Medicine at Harvard and practiced primary care internal medicine and served as the Chief of Social and Community Medicine at the public hospital in Cambridge, MA prior to his move to CUNY.

He has authored or co-authored three books and more than 150 journal articles, including widely-cited proposals for single payer health care reform in the NEJM and JAMA, and studies of patient dumping (which led to the enactment of EMTALA law that banned that practice), <u>the high</u> administrative costs of the U.S. health care system, medical bankruptcy (co-authored with Elizabeth Warren), and the <u>mortal consequences of</u> <u>uninsurance</u>.

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