



Uncompensated Care

In 1986, Congress enacted the Emergency Medical Treatment and Active Labor Act (EMTALA) with the purpose of preventing the practice of refusing to provide emergency medical treatment to patients unable to pay or transferring them before emergency conditions are stabilized, referred to as “patient dumping.” EMTALA applies to virtually all hospitals with an emergency department that participate in the federal Medicare program and imposes two primary obligations on those hospitals. First, when an individual seeks treatment in a hospital emergency department, “the hospital must provide for an appropriate medical screening examination to determine whether or not an emergency condition exists.” Second, if the screening examination indicates that an emergency condition does exist, the hospital ordinarily must “stabilize the medical condition” before transferring or discharging the patient (42 CFR 489.24).

Patients with facial trauma or a life-threatening infection may require significant surgery and subsequent outpatient follow-up treatment by practitioners such as oral and maxillofacial surgeons once they have been stabilized. Many of these patients are uninsured and ineligible for governmental medical assistance programs, resulting in the provision of tens of thousands of dollars of uncompensated care by practitioners each year.

If left unaddressed, the rising costs of providing uncompensated care both in the hospital and for follow-up care within a private practice for emergency department patients will continue to create a disincentive for providers, including oral and maxillofacial surgeons, to take emergency department calls, furthering an already precarious access-to-care crisis in the nation.

It is the position of the American Association of Oral and Maxillofacial Surgeons (AAOMS) that uncompensated care to stabilize and provide follow-up care to patients originally treated under EMTALA represents a significant contribution to society by practitioners. AAOMS supports legislation that allows providers, including oral and maxillofacial surgeons, to be allowed to recognize such care as a charitable contribution through a tax deduction at the fair market value for such services.

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