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JOSHUA SHEINKMAN, STAFF DIRECTOR
GREGG RICHARD, REPUBLICAN STAFF DIRECTOR

September 23, 2024

Andy Davis
Chief Executive Officer
Ascension Seton Edgar B. Davis
130 Hayes Street
Luling, TX 78648

Dear Mr. Davis:

I write to express my profound concern about recent reports of a pregnant person being denied emergency, stabilizing health care at Ascension Seton Edgar B. Davis.¹ Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* that held that the Constitution does not guarantee the right to abortion, close to half of the states have implemented various restrictions on abortion care. Many of these state-level bans conflict with federal law, leaving medical providers unsure of their personal and professional liability when providing appropriate and medically necessary emergency medical care. As the Chairman of the U.S. Senate Committee on Finance, with sole U.S. Senate jurisdiction over the Medicare and Medicaid programs and the Emergency Medical Treatment and Active Labor Act (EMTALA), it is my duty to conduct oversight of potential violations of patients' rights under these laws. The denial of emergency medical services can lead to avoidable harms for women and families, including death.

Across the country, there are reports that women are being turned away by emergency departments when they seek emergency reproductive health care, even in instances where medical professionals determine that, without such care, the patient is at risk of serious complications, infection, or even death. These women are caught between dangerous state laws that are in clear conflict with – and preempted by – EMTALA. Just last week, *ProPublica*

¹ The New Yorker, *Did An Abortion Ban Cost a Young Texas Woman Her Life?* (Jan. 8, 2024) <https://www.newyorker.com/magazine/2024/01/15/abortion-high-risk-pregnancy-yeni-glick>.

reported on the tragic death of a mother at a Georgia hospital who died while seeking emergency reproductive health care for rare complications from a medical abortion.² According to reports, the woman presented at the emergency room with clear signs of sepsis: high white blood cell count, low blood pressure, and abdominal pain.³ Given her recent history of a medication abortion, reporting indicated an adequate patient history could have quickly identified the source of infection as a septic abortion.⁴ Tragically, medical records show that the hospital did not initiate the removal of the infected tissue for more than 17 hours after her arrival, leading to her death.⁵ This is just one example of the countless devastating stories of women not receiving the life-saving care they need from emergency departments in the aftermath of the *Dobbs* decision, violating the right to timely emergency health care that is guaranteed by EMTALA.

In 1986, Congress passed EMTALA, a law requiring any hospital that receives Medicare funding to provide necessary “stabilizing treatment” to any person who presents with an “emergency medical condition.”⁶ In addition, the federal law directs hospitals to provide “such treatment as may be required,” which is medically appropriate. EMTALA guarantees that emergency medical services are available to all people, regardless of their circumstances.

According to medical professionals, there are a range of instances in which an abortion would be the medically-appropriate, stabilizing treatment for an emergency medical condition. For example, emergency abortions may be needed when a pregnant person experiences a miscarriage, if a pregnancy threatens a pregnant person’s life, or if a pregnancy seriously impacts a pregnant person’s health status because of an ectopic pregnancy or because it threatens sepsis, heart failure, uterine damage, or even loss of fertility. This is a non-exhaustive list. In these cases, and in others, women and their providers continue to be harmed by the uncertainty around their ability to access essential medical care in a timely manner.

In the wake of *Dobbs*, the Biden-Harris Administration reaffirmed the protections that EMTALA affords to women seeking emergency reproductive health care. The Department of Health and Human Services (HHS) issued guidance reminding hospitals of their federal obligations under EMTALA, including as they relate to emergency abortion care. The guidance noted that federal law clearly states that a physician’s judgment on the medical necessity of health care preempts any conflicting state prohibitions on accessing emergency reproductive health care. In both January and August 2024, HHS supported hospitals with concrete actions to help meet their obligations under EMTALA, including providing access to HHS experts, planning convenings,

² ProPublica, *Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother’s Death Was Preventable* (Sep. 16, 2024) <https://www.propublica.org/article/georgia-abortion-ban-amber-thurman-death>.

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and disseminating model information and training materials. HHS also stood-up a process to make it easier for any individual to report EMTALA violations.

Following *Dobbs*, Idaho passed a law criminalizing abortion in all instances except when necessary to prevent a pregnant patient's death. The Biden-Harris Administration challenged this restrictive abortion ban, arguing that this extreme criminalization of abortion, except in the most narrow of circumstances, is preempted by the guarantee to emergency stabilizing care under EMTALA. The Supreme Court heard arguments on this question in *Moyle v. United States*. Although the Supreme Court did not resolve the question of conflict between state abortion bans and EMTALA, it issued an order reinstating EMTALA's protections for pregnant patients experiencing emergency medical conditions in Idaho at the end of June, 2024.⁷ HHS then sent a letter to hospital and provider associations to, once again, remind them of a hospital's legal obligation under EMTALA to provide stabilizing emergency medical care to all patients at Medicare-participating hospitals. Still, the question of whether various abortion bans conflict with a hospital's EMTALA obligation is likely to return to the Supreme Court as there is pending litigation in both Texas and Idaho. In the face of this uncertainty, providers and patients continue to suffer and there continues to be significant confusion on the ground.

I am concerned that hospitals may be violating federal law by restricting access to stabilizing treatment when individuals present with emergency medical conditions. To understand and ensure hospital compliance with federal requirements under EMTALA, I am writing to learn more about the policies and procedures at your facility. Please respond to the following questions by October 22, 2024:

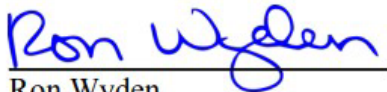
1. Centers for Medicare & Medicaid Services (CMS) regulations require Medicare-participating hospitals to post signage outlining patients' rights under EMTALA in the emergency department and other areas where patients may be examined or treated, or wait to be examined or treated, for emergency medical conditions. Please provide a copy of the signage your hospital displays to meet the CMS EMTALA signage requirements. Please note whether any changes have been made to this signage since June 24, 2022.
2. Please provide a copy of any additional written information (*e.g.*, signage, pamphlets, Frequently Asked Questions documents, forms) your hospital displays or uses to inform and educate patients about their rights under EMTALA.
3. Please provide a copy of any written information or oral communication (*e.g.*, a staff presentation, memorandum, or webinar) distributed to staff regarding hospital protocols, standards of care, or changes in procedures related to state abortion laws.

⁷ *Moyle v. United States*, 603 U.S. ___ (2024).

4. What is the process that occurs when a pregnant patient presents at the emergency department seeking emergency health care for scenarios when an abortion would be the appropriate course of treatment (e.g., a pre-viability preterm rupture of membranes, an ectopic pregnancy, or a molar pregnancy)? Please list all steps and all personnel involved in these patient care decisions.
5. Please describe any and all procedures your hospital has in place for evaluating whether a pregnant patient is suffering an emergency medical condition as defined by EMTALA.
 - a. Please note any changes that have been made to these procedures following since June 24, 2022.
 - b. Please note whether any pregnant patients have (i) experienced any delays in care, (ii) been denied care, (iii) failed to have appropriate medical stabilization offered, or (iv) failed to have a consult or be referred to appropriate specialty services.
6. Section 501(r)(4) of the Internal Revenue Code requires that all hospitals treated as tax exempt 501(c)(3) entities must establish a written emergency medical care policy. Please provide a copy of Ascension Seton Edgar B. Davis' written emergency medical care policy.
7. When emergency room personnel perceive a conflict between the emergency standard of care required under EMTALA and the constraints of the operating state abortion ban, what legal and human resource support are offered by Ascension Seton Edgar B. Davis?
 - a. Please describe the timeliness of these legal and human resource supports.
 - b. Please share any written information or oral communication distributed to staff related to the available legal and human resource supports available in these circumstances.

I am committed to ensuring that all people are able to fully realize their right to emergency medical care, including reproductive health care. Post *Dobbs*, it is essential that pregnant patients and their families have the peace of mind that they will be able to receive the necessary, stabilizing care they need and providers are able to deliver appropriate emergency care without fear of personal or professional liability. Please reach out to my staff with any questions about this request.

Sincerely,



Ron Wyden
United States Senator
Chairman, Committee on
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JOSHUA SHEINKMAN, STAFF DIRECTOR
GREGG RICHARD, REPUBLICAN STAFF DIRECTOR

September 23, 2024

Edgardo Tenreiro
Chief Executive Officer
Baton Rouge General
14105 Highway 73
Prairieville, LA 70769

Dear Mr. Tenreiro:

I write to express my profound concern about recent reports of a pregnant person being denied emergency, stabilizing health care at Baton Rouge General.¹ Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* that held that the Constitution does not guarantee the right to abortion, close to half of the states have implemented various restrictions on abortion care. Many of these state-level bans conflict with federal law, leaving medical providers unsure of their personal and professional liability when providing appropriate and medically necessary emergency medical care. As the Chairman of the U.S. Senate Committee on Finance, with sole U.S. Senate jurisdiction over the Medicare and Medicaid programs and the Emergency Medical Treatment and Active Labor Act (EMTALA), it is my duty to conduct oversight of potential violations of patients' rights under these laws. The denial of emergency medical services can lead to avoidable harms for women and families, including death.

Across the country, there are reports that women are being turned away by emergency departments when they seek emergency reproductive health care, even in instances where medical professionals determine that, without such care, the patient is at risk of serious complications, infection, or even death. These women are caught between dangerous state laws that are in clear conflict with – and preempted by – EMTALA. Just last week, *ProPublica*

¹ NPR, "Bleeding and in pain, she couldn't get 2 Louisiana ERs to answer: Is it a miscarriage?" (Dec. 29, 2022) <https://www.npr.org/sections/health-shots/2022/12/29/1143823727/bleeding-and-in-pain-she-couldnt-get-2-louisiana-ers-to-answer-is-it-a-miscarria>.

reported on the tragic death of a mother at a Georgia hospital who died while seeking emergency reproductive health care for rare complications from a medical abortion.² According to reports, the woman presented at the emergency room with clear signs of sepsis: high white blood cell count, low blood pressure, and abdominal pain.³ Given her recent history of a medication abortion, reporting indicated an adequate patient history could have quickly identified the source of infection as a septic abortion.⁴ Tragically, medical records show that the hospital did not initiate the removal of the infected tissue for more than 17 hours after her arrival, leading to her death.⁵ This is just one example of the countless devastating stories of women not receiving the life-saving care they need from emergency departments in the aftermath of the *Dobbs* decision, violating the right to timely emergency health care that is guaranteed by EMTALA.

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and disseminating model information and training materials. HHS also stood-up a process to make it easier for any individual to report EMTALA violations.

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Sincerely,



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JOSHUA SHEINKMAN, STAFF DIRECTOR
GREGG RICHARD, REPUBLICAN STAFF DIRECTOR

September 23, 2024

Ken Tomlinson
President
Falls Community Hospital & Clinic
322 Coleman Street #2358
Marlin, TX 76661

Dear Mr. Tomlinson:

I write to express my profound concern about recent reports of a pregnant person being denied emergency, stabilizing health care at Falls Community Hospital & Clinic.¹ Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* that held that the Constitution does not guarantee the right to abortion, close to half of the states have implemented various restrictions on abortion care. Many of these state-level bans conflict with federal law, leaving medical providers unsure of their personal and professional liability when providing appropriate and medically necessary emergency medical care. As the Chairman of the U.S. Senate Committee on Finance, with sole U.S. Senate jurisdiction over the Medicare and Medicaid programs and the Emergency Medical Treatment and Active Labor Act (EMTALA), it is my duty to conduct oversight of potential violations of patients' rights under these laws. The denial of emergency medical services can lead to avoidable harms for women and families, including death.

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¹ AP, *Emergency rooms refused to treat pregnant women, leaving one to miscarry in a lobby restroom* (Apr. 19, 2024); <https://apnews.com/article/pregnancy-emergency-care-abortion-supreme-court-roe-9ce6c87c8fc653c840654de1ae5f7a1c>.

reported on the tragic death of a mother at a Georgia hospital who died while seeking emergency reproductive health care for rare complications from a medical abortion.² According to reports, the woman presented at the emergency room with clear signs of sepsis: high white blood cell count, low blood pressure, and abdominal pain.³ Given her recent history of a medication abortion, reporting indicated an adequate patient history could have quickly identified the source of infection as a septic abortion.⁴ Tragically, medical records show that the hospital did not initiate the removal of the infected tissue for more than 17 hours after her arrival, leading to her death.⁵ This is just one example of the countless devastating stories of women not receiving the life-saving care they need from emergency departments in the aftermath of the *Dobbs* decision, violating the right to timely emergency health care that is guaranteed by EMTALA.

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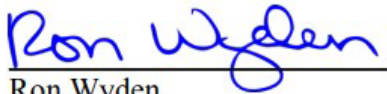
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GREGG RICHARD, REPUBLICAN STAFF DIRECTOR

September 23, 2024

Paula Baker
President and CEO
Freeman Hospital West
1102 West 32nd Street
Joplin, MO 64804

Dear Ms. Baker:

I write to express my profound concern about recent reports of a pregnant person being denied emergency, stabilizing health care at Freeman Hospital West.¹ Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* that held that the Constitution does not guarantee the right to abortion, close to half of the states have implemented various restrictions on abortion care. Many of these state-level bans conflict with federal law, leaving medical providers unsure of their personal and professional liability when providing appropriate and medically necessary emergency medical care. As the Chairman of the U.S. Senate Committee on Finance, with sole U.S. Senate jurisdiction over the Medicare and Medicaid programs and the Emergency Medical Treatment and Active Labor Act (EMTALA), it is my duty to conduct oversight of potential violations of patients' rights under these laws. The denial of emergency medical services can lead to avoidable harms for women and families, including death.

Across the country, there are reports that women are being turned away by emergency departments when they seek emergency reproductive health care, even in instances where medical professionals determine that, without such care, the patient is at risk of serious complications, infection, or even death. These women are caught between dangerous state laws

¹ PBS, *Federal investigation finds hospitals that denied emergency abortion broke the law* (May 1, 2023); <https://www.pbs.org/newshour/politics/federal-investigation-finds-hospitals-that-denied-emergency-abortion-broke-the-law>.

that are in clear conflict with – and preempted by – EMTALA. Just last week, *ProPublica* reported on the tragic death of a mother at a Georgia hospital who died while seeking emergency reproductive health care for rare complications from a medical abortion.² According to reports, the woman presented at the emergency room with clear signs of sepsis: high white blood cell count, low blood pressure, and abdominal pain.³ Given her recent history of a medication abortion, reporting indicated an adequate patient history could have quickly identified the source of infection as a septic abortion.⁴ Tragically, medical records show that the hospital did not initiate the removal of the infected tissue for more than 17 hours after her arrival, leading to her death.⁵ This is just one example of the countless devastating stories of women not receiving the life-saving care they need from emergency departments in the aftermath of the *Dobbs* decision, violating the right to timely emergency health care that is guaranteed by EMTALA.

In 1986, Congress passed EMTALA, a law requiring any hospital that receives Medicare funding to provide necessary “stabilizing treatment” to any person who presents with an “emergency medical condition.”⁶ In addition, the federal law directs hospitals to provide “such treatment as may be required,” which is medically appropriate. EMTALA guarantees that emergency medical services are available to all people, regardless of their circumstances.

According to medical professionals, there are a range of instances in which an abortion would be the medically-appropriate, stabilizing treatment for an emergency medical condition. For example, emergency abortions may be needed when a pregnant person experiences a miscarriage, if a pregnancy threatens a pregnant person’s life, or if a pregnancy seriously impacts a pregnant person’s health status because of an ectopic pregnancy or because it threatens sepsis, heart failure, uterine damage, or even loss of fertility. This is a non-exhaustive list. In these cases, and in others, women and their providers continue to be harmed by the uncertainty around their ability to access essential medical care in a timely manner.

In the wake of *Dobbs*, the Biden-Harris Administration reaffirmed the protections that EMTALA affords to women seeking emergency reproductive health care. The Department of Health and Human Services (HHS) issued guidance reminding hospitals of their federal obligations under EMTALA, including as they relate to emergency abortion care. The guidance noted that federal law clearly states that a physician’s judgment on the medical necessity of health care preempts any conflicting state prohibitions on accessing emergency reproductive health care. In both January and August 2024, HHS supported hospitals with concrete actions to help meet their obligations under EMTALA, including providing access to HHS experts, planning convenings,

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I am concerned that hospitals may be violating federal law by restricting access to stabilizing treatment when individuals present with emergency medical conditions. To understand and ensure hospital compliance with federal requirements under EMTALA, I am writing to learn more about the policies and procedures at your facility. Please respond to the following questions by October 22, 2024:

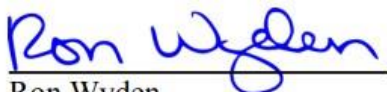
1. Centers for Medicare & Medicaid Services (CMS) regulations require Medicare-participating hospitals to post signage outlining patients' rights under EMTALA in the emergency department and other areas where patients may be examined or treated, or wait to be examined or treated, for emergency medical conditions. Please provide a copy of the signage your hospital displays to meet the CMS EMTALA signage requirements. Please note whether any changes have been made to this signage since June 24, 2022.
2. Please provide a copy of any additional written information (*e.g.*, signage, pamphlets, Frequently Asked Questions documents, forms) your hospital displays or uses to inform and educate patients about their rights under EMTALA.
3. Please provide a copy of any written information or oral communication (*e.g.*, a staff presentation, memorandum, or webinar) distributed to staff regarding hospital protocols, standards of care, or changes in procedures related to state abortion laws.

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4. What is the process that occurs when a pregnant patient presents at the emergency department seeking emergency health care for scenarios when an abortion would be the appropriate course of treatment (*e.g.*, a pre-viability preterm rupture of membranes, an ectopic pregnancy, or a molar pregnancy)? Please list all steps and all personnel involved in these patient care decisions.
5. Please describe any and all procedures your hospital has in place for evaluating whether a pregnant patient is suffering an emergency medical condition as defined by EMTALA.
 - a. Please note any changes that have been made to these procedures following since June 24, 2022.
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6. Section 501(r)(4) of the Internal Revenue Code requires that all hospitals treated as tax exempt 501(c)(3) entities must establish a written emergency medical care policy. Please provide a copy of Freeman Hospital West's written emergency medical care policy.
7. When emergency room personnel perceive a conflict between the emergency standard of care required under EMTALA and the constraints of the operating state abortion ban, what legal and human resource support are offered by Freeman Hospital West?
 - a. Please describe the timeliness of these legal and human resource supports.
 - b. Please share any written information or oral communication distributed to staff related to the available legal and human resource supports available in these circumstances.

I am committed to ensuring that all people are able to fully realize their right to emergency medical care, including reproductive health care. Post *Dobbs*, it is essential that pregnant patients and their families have the peace of mind that they will be able to receive the necessary, stabilizing care they need and providers are able to deliver appropriate emergency care without fear of personal or professional liability. Please reach out to my staff with any questions about this request.

Sincerely,



Ron Wyden
United States Senator
Chairman, Committee on
Finance

RON WYDEN, OREGON, CHAIRMAN

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United States Senate

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WASHINGTON, DC 20510–6200

JOSHUA SHEINKMAN, STAFF DIRECTOR
GREGG RICHARD, REPUBLICAN STAFF DIRECTOR

September 23, 2024

Terry Forde
Chief Executive Officer
Holmes Regional Medical Center
1350 Hickory Street
Melbourne, FL 32901

Dear Mr. Forde:

I write to express my profound concern about recent reports of a pregnant person being denied emergency, stabilizing health care at Holmes Regional Medical Center.¹ Following the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization* that held that the Constitution does not guarantee the right to abortion, close to half of the states have implemented various restrictions on abortion care. Many of these state-level bans conflict with federal law, leaving medical providers unsure of their personal and professional liability when providing appropriate and medically necessary emergency medical care. As the Chairman of the U.S. Senate Committee on Finance, with sole U.S. Senate jurisdiction over the Medicare and Medicaid programs and the Emergency Medical Treatment and Active Labor Act (EMTALA), it is my duty to conduct oversight of potential violations of patients’ rights under these laws. The denial of emergency medical services can lead to avoidable harms for women and families, including death.

Across the country, there are reports that women are being turned away by emergency departments when they seek emergency reproductive health care, even in instances where medical professionals determine that, without such care, the patient is at risk of serious complications, infection, or even death. These women are caught between dangerous state laws that are in clear conflict with – and preempted by – EMTALA. Just last week, *ProPublica*

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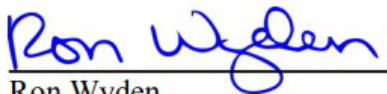
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7. When emergency room personnel perceive a conflict between the emergency standard of care required under EMTALA and the constraints of the operating state abortion ban, what legal and human resource support are offered by Holmes Regional Medical Center?
 - a. Please describe the timeliness of these legal and human resource supports.
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Sincerely,



Ron Wyden
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Finance

RON WYDEN, OREGON, CHAIRMAN

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United States Senate

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WASHINGTON, DC 20510-6200

JOSHUA SHEINKMAN, STAFF DIRECTOR
GREGG RICHARD, REPUBLICAN STAFF DIRECTOR

September 23, 2024

Bert Beard
Chief Executive Officer
Person Memorial Hospital
615 Ridge Road
Roxboro, NC 27573

Dear Mr. Beard:

I write to express my profound concern about recent reports of a pregnant person being denied emergency, stabilizing health care at Person Memorial Hospital.¹ Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* that held that the Constitution does not guarantee the right to abortion, close to half of the states have implemented various restrictions on abortion care. Many of these state-level bans conflict with federal law, leaving medical providers unsure of their personal and professional liability when providing appropriate and medically necessary emergency medical care. As the Chairman of the U.S. Senate Committee on Finance, with sole U.S. Senate jurisdiction over the Medicare and Medicaid programs and the Emergency Medical Treatment and Active Labor Act (EMTALA), it is my duty to conduct oversight of potential violations of patients' rights under these laws. The denial of emergency medical services can lead to avoidable harms for women and families, including death.

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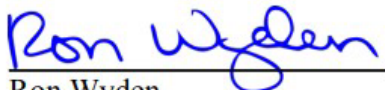
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JOSHUA SHEINKMAN, STAFF DIRECTOR
GREGG RICHARD, REPUBLICAN STAFF DIRECTOR

September 23, 2024

David Kent
Chief Executive Officer
Piedmont Henry Hospital
1133 Eagles Landing Parkway
Stockbridge, GA 30281

Dear Mr. Kent:

I write to express my profound concern about recent reports of a pregnant person being denied emergency, stabilizing health care at Piedmont Henry Hospital.¹ Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* that held that the Constitution does not guarantee the right to abortion, close to half of the states have implemented various restrictions on abortion care. Many of these state-level bans conflict with federal law, leaving medical providers unsure of their personal and professional liability when providing appropriate and medically necessary emergency medical care. As the Chairman of the U.S. Senate Committee on Finance, with sole U.S. Senate jurisdiction over the Medicare and Medicaid programs and the Emergency Medical Treatment and Active Labor Act (EMTALA), it is my duty to conduct oversight of potential violations of patients' rights under these laws. The denial of emergency medical services can lead to avoidable harms for women and families, including death.

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reported on the tragic death of a mother at a Georgia hospital who died while seeking emergency reproductive health care for rare complications from a medical abortion.² According to reports, the woman presented at the emergency room with clear signs of sepsis: high white blood cell count, low blood pressure, and abdominal pain.³ Given her recent history of a medication abortion, reporting indicated an adequate patient history could have quickly identified the source of infection as a septic abortion.⁴ Tragically, medical records show that the hospital did not initiate the removal of the infected tissue for more than 17 hours after her arrival, leading to her death.⁵ This is just one example of the countless devastating stories of women not receiving the life-saving care they need from emergency departments in the aftermath of the *Dobbs* decision, violating the right to timely emergency health care that is guaranteed by EMTALA.

In 1986, Congress passed EMTALA, a law requiring any hospital that receives Medicare funding to provide necessary “stabilizing treatment” to any person who presents with an “emergency medical condition.”⁶ In addition, the federal law directs hospitals to provide “such treatment as may be required,” which is medically appropriate. EMTALA guarantees that emergency medical services are available to all people, regardless of their circumstances.

According to medical professionals, there are a range of instances in which an abortion would be the medically-appropriate, stabilizing treatment for an emergency medical condition. For example, emergency abortions may be needed when a pregnant person experiences a miscarriage, if a pregnancy threatens a pregnant person’s life, or if a pregnancy seriously impacts a pregnant person’s health status because of an ectopic pregnancy or because it threatens sepsis, heart failure, uterine damage, or even loss of fertility. This is a non-exhaustive list. In these cases, and in others, women and their providers continue to be harmed by the uncertainty around their ability to access essential medical care in a timely manner.

In the wake of *Dobbs*, the Biden-Harris Administration reaffirmed the protections that EMTALA affords to women seeking emergency reproductive health care. The Department of Health and Human Services (HHS) issued guidance reminding hospitals of their federal obligations under EMTALA, including as they relate to emergency abortion care. The guidance noted that federal law clearly states that a physician’s judgment on the medical necessity of health care preempts any conflicting state prohibitions on accessing emergency reproductive health care. In both January and August 2024, HHS supported hospitals with concrete actions to help meet their obligations under EMTALA, including providing access to HHS experts, planning convenings,

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⁴ *Id.*

⁵ *Id.*

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and disseminating model information and training materials. HHS also stood-up a process to make it easier for any individual to report EMTALA violations.

Following *Dobbs*, Idaho passed a law criminalizing abortion in all instances except when necessary to prevent a pregnant patient's death. The Biden-Harris Administration challenged this restrictive abortion ban, arguing that this extreme criminalization of abortion, except in the most narrow of circumstances, is preempted by the guarantee to emergency stabilizing care under EMTALA. The Supreme Court heard arguments on this question in *Moyle v. United States*. Although the Supreme Court did not resolve the question of conflict between state abortion bans and EMTALA, it issued an order reinstating EMTALA's protections for pregnant patients experiencing emergency medical conditions in Idaho at the end of June, 2024.⁷ HHS then sent a letter to hospital and provider associations to, once again, remind them of a hospital's legal obligation under EMTALA to provide stabilizing emergency medical care to all patients at Medicare-participating hospitals. Still, the question of whether various abortion bans conflict with a hospital's EMTALA obligation is likely to return to the Supreme Court as there is pending litigation in both Texas and Idaho. In the face of this uncertainty, providers and patients continue to suffer and there continues to be significant confusion on the ground.

I am concerned that hospitals may be violating federal law by restricting access to stabilizing treatment when individuals present with emergency medical conditions. To understand and ensure hospital compliance with federal requirements under EMTALA, I am writing to learn more about the policies and procedures at your facility. Please respond to the following questions by October 22, 2024:

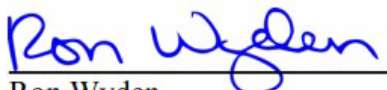
1. Centers for Medicare & Medicaid Services (CMS) regulations require Medicare-participating hospitals to post signage outlining patients' rights under EMTALA in the emergency department and other areas where patients may be examined or treated, or wait to be examined or treated, for emergency medical conditions. Please provide a copy of the signage your hospital displays to meet the CMS EMTALA signage requirements. Please note whether any changes have been made to this signage since June 24, 2022.
2. Please provide a copy of any additional written information (*e.g.*, signage, pamphlets, Frequently Asked Questions documents, forms) your hospital displays or uses to inform and educate patients about their rights under EMTALA.
3. Please provide a copy of any written information or oral communication (*e.g.*, a staff presentation, memorandum, or webinar) distributed to staff regarding hospital protocols, standards of care, or changes in procedures related to state abortion laws.

⁷ *Moyle v. United States*, 603 U.S. ___ (2024).

4. What is the process that occurs when a pregnant patient presents at the emergency department seeking emergency health care for scenarios when an abortion would be the appropriate course of treatment (e.g., a pre-viability preterm rupture of membranes, an ectopic pregnancy, or a molar pregnancy)? Please list all steps and all personnel involved in these patient care decisions.
5. Please describe any and all procedures your hospital has in place for evaluating whether a pregnant patient is suffering an emergency medical condition as defined by EMTALA.
 - a. Please note any changes that have been made to these procedures following since June 24, 2022.
 - b. Please note whether any pregnant patients have (i) experienced any delays in care, (ii) been denied care, (iii) failed to have appropriate medical stabilization offered, or (iv) failed to have a consult or be referred to appropriate specialty services.
6. Section 501(r)(4) of the Internal Revenue Code requires that all hospitals treated as tax exempt 501(c)(3) entities must establish a written emergency medical care policy. Please provide a copy of Piedmont Henry Hospital's written emergency medical care policy.
7. When emergency room personnel perceive a conflict between the emergency standard of care required under EMTALA and the constraints of the operating state abortion ban, what legal and human resource support are offered by Piedmont Henry Hospital?
 - a. Please describe the timeliness of these legal and human resource supports.
 - b. Please share any written information or oral communication distributed to staff related to the available legal and human resource supports available in these circumstances.

I am committed to ensuring that all people are able to fully realize their right to emergency medical care, including reproductive health care. Post *Dobbs*, it is essential that pregnant patients and their families have the peace of mind that they will be able to receive the necessary, stabilizing care they need and providers are able to deliver appropriate emergency care without fear of personal or professional liability. Please reach out to my staff with any questions about this request.

Sincerely,



Ron Wyden
United States Senator
Chairman, Committee on
Finance

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United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

JOSHUA SHEINKMAN, STAFF DIRECTOR
GREGG RICHARD, REPUBLICAN STAFF DIRECTOR

September 23, 2024

Rene Ragas
President and CEO
Woman's Hospital
100 Woman's Way
Baton Rouge, LA 70817

Dear Mr. Ragas:

I write to express my profound concern about recent reports of a pregnant person being denied emergency, stabilizing health care at Woman's Hospital.¹ Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* that held that the Constitution does not guarantee the right to abortion, close to half of the states have implemented various restrictions on abortion care. Many of these state-level bans conflict with federal law, leaving medical providers unsure of their personal and professional liability when providing appropriate and medically necessary emergency medical care. As the Chairman of the U.S. Senate Committee on Finance, with sole U.S. Senate jurisdiction over the Medicare and Medicaid programs and the Emergency Medical Treatment and Active Labor Act (EMTALA), it is my duty to conduct oversight of potential violations of patients' rights under these laws. The denial of emergency medical services can lead to avoidable harms for women and families, including death.

Across the country, there are reports that women are being turned away by emergency departments when they seek emergency reproductive health care, even in instances where medical professionals determine that, without such care, the patient is at risk of serious complications, infection, or even death. These women are caught between dangerous state laws

¹ NPR, "Bleeding and in pain, she couldn't get 2 Louisiana ERs to answer: Is it a miscarriage?" (Dec. 29, 2022) <https://www.npr.org/sections/health-shots/2022/12/29/1143823727/bleeding-and-in-pain-she-couldnt-get-2-louisiana-ers-to-answer-is-it-a-miscarria>.

that are in clear conflict with – and preempted by – EMTALA. Just last week, *ProPublica* reported on the tragic death of a mother at a Georgia hospital who died while seeking emergency reproductive health care for rare complications from a medical abortion.² According to reports, the woman presented at the emergency room with clear signs of sepsis: high white blood cell count, low blood pressure, and abdominal pain.³ Given her recent history of a medication abortion, reporting indicated an adequate patient history could have quickly identified the source of infection as a septic abortion.⁴ Tragically, medical records show that the hospital did not initiate the removal of the infected tissue for more than 17 hours after her arrival, leading to her death.⁵ This is just one example of the countless devastating stories of women not receiving the life-saving care they need from emergency departments in the aftermath of the *Dobbs* decision, violating the right to timely emergency health care that is guaranteed by EMTALA.

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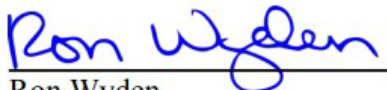
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Ron Wyden
United States Senator
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