

**House Bill 4557**  
**Sponsor: Rep. Floyd Clack**  
**Committee: Public Health**

**Complete to 3-21-91**

**A SUMMARY OF HOUSE BILL 4557 AS INTRODUCED 3-13-91**

The bill would amend the Public Health Code to prohibit hospital emergency rooms from transferring emergency patients to other facilities solely because of the patient's inability to pay for the medical treatment and to require hospitals to have written policies about temporary emergency room closings or the re-routing of patients from their emergency rooms. The bill also would add penalties (including possible license revocation) for hospitals and physicians who violated its provisions.

Transfer of emergency patients. Under the bill, if someone with an emergency medical condition or in active labor went to a hospital emergency room requesting examination or treatment, the physician (or other qualified emergency room staff) would have to decide whether an emergency medical condition existed or whether the person was in active labor. If an emergency medical condition existed or if the person was in active labor, the physician (or other qualified staff) either would have to provide "stabilizing" treatment (unless the person refused treatment) or, if medically appropriate, transfer the patient to another hospital. A patient with an emergency medical condition or in active labor could not be denied appropriate stabilizing treatment solely because he or she was unable to pay for it.

Transfer of an emergency room patient with an emergency medical condition or in active labor would be "medically appropriate" only if two conditions were met:

- (a) a physician (or other qualified emergency room worker) certified in writing that the benefits to the patient would outweigh the increased risks from the transfer; and
- (b) the hospital or facility to which the patient was being transferred had the space and qualified personnel, had agreed to the transfer, and was given the appropriate medical records by the transferring facility.

Hospitals would be specifically prohibited from discriminating against people requesting examination or treatment (including discrimination based on the patient's physical condition, economic status, sexual preference, health insurance or health benefits provider, as well as on the patient's race, religion, national origin, age, or sex).

Temporary closings of emergency rooms and rerouting of patients. Within 60 days of the effective date of the bill, hospitals would be required to have written policies concerning the temporary closing of their emergency departments and rerouting of patients. Hospitals would have to include in these written policies criteria developed by the Department of Public Health or by the approved medical control authority for that area.

Approval of a policy could be withheld if the policy didn't contain all of the required information. Specific referral arrangements among hospitals would be coordinated either by the department or by the Medical Control Authority for that area.

Transfer and closing policies would have to include descriptions of circumstances that justify a closing, the types and levels of emergency cases that would be affected by a temporary closing, the people involved in authorizing a closing, other emergency facilities available in case of a closing, and how the hospital would inform other providers (including ambulance companies and emergency medical services) of the closing.

Penalties. In addition to any other penalties provided by the health code, hospitals violating the bill's provisions would be subject to warnings and compliance orders, reprimands, fines, probation, and license actions (including limitations, suspensions and revocations). Physicians who violated the bill's provisions would be subject to all the sanctions allowed under the licensing article of the code (Article 15).

Effective date. The bill would take effect 90 days after it was enacted.

MCL 333.16221 et al.