

HCLQ Texas 2026 | Opening Panel: Emergency Departments, EMTALA & Mandatory Care

As discussed, we are providing an outline from our recent discussion (Friday, May 8), in preparation for our panel at the HCLQ Texas on Thursday, June 11.

Reminder of Overarching Theme for the Day

Considering the forgotten or, too often, overlooked patient.

- Emergency Departments, EMTALA & Mandatory Care
- Challenges Facing Rural Healthcare
- Human Trafficking & Healthcare

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The Gap-in-Coverage Problem—Emergency Departments receive many of the cases and issues that go unresolved in healthcare:

- **Safety Net Care**—Patients who are otherwise uninsured show up in the ER often for primary care. Roughly 25% on average are admitted. The majority are referred back for primary care follow-up.
- **Turnkey Solution**—Often treatment problems are pushed to the ER and hospitals have embraced this approach, addressing patient care at the intersection of high-stakes medicine, politics and provider camaraderie. Health issues are pushed toward solution in this environment where the outcomes can be a source of frustration or a badge of honor.
- When EMTALA was introduced, we didn't have the gap in healthcare coverage that we're seeing today.
- Payor Mix is the key to survival; hospitals with 40%–50% Medicare are closing. As the problem gets worse, those with insurance and the means for payment will find alternatives to traditional healthcare.
- **Stabilization**—EMTALA requires that anyone presenting to a qualifying ER must be screened and stabilized (or properly transferred) regardless of ability to pay.
 - Stabilization, under EMTALA, means to provide such medical treatment so that no material deterioration of the condition is likely to result from or occur during the transfer (or discharge) of the individual from a facility (with specific rules pertaining to pregnancy).
 - Issue can become: when is stabilization achieved?
- Triage for care after stabilization can be more challenging in urban versus rural settings.

Possible Solutions

- Hospitals are often not designed by what patients truly need. In some ways, ER's help in filling beds, but the means to manage this care and triage patients is imperfect due to inefficiencies in payment, organization and priorities.
- **Dr. Tran Comments:**
 - An ER is a “lab” for what is going on in public health. The Houston Health Department (HHD) compiles data, sent by hospitals, and studies it. The goal is to keep unnecessary cases out of the ER.
 - How things land in the ER is always top of mind. There is a special focus on those who return to the streets and how to support efforts in reducing unnecessary return visits.

Draft Questions

Note: I'll introduce the purpose of EMTALA to the audience so they have that working definition as we move through our panel.

1. Hospitals often absorb unresolved societal and public health failures—mental health gaps, housing instability, primary care shortages, and lack of transportation. How has the emergency department effectively become America's healthcare and social safety valve?
2. EMTALA was originally designed to prevent patient dumping, but today emergency departments are functioning as the default access point for unresolved healthcare needs. How has the role of the ER evolved beyond what EMTALA originally contemplated?
3. Many uninsured or underinsured patients use the ER as their primary point of care, yet most are discharged back into fragmented outpatient systems. Are we stabilizing medical conditions while failing to stabilize the patient's broader healthcare reality?
4. The concept of stabilization under EMTALA focuses on preventing material deterioration during transfer or discharge. Practically speaking, how is that determined and what challenges to providers face in ensuring this?
5. Does the stabilization question become more complicated when the issue is behavioral health, homelessness, addiction, or lack of social support rather than a discrete medical emergency? How so?
6. Urban systems may have more specialists and referral options, while rural hospitals may have fewer resources but tighter community coordination. How might geography impact post-stabilization triage and patient outcomes?
7. As payor mix deteriorates and hospitals face increasing financial pressure, especially rural hospitals, are we approaching a point where EMTALA obligations and economic sustainability are in direct tension?

8. Dr. Tran described the ER as a 'lab' for understanding public health trends. What are emergency departments teaching us right now about the populations healthcare systems are overlooking or failing to reach?
9. What strategies have actually worked in reducing avoidable repeat visits while still preserving dignity and continuity of care for vulnerable patients?
10. If we were redesigning healthcare delivery today from scratch, knowing what emergency departments now absorb and manage, what would we build differently to better care for the forgotten or overlooked patient?