



THE SECRETARY OF HEALTH AND HUMAN SERVICES

WASHINGTON, D.C. 20201

June 13, 2025

VIA ELECTRONIC MAIL

Dear Health Care Providers:

This letter reaffirms the Department of Health and Human Services' (HHS) commitment to enforcing the Emergency Medical Treatment and Labor Act (EMTALA) and clarifies that EMTALA continues to ensure pregnant women facing medical emergencies have access to stabilizing care.

As you may know, on June 3, 2025, HHS and the Centers for Medicare & Medicaid Services (CMS) announced the rescission of guidance memoranda QSO-21-22-Hospitals¹ and QSO-2222-Hospitals² (both entitled "Reinforcement of EMTALA Obligations specific to Patients who are Pregnant or are Experiencing Pregnancy Loss" and rescinded on May 29, 2025) and a related letter from the then-Secretary of HHS.³ As noted in its June 3, 2025, post-rescission announcement, CMS "will continue to enforce EMTALA, which protects all individuals who present to a hospital emergency department seeking examination or treatment, including for identified emergency medical conditions that place the health of a pregnant woman or her unborn child in serious jeopardy."⁴

The previous administration's guidance created confusion. But that is no more—as CMS Administrator Mehmet Oz, M.D. stated, "EMTALA is clear and the law has not changed: women will receive care for miscarriage, ectopic pregnancy, and medical emergencies in all fifty states— this has not and will never change in the Trump Administration."⁵

Congress enacted EMTALA to ensure public access to emergency services regardless of ability to pay. Under section 1867 of the Social Security Act, Medicare-participating hospitals that offer emergency services must provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual's ability to pay. Hospitals are likewise required to provide stabilizing treatment for patients with emergency medical conditions. If a hospital lacks the capability to stabilize a patient, or at the patient's request, an appropriate transfer should be implemented.

¹ <https://www.cms.gov/files/document/rescinded-reinforcement-emtala-obligations-specific-patients-who-arepregnant-or-are-experiencing.pdf>.

² <https://www.cms.gov/files/document/rescinded-reinforcement-emtala-obligations-specific-patients-who-arepregnant-or-are-experiencing.pdf-0>.

³ <https://www.hhs.gov/sites/default/files/emergency-medical-care-letter-to-health-care-providers.pdf>

⁴ <https://www.cms.gov/newsroom/press-releases/cms-statement-emergency-medical-treatment-and-labor-act-emtala>

⁵ <https://x.com/DrOzCMS/status/1930320782493921281>.

EMTALA defines an “emergency medical condition” as follows:

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- (A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—
- (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
 - (ii) serious impairment to bodily functions, or
 - (iii) serious dysfunction of any bodily organ or part; or
- (B) with respect to a pregnant woman who is having contractions—
- (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or
 - (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.⁶

EMTALA obligates hospitals to offer stabilizing care within their capabilities to all patients who present with an emergency medical condition, regardless of ability to pay. This statutory rule applies equally to expectant mothers facing obstetric emergencies, including ectopic pregnancies, miscarriages, premature ruptures of membranes, trophoblastic tumors, and other similar conditions. By its own terms, EMTALA applies when the health of the “pregnant woman” or “her unborn child” is “in serious jeopardy.”⁷

Although EMTALA preempts any State or local law that “directly conflicts” with its requirements,⁸ providers should not misconstrue existing State laws, or rely on inaccurate media reports, as a basis for denying stabilizing care to any pregnant woman facing an emergency medical condition.

EMTALA continues to be the law of the land, and HHS commits to both expeditious review of complaints filed and appropriate and timely action if violations are found, to ensure that pregnant women facing emergency medical conditions have access to stabilizing care.⁹

Sincerely,

/s/

Robert F. Kennedy, Jr.

⁶ 42 U.S.C. 1395dd(e).

⁷ Ibid.

⁸ 42 U.S.C. 1395dd(f).

⁹ For more information on how to file a complaint, visit: <https://www.cms.gov/priorities/your-patientrights/emergency-room-rights/how-to-file-complaint>