

navigator*

Monday, April 22nd

Emergency Medical Treatment
and Labor Act (EMTALA):
A Guide for Advocates

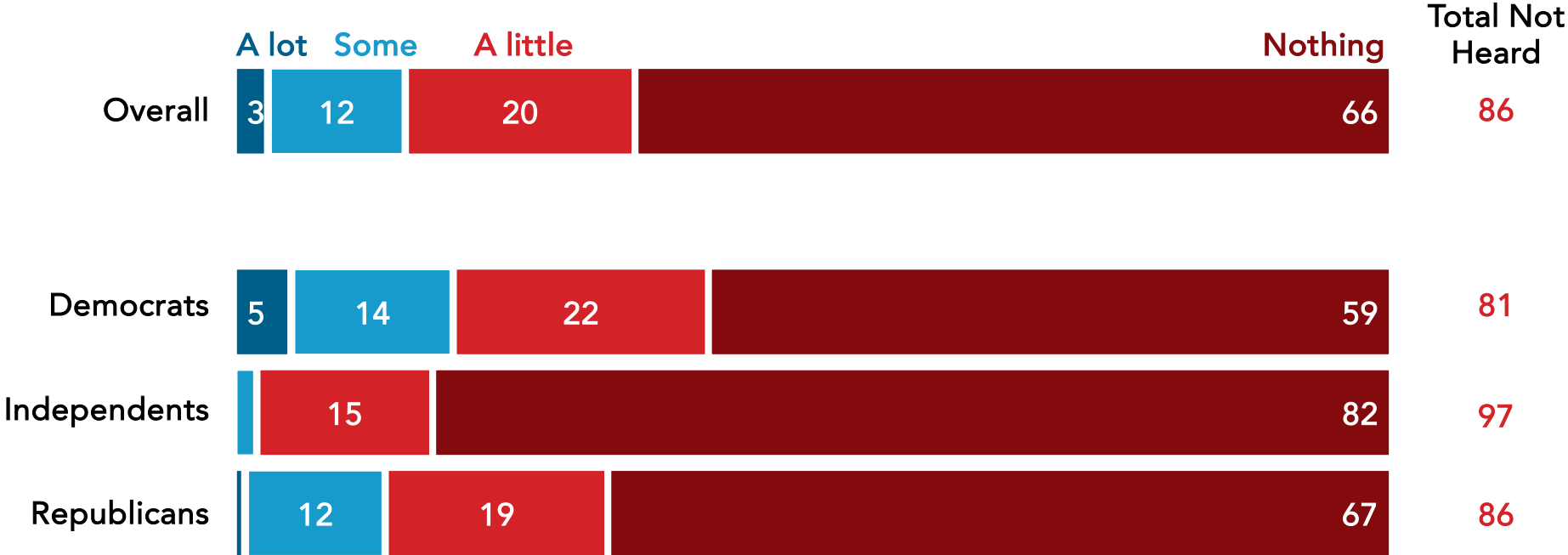


Credit: Drew Petrimoulx/Shutterstock

Few Have Heard About the Emergency Medical Treatment and Labor Act

EMTALA is essentially unknown; this lack of knowledge is especially prevalent among independents.

How much have you seen, read, or heard about the Emergency Medical Treatment and Labor Act, also known as EMTALA?

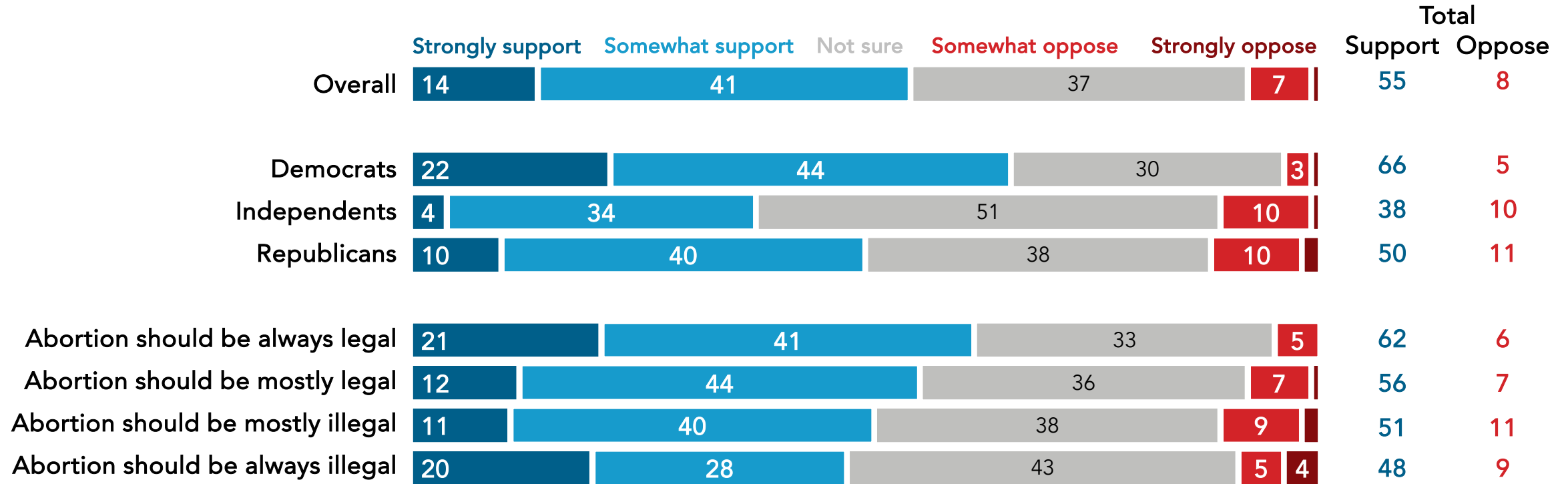


Battleground (Arizona, Florida, Montana, Nevada, Ohio, Texas, and Wisconsin) survey of 1,000 likely voters conducted April 9-April 15, 2024. For more info, visit navigatorresearch.org.

Most Instinctively Support the Emergency Medical Treatment and Labor Act Based on the Full Name Alone

While EMTALA's full name creates positivity, support is not widespread and intensity is shallow.

(Name Only Vote) Do you support or oppose maintaining the Emergency Medical Treatment and Labor Act as it currently stands? Even if you aren't familiar with EMTALA today, give your best guess based on the name.



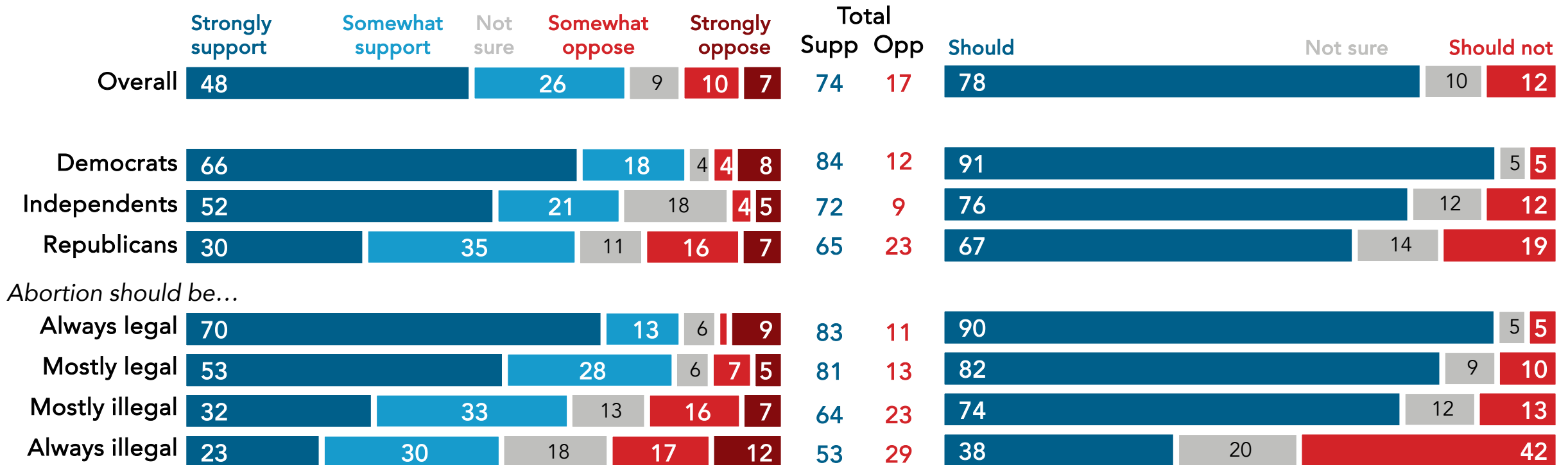
Battleground (Arizona, Florida, Montana, Nevada, Ohio, Texas, and Wisconsin) survey of 1,000 likely voters conducted April 9-April 15, 2024. For more info, visit navigatorresearch.org.

Support Grows With Context of the Supreme Court Case and Resulting Emergency Abortion Ban to Three in Four Supporting

A desire to guarantee lifesaving abortion care crosses party lines, with majorities across partisanship support the Act.

Knowing this*, do you support or oppose maintaining the Emergency Medical Treatment and Labor Act (EMTALA) as it currently stands?

Asked another way, do you believe states with abortion bans should or should not have to follow EMTALA as it currently stands?



*Full description in the question text: The Emergency Medical Treatment and Labor Act (EMTALA) is a nearly 40-year-old federal law that guarantees that in a medical emergency, emergency room patients receive the stabilizing medical care they need to survive. Historically, EMTALA has ensured that emergency room doctors can provide an abortion when necessary to protect the health of a patient who is in a medical emergency. Now, the Supreme Court is deciding a case that argues that states with abortion bans should not have to follow EMTALA law. If they rule that states with abortion bans do not have to follow EMTALA law, states that ban abortion would prevent doctors from providing patients an abortion, even in medical emergencies when the doctor knows it could save the patient's life.

Battleground (Arizona, Florida, Montana, Nevada, Ohio, Texas, and Wisconsin) survey of 1,000 likely voters conducted April 9-April 15, 2024. For more info, visit navigatorresearch.org.



Most Important Reasons To Maintain EMTALA Center on Guaranteeing Lifesaving Care

What it guarantees (ensures lifesaving care) is more important than its characteristics (the law's age, which hospitals it applies to, etc.)

Importance of EMTALA Components

Overall	Easy Target	Tough Target	Dem	Ind	GOP	
						% very important
82	98	86	92	80	75	This law guarantees that in a medical emergency, doctors can provide the care their patients need
82	98	90	94	80	72	This law guarantees that in a medical emergency, patients receive care they need to survive
81	98	77	87	74	78	This law requires that in a medical emergency, hospitals provide all patients with the stabilizing medical care they need
80	97	79	88	76	74	This law guarantees that in a medical emergency, doctors have every tool at their disposal to save their patients' life
75	97	80	90	72	63	This law guarantees a pregnant woman can receive an abortion if her life is threatened
70	88	67	81	61	64	Before this law, hospitals could "dump" patients in a medical emergency to other hospitals, sometimes over 100 miles away, without providing them any treatment
70	95	60	84	70	59	This law guarantees a pregnant woman can receive abortion care if a doctor believes it would save her life
65	85	65	77	68	53	Before this law, hospitals could refuse to treat patients in a medical emergency if they suspected they could not pay or didn't have insurance
58	79	54	72	63	45	It is a national law
57	78	56	70	54	48	This law applies to any Medicare-funded hospital
55	79	51	68	58	42	It is a federal law
43	59	44	51	51	33	It is a long-settled, 40-year-old law
41	54	40	53	37	32	This law has been in effect for decades
25	29	25	31	23	19	This law only applies to Medicare-funded hospitals

The law guarantees...

The law is...

*Easy targets strongly support EMTALA after they hear about the Supreme Court Case and its protections for emergency abortions. Tough targets support EMTALA after the same information, but not always strongly after hearing positive and negative arguments. Battleground (Arizona, Florida, Montana, Nevada, Ohio, Texas, and Wisconsin) survey of 1,000 likely voters conducted April 9-April 15, 2024. For more info, visit navigatorresearch.org.

EMTALA Supporters' Statements Full Text

[SPLIT B] [OATH OF CARE] Doctors become doctors because they want to help people and save lives. They are not politicians; they did not ask to be part of political fights: they take an oath to provide the best care, no matter what. If EMTALA protections disappear, it would have a chilling effect on doctors. Doctors will have to choose between their responsibility to treat their patient and following their oath, or risking the loss of their license or even jail time if the treatment of their patient breaks state law. This could lead to doctor shortages as doctors flee states because they cannot do their jobs. That is an impossible, and unfair, choice.

[SPLIT B] [BACKWARDS - W/O ABORTION] Before EMTALA was the law of the land, emergency rooms could "dump" patients they did not want to treat, for any reason, at other hospitals even those hundreds of miles away. Patients suffering from gunshot wounds would be turned away if they couldn't pay. Women in labor, or suffering a miscarriage, would be forced to get themselves to another hospital, sometimes dying in transit. If EMTALA is struck down, the next generation is going to have fewer rights and fewer protections than their parents. That's not right - that's going backwards.

[LAST LINE OF DEFENSE] Women all over the country are already feeling the impact and pain of abortion bans, with women being turned away from hospitals, unable to get the treatment they need. In Texas, one woman lost liters of blood and had to be kept alive on a breathing machine before doctors could legally intervene and help her. Now that the Supreme Court has overturned the right to abortion at the federal level, EMTALA is the last line of defense for women, ensuring that in a worst-case scenario with a medical emergency, they could get the care they need to save their lives.

[SPLIT A] [RESPONSIBILITY] Doctors become doctors because they want to help people and save lives. They are not politicians; they did not ask to get pulled into political fights. If EMTALA protections disappear, doctors will have to choose between their responsibility to treat their patient, or risking the loss of their license or even jail time if the treatment of their patient breaks state law. That is an impossible and unfair choice.

[SPLIT B] [DANGEROUS PRECEDENT] Eliminating EMTALA protections sets a dangerous precedent. Regardless of how anyone feels about abortion, politicians' personal beliefs should not decide how doctors treat their patients - especially patients facing medical emergencies. Some people don't believe in blood transfusions or organ transplants on religious grounds; other people don't believe addiction patients should be saved, believing their addiction is their own fault. We have to protect EMTALA to stop this dangerous slippery slope.

[SPLIT A] [BACKWARDS - W/ ABORTION] It wasn't so long ago that women had next to no control over their bodies: No right to an abortion, no birth control, and no access to life-saving care even in emergencies. Without EMTALA, emergency rooms could "dump" patients they did not want to treat, for any reason, at other hospitals, even those hundreds of miles away. Patients suffering from gunshot wounds would be turned away if they couldn't pay. Women in labor, or suffering a miscarriage, would be forced to get themselves to another hospital, sometimes dying in transit. With no federal protections for abortion rights anymore, and now with EMTALA at risk, the next generation is going to have fewer rights and fewer protections than their parents. That's not right - that's going backwards.

[CONTROL V. FREEDOM] Every family should have the freedom to make the private health care decisions that are best for them. But anti-abortion politicians are taking that freedom away, banning abortion, restricting access to birth control, and outlawing IVF. EMTALA is our backstop in the most tragic of situations. It ensures that families, together with their doctors, can make the health care decisions that are best for them in emergency situations. We must stand up for EMTALA to ensure our families - not government - have control over these personal medical decisions.

[SPLIT A] [GOP AGENDA] Anti-abortion Republicans have already restricted access to abortion in states across the country, outlawed IVF, and voted against access to birth control. Now these same anti-abortion politicians who want to control our lives are trying to deny women life-saving abortion care in medical emergencies. This is all part of the same dangerous agenda. We have to protect EMTALA before they are able to take away our freedom completely.

Convincing Arguments Also Focus On Ability To Provide And Receive Care

There is risk in bringing in partisanship too quickly, even with easy targets and Democrats.

EMTALA Supporters' Statements

Overall	Target		Dem.	Ind.	GOP	
	Easy	Tough <i>% extremely convincing</i>				
48	73	34	61	49	36	[OATH OF CARE]
47	74	33	60	52	35	[BACKWARDS W/O ABORTION]
47	76	33	65	47	30	[LAST LINE OF DEFENSE]
46	72	30	63	51	30	[RESPONSIBILITY]
45	74	34	62	51	29	[DANGEROUS PRECEDENT]
45	75	34	65	46	28	[BACKWARDS W/ ABORTION]
44	68	30	62	45	27	[CONTROL V. FREEDOM]
38	67	29	58	44	20	[GOP AGENDA]

*Easy targets strongly support EMTALA after we communicate about the Supreme Court Case and its protections for emergency abortions. Tough targets support EMTALA after the same information, but not always strongly.
 Battleground (Arizona, Florida, Montana, Nevada, Ohio, Texas, and Wisconsin) survey of 1,000 likely voters conducted April 9-April 15, 2024.
 For more info, visit navigatorresearch.org.



Patients Facing Dire Emergency Situations Being Denied Care is the Most Concerning Consequence of EMTALA Being Struck Down

Top EMTALA Consequences, ranked by % extremely concerning

Most concerning

A pregnant woman whose organs are shutting down due to a ruptured membrane could be denied care

Pregnant women would be denied care, even if they are suffering from an ectopic pregnancy that threatens both her life and future fertility

A woman who is miscarrying will be forced to sit on the exam table, bleeding out profusely while doctors wait for the fetal heartbeat to stop before treating her

That patients suffering from a medical emergency will be denied care because they can't pay

Middle concerning

That there is no longer a guarantee that my loved one or I will receive the best care as determined by a doctor if suffering a medical emergency

Americans could be denied lifesaving medical care depending on which states they are being treated in

Health care providers across the country would face prosecution and even jail time for providing emergency care their patients need

Government would have even more control over what health care you and your family can receive. States with abortion bans would even force doctors to deny patients care that they know could save the patient's life

Health care providers across the country would face an impossible choice: go to jail or risk their patients dying

That politicians will have ignored the experts, including the American Medical Association (AMA) and the American College of Obstetricians and Gynecologists (ACOG), who say withholding emergency abortion care could mean that "pregnant patients will suffer and potentially die, or experience life-long complications."

That women could experience delays to life-saving care, potentially causing long-term health implications, including future fertility

That hospitals, funded by taxpayer dollars, could take government money but still refuse to provide you or your loved ones care in an emergency

That turning away patients suffering from medical emergencies will mean the return of, "dumping," them at other hospitals

Least Concerning

Black, Hispanic, and people in rural areas already struggle to get the care they need. Women in these communities will face an even tougher time getting needed health care, making it harder for them to succeed

That anti-abortion extremists will use this case to fight for "personhood" for embryos in the future, paving the way to ban IVF and forms of birth control

That serious medical complications could lead women to miss work and lose their livelihood and ability to care for their families

That anti-abortion extremists will use this case to fight for "personhood" for embryos in the future, giving embryos more rights than a woman

*Easy targets strongly support EMTALA after we communicate about the Supreme Court Case and its protections for emergency abortions. Tough targets support EMTALA after the same information, but not always strongly.

Battleground (Arizona, Florida, Montana, Nevada, Ohio, Texas, and Wisconsin) survey of 1,000 likely voters conducted April 9-April 15, 2024.

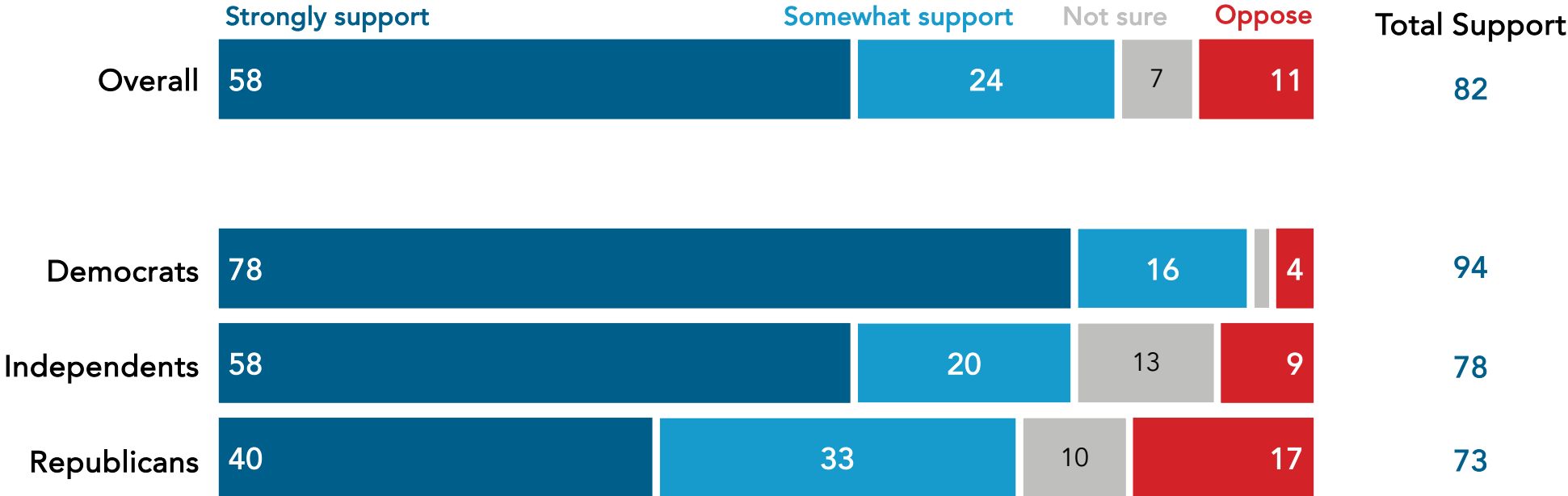
For more info, visit navigatorresearch.org.

navigator*

Following Messaging, Support for Maintaining the Emergency Medical Treatment and Labor Act Increases

Most support is locked in by hearing a basic explanation, but support intensifies and widens after supporters' statements.

EMTALA Support Post-Supporters' Statements



Battleground (Arizona, Florida, Montana, Nevada, Ohio, Texas, and Wisconsin) survey of 1,000 likely voters conducted April 9-April 15, 2024. For more info, visit navigatorresearch.org.

How to Describe EMTALA and Why it Should be Protected

Concise description

This is about lifesaving medical care.

This law* guarantees that, in an emergency, patients receive the lifesaving care they need, including abortion care.

Consequences of overturning

But if the Supreme Court strikes down this law...

- There is no guarantee that you or your loved one will receive the medical care you need in an emergency.
- And in fact, a pregnant woman whose organs are shutting down due to a ruptured membrane *will* be denied the abortion care she needs to live.
- Politicians will be in charge of whether women live or die.

Feel free to substitute other life-threatening, detailed, and vivid examples of pregnant women facing serious medical emergencies.

The most important piece, given people's limited attention spans, is the real-world and visceral consequences to patients. Where time, you can add that emergency abortion is part of a trend by pointing to how future generations will have fewer rights than their parents.

*While we strongly recommend steering clear of using the actual name, if needed for context, add the full version of the name, not the acronym.

Language to Use and Language to Lose

What <u>not</u> to say	What <u>to</u> say	Why?
Stabilizing care	Lifesaving care (emergency care is ok, but lifesaving is better)	Raises the stakes with clear risk of death, underscores that abortion care is health care. It also leaves little to no room for interpretation.
EMTALA	Lifesaving care protections (If you must use a legal name, say full name rather than acronym)	EMTALA is a meaningless acronym that conveys nothing. With only the full name of the law, people assume it is a good thing. HOWEVER, skipping any name and using our precious words to communicate what it does (guarantee lifesaving medical care) is even better when possible.
Could lead to/could save	Will, would, bans, requires, guarantees	The more certain the negative outcome is, the more powerful it is.
Over-explain, complicated policy discussions	Simple explanation with clear, direct, life-threatening consequences Ex: guarantees that, in an emergency, women receive the lifesaving abortion care necessary to save their life	The basics are all we need. Anything else distracts.
EMTALA is 40-year-old law, a national law	What the law guarantees, not its characteristics	Avoid "is" statements. These are superfluous details that distract from the powerful description that it guarantees patients receive the lifesaving care they need during an emergency.
Bans abortion the doctor believes is necessary to save the patient's life	Bans abortions that would save a patient's life	Takes the subjective out of it.

Language to Use and Language to Lose

Less important/effective	More important/effective	Why?
<p>Emphasizing bigger implications like:</p> <ul style="list-style-type: none"> • Slippery slope • “Paves the way for” style arguments • Women losing control over their bodies • Takes away freedom 	<p>Simple explanation with clear, direct, life-threatening consequences</p>	<p>Stretching consequences beyond the immediate or linking to the greater abortion/IVF/personhood debate is less necessary when the immediate consequences are so powerful.</p> <p>That does not mean we can’t talk about how this takes us backwards, but we should not do it at the expense of defining this lifesaving care ban clearly and succinctly.</p>
<p>Blame Republican/anti-abortion extremists (bringing in partisanship and demonizing the GOP)</p>	<p>Puts politicians in charge of whether women live or die</p>	<p>Partisan language doesn’t especially motivate Democrats and turns off non-Democrats. Instead, politicians are a foe across the spectrum and the focus is again on deadly consequences, understanding of course that at times putting Republicans on defense may make sense.</p>
<p>Access to care will depend on which state they are being treated in</p>	<p>Focus on the patient impact generally</p>	<p>The best arguments do not rest on fairness or unequal access, but rather the life-threatening medical consequences.</p> <p>Also, voters in states with the most restrictive abortion laws are no more concerned about being denied care than those in less restrictive states.</p>
<p>Hospitals funded by taxpayer money could refuse emergency care, applies only to Medicare funded hospitals</p>	<p>Focus on the patient impact</p>	<p>Money doesn’t matter if the patient is no longer with us because they couldn’t get emergency care.</p>

Consequences: Focus on Those That Are Direct, Life-Threatening, and Vivid

What <u>not</u> to cite	What <u>to</u> cite	Why?
Delaying care	Denying care	Brings certainty of a negative outcome (no care is worse than later care).
Less serious complications, like women miss work because they couldn't get emergency care	<p>Women will die, bleed out, lose fertility, organs shut down</p> <p>Examples with the threat to pregnant women (death, but there's more like such loss of fertility, organ damage, etc.)</p>	<p>Americans find extreme and medically descriptive consequences the most concerning. The threat of death trumps more mundane medical complications.</p> <p>It is easy for people to grasp the severity and risk of someone who is pregnant, and it raises the idea of abortion without even saying it.</p>
	<p>People suffering life-threatening emergencies...</p> <ul style="list-style-type: none"> would be turned away and dumped at other hospitals would be denied care because they can't pay 	While abortion is extremely powerful, people can also see a situation where they or a loved one might need emergency care that is not an abortion.
	You or your loved one would be denied lifesaving care in an emergency (without mentioning abortion)	Citing the abortion example among less friendly audiences won't be harmful, but it doesn't help as much as a non-abortion version with those groups.

Doctors as Messengers

Both patients and doctors can be good messengers.

But, when doctors do talk, them discussing the impact of striking down EMTALA *on patients* is more effective than talking about impact *on doctors themselves*.

What doctors should talk about:

- The terrible consequences of women being denied emergency abortion care – how these are life and death situations
- Examples from their own patients or experiences of what can go wrong and why access to lifesaving abortion care is critical

What doctors should talk less about and watch out for:

- The personal impact to doctors/themselves (there may be some room to talk about how doctors can't do their jobs but ultimately the more time we spend talking about doctors, the less people hear about the impact on them as patients)
- Implying doctors make subjective decisions about whether an emergency is life-threatening

To the extent doctors do talk about themselves:

- Remind people you took an oath to provide the best care, no matter what.
- Obviously, what constitutes an emergency is subjective to some extent. But we don't need to relay nuance here. Be clear, these are life or death situations and politicians are trying to make it impossible for patients to get the care they need to survive.

navigator*

About Navigator

In a world where the news cycle is the length of a tweet, our leaders often lack the real-time public-sentiment analysis to shape the best approaches to talking about the issues that matter the most. Navigator is designed to act as a consistent, flexible, responsive tool to inform policy debates by conducting research and reliable guidance to inform allies, elected leaders, and the press. Navigator is a project led by pollsters from Global Strategy Group and GBAO along with an advisory committee, including: Jessica Floyd, The Hub Project; Christina Reynolds, EMILY's List; Mike Podhorzer, AFL-CIO; Jesse Ferguson, progressive strategist; Navin Nayak, Center for American Progress Action Fund; Stephanie Valencia, EquisLabs; and Melanie Newman, Planned Parenthood Action Fund.

About the Study

Global Strategy Group conducted public opinion surveys among a sample of 1,000 likely 2024 general election voters in battleground states (Arizona, Florida, Montana, Nevada, Ohio, Texas, and Wisconsin) from April 9-15, 2024. The survey was conducted using a mix of phone and text-to-web. Care has been taken to ensure the geographic, political, and demographic divisions of the population of likely voters are properly represented.

For Press inquiries contact:

press@navigatorresearch.org

**To learn more about
Navigator:**

<http://navigatorresearch.org>

@NavigatorSurvey on Twitter