



Mark Sanford
Governor

Adrienne Riggins Youmans
Director

South Carolina
Department of Labor, Licensing and Regulation

Board of Medical Examiners



110 Centerview Drive
Post Office Box 11289
Columbia, SC 29211-1289
Phone: (803) 896-4500
FAX: (803) 896-4515
www.llr.state.sc.us

This Policy was approved at the February 6-8, 2006 Medical Board meeting.

POLICY ON EMERGENCY CARE AND ON-CALL PHYSICIANS

The Board understands, based on EMTALA and CMS regulations, that federal law requires hospitals to provide on-call *physicians* in appropriate specialties.¹ Therefore, it is clear that a hospital may not allow a midlevel provider to take call *instead* of a physician. The Board recognizes that circumstances exist in which a physician extender may be the appropriate practitioner to respond to a call from an emergency department that is providing screening or stabilization mandated by EMTALA. However, any decision as to whether to respond in person or direct the physician extender to respond should be made by the responsible on-call specialist, based on the patient's medical needs and the capabilities of the hospital, and would, of course, be appropriate only if it is consistent with applicable State scope of practice laws and hospital bylaws, rules, and regulations.²

The decision of who to speak to by phone or who must present to the emergency department must be left to the emergency physician or other medical staff member requiring the services of the on-call specialists. The Board believes any disagreement between the two (emergency physician and the on-call specialist) regarding the need for an on-call physician to come to the hospital and examine the patient must be resolved by deferring to the medical judgment of the emergency physician or other practitioner who has personally examined the patient and is currently treating the patient.³

The on-call specialist must respond to a page by calling the emergency department and discussing the medical needs of the patient with the emergency physician. After discussing the patient's medical needs, the on-call specialist can then make a proper decision on whether to come to the emergency department personally or to send the physician extender.

For routine admissions or follow-up care, the emergency physician can contact the midlevel provider to arrange the necessary services. However, for true emergencies or other instances where the emergency physician wants phone consultation from the on-call specialist directly, or needs the specialist to come to the emergency department to evaluate and treat the patient, the emergency physician must be able to contact the specialist directly. The choice of which on-call specialist to contact and which one must come to the emergency department must always rest with the physician examining the patient in the emergency department.

¹ 42 USC 1395cc(a)(1)(I)(iii); 42 CFR 489.20(r)(2)

² 68 Federal Register 53256 (2003)

³ 68 Federal Register 53255 (2003)