Per Curiam



# SUPREME COURT OF THE UNITED STATES

No. 97–53

JANE M. ROBERTS, GUARDIAN FOR WANDA Y. JOHNSON, PETITIONER *v.* GALEN OF VIRGINIA, INC., FORMERLY DBA HUMANA HOSPITAL-UNIVERSITY OF LOUISVILLE, DBA UNIVERSITY OF LOUISVILLE HOSPITAL

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

[January 13, 1999]

PER CURIAM.

The Emergency Medical Treatment and Active Labor Act, as added by §9121(b) of the Consolidated Omnibus Budget Reconciliation Act of 1985, 100 Stat. 164, and as amended, 42 U. S. C. §1395dd, (EMTALA), places obligations of screening and stabilization upon hospitals and emergency rooms who receive patients suffering from an "emergency medical condition." The Court of Appeals held that in order to recover in a suit alleging a violation of §1395dd(b), a plaintiff must prove that the hospital acted with an improper motive in failing to stabilize her. Finding no support for such a requirement in the text of the statute, we reverse.

Section 1395dd(a) imposes a "[m]edical screening requirement" upon hospitals with emergency departments: "[I]f any individual . . . comes to the emergency department and a request is made on the individual's behalf for examination or treatment for a medical condition, the hospital must provide for an appropriate medical screen-

ing examination within the capability of the hospital's emergency department." 42 U. S. C. §1395dd(a). Section 1395dd(b), entitled "Necessary stabilizing treatment for emergency medical conditions and labor," provides in relevant part as follows:

> "(1) In general
>
> If any individual (whether or not eligible for benefits under this subchapter) comes to a hospital and the hospital determines that the individual has an emergency medical condition, the hospital must provide either–
>
> "(A) within the staff and facilities available at the hospital, for such further medical examination and such treatment as may be required to stabilize the medical condition, or
>
> "(B) for transfer of the individual to another medical facility in accordance with subsection (c) of this section. . . ."

Section 1395dd(c) generally restricts transfers of unstabilized patients, and §1395dd(d) authorizes both civil fines and a private cause of action for violations of the statute.

Petitioner Wanda Johnson was run over by a truck in May 1992, and was rushed to respondent's hospital, The Humana Hospital-University of Louisville, in Louisville, Kentucky (Humana). Johnson had been severely injured and had suffered serious injuries to her brain, spine, right leg, and pelvis. After about six weeks' stay at Humana, during which time Johnson's health remained in a volatile state, respondent's agents arranged for her transfer to the Crestview Health Care Facility, across the river in Indiana. Johnson was transferred to Crestview on July 24, 1992, but upon arrival at that facility, her condition deteriorated significantly. Johnson was taken to the Midwest Medical Center, also in Indiana, where she remained for many months and incurred substantial medical expenses

as a result of her deterioration. Johnson applied for financial assistance under Indiana's Medicaid program, but her application was rejected on the grounds that she had failed to satisfy Indiana's residency requirements. Plaintiff Jane Roberts, Johnson's guardian, then filed this federal action under §1395dd(d) of EMTALA, alleging violations of §1395dd(b) of the Act.

The District Court granted summary judgment for respondents on the grounds that the plaintiffs had failed to show that "'either the medical opinion that Johnson was stable or the decision to authorize her transfer was caused by an improper motive.'" The Court of Appeals affirmed, holding that in order to state a claim in an EMTALA suit alleging a violation of §1395dd(b)'s stabilization requirement, a plaintiff must show that the hospital's inappropriate stabilization resulted from an improper motive such as one involving the indigency, race, or sex of the patient. 111 F. 3d 405, 411 (CA6 1997). In order to decide whether subsection (b) of EMTALA imposes such a requirement, we granted certiorari, 524 U. S. ___ (1998), and now reverse.

The Court of Appeals' holding– that proof of improper motive was necessary for recovery under §1395dd(b)'s stabilization requirement– extended earlier Circuit precedent deciding that the "appropriate medical screening" duty under §1395dd(a) also required proof of an improper motive. See *Cleland* v. *Bronson Health Care Group, Inc.*, 917 F. 2d 266 (CA6 1990). The Court of Appeals in *Cleland* was concerned that Congress' use of the word "appropriate" in §1395dd(a) might be interpreted incorrectly to permit federal liability under EMTALA for any violation covered by state malpractice law. *Id.*, at 271. Accordingly, rather than interpret EMTALA so as to cover "at a minimum, the full panoply of state malpractice law, and at a maximum, . . . a guarantee of a successful result" in medical treatment, *ibid.*, the Court of Appeals read

§1395dd(a)'s "appropriate medical screening" duty as requiring a plaintiff to show an improper reason why he or she received "less than standard attention [upon arrival] . . . at the emergency room." *Id.*, at 272.

Unlike the provision of EMTALA at issue in *Cleland*, §1395dd(a), the provision at issue in this case, §1395dd(b), contains no requirement of appropriateness. Subsection (b)(1)(A) of EMTALA requires instead the provision of "such further medical examination and such treatment as may be required to stabilize the medical condition." 42 U. S. C. §1395dd(b)(1)(A). The question of the correctness of the *Cleland* Court's reading of §1395dd(a)'s "appropriate medical screening" requirement is not before us, and we express no opinion on it here.[1] But there is no question that the text of §1395dd(b) does not require an "appropriate" stabilization, nor can it reasonably be read to require an improper motive. This fact is conceded by the respondent, which notes in its brief that "the 'motive' test adopted by the court below . . . lacks support in any of the traditional sources of statutory construction." Brief for Respondent 17. Although the concession of a point on appeal by the respondent is by no means dispositive of a legal issue, we take it as further indication of the correctness of our decision today, and hold that §1395dd(b) contains no express or implied "improper motive" requirement.

Although respondent presents two alternative grounds

---

[1]We note, however, that *Cleland*'s interpretation of subsection (a) of EMTALA is in conflict with the law of other circuits which do not read subsection (a) as imposing an improper motive requirement. See *Summers* v. *Baptist Med Ctr. Arkadelphia*, 91 F. 3d 1132, 1137–38 (CA8 1996) (en banc); *Correa* v. *Hospital San Francisco*, 69 F. 3d 1184, 1193–94 (CA1 1995); *Repp* v. *Anadarko Mun. Hosp.*, 43 F. 3d 519, 522 (CA10 1994); *Power* v. *Arlington Hosp. Ass'n*, 42 F. 3d 851, 857 (CA4 1994); *Gatewood* v. *Washington Healthcare Corp.*, 933 F. 2d 1037, 1041 (CADC 1991).

for the affirmance of the decision below,[2] we decline to address these claims at this stage in the litigation. The Court granted certiorari on only the EMTALA issue, and these claims do not appear to have been sufficiently developed below for us to assess them in any event. Accordingly, we reverse the Court of Appeals' holding that the District Court's grant of summary judgment was proper, and remand the case for further proceedings consistent with this opinion.

*It is so ordered.*

---

[2] Respondents argue that the record demonstrates that did not have actual knowledge of the patient's condition, and that the hospital properly screened Johnson, which terminated its duty under EMTALA. We express no opinion as to the factual correctness or legal dispositiveness of these claims, and leave their resolution to the courts below on remand.