

Blog Post

Idaho's Defense of Life Act and EMTALA: For Now, A Federal Court Permits an Idaho Health System To Stabilize Pregnant Patients Even If the Care Endangers a Fetus

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An Idaho federal court has resolved the tension between that state's restrictive abortion law and the federal Emergency Medical Treatment & Labor Act (EMTALA) in favor of a hospital system's obligation to stabilize pregnant patients even if that care includes terminating a pregnancy, at least temporarily.

In March 2020, the Idaho legislature passed the Defense of Life Act (the Act), [1] a restrictive anti-abortion law that criminalizes the provision of abortions in Idaho unless the procedure is necessary to save a pregnant woman's life. The Act, passed prior to the Supreme Court's 2022 decision in *Dobbs v. Jackson Women's Health Organization* (*Dobbs*), became effective immediately after that decision overturned *Roe v. Wade*. Along with similar laws in at least six other states, [2] the Act presents material challenges to medical practitioners. How sick must an expecting mother be to qualify for the "life-saving" exception? And what legal guidance is available to medical practitioners to know whether care that the physicians render to pregnant patients

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to preserve their essential life functions might result in legal risk from zealous prosecutors?

Contrasting the restrictions of the Act, EMTALA [3] applies to hospitals with an emergency department that participate in the federal Medicare program. The law is meant to stop patient dumping, a practice whereby some hospitals would deny treatment to extremely ill patients based on factors such as the patient's ability to pay and the anticipated cost of treatment. At a minimum, EMTALA requires covered hospitals to (1) perform a medical screening examination of a patient to determine whether an emergency medical condition exists and (2) provide the necessary medical treatment "to stabilize" the patient. In turn, "to stabilize" means providing treatment to ensure that a patient's emergency medical condition will not materially deteriorate upon transfer or discharge. [4] If the hospital lacks the requisite resources to stabilize the patient, EMTALA requires the appropriate transfer of the patient to another hospital with the necessary resources.

Here's the tension (which we've previously highlighted and analyzed in the wake of the *Dobbs* decision): what happens if an expecting mother appears at a hospital emergency room in Idaho with an extremely dangerous (but perhaps not immediately life-threatening) condition, the treatment of which would jeopardize a pregnancy? The Act precludes treatment. EMTALA requires it.

Last week, a Federal District Court in Idaho preliminarily answered this question. [5] The court found that EMTALA preempts Idaho's state law if an abortion is necessary to prevent serious harm to a pregnant patient (such as, for example, stroke, infertility, kidney failure, and other life-altering impairments). In so finding, the District Court recognized the impossibility of complying both with Idaho's restrictive anti-abortion law, which criminalized abortions unless the death of the expecting mother is imminent, and the mandate "to

stabilize” patients embedded in EMTALA. At most, hospitals in Idaho had the option of transferring an unstable patient across state lines to secure the stabilizing care that EMTALA required in the first instance. But the court found that transferring medically unstable patients — the best alternative offered by the State at oral argument — was inconsistent with the fundamental care that EMTALA necessitates.

Ultimately, there are four takeaways from this case:

1. The order is limited in scope. The order prohibits the Idaho Attorney General from criminally prosecuting or attempting to suspend or revoke the professional licenses of the plaintiff, St. Luke’s Health System, or any of its physicians due to medical care provided to expecting mothers that meet EMTALA’s requirements.
2. The order is limited in duration. The District Court’s injunction will only last until final judgment is entered in the case; however, one of the factors the court analyzed in rendering this decision was the hospital’s likelihood of success on the merits. The fact that the court granted this injunction suggests that it is more likely than not that St. Luke’s Health System will prevail in its broader case.
3. This decision increases the likelihood of future challenges to the Act by other in-state hospitals with emergency rooms. [6] Despite its limitations, this order provides legal support for other Idaho hospitals in the same situation.
4. Facts matter. As St. Luke’s Health System provided here, if you plan to challenge the intersection of a state abortion law and EMTALA, it is critical to have testimony (through affidavits or otherwise) that detail with precision examples of specific patient harm.

Critically, hospitals with emergency rooms that accept Medicare (again, most do) located in states with significant restrictions on abortion should

strongly consider incorporating clear standards for addressing the emergency medical needs of their pregnant patient population into their compliance programs. These are patients who may require treatment that conflicts with state law. Akerman has a team of healthcare regulatory and litigation attorneys prepared to help medical providers navigate these and other complicated questions.

[1] Idaho Code § 18-622.

[2] Arkansas, Idaho, Mississippi, Oklahoma, South Dakota, and Texas do *not* include an exception for preserving health, meaning that an abortion cannot be performed unless the mother's life is in peril. In contrast with the Idaho District Court's decision here, the Fifth Circuit has ruled that EMTALA is not in conflict with and therefore does *not* preempt the Texas Human Life Protection Act because EMTALA does not explicitly require hospitals to provide an abortion as part of stabilizing treatment. The U.S. Supreme Court denied a Writ of Certiorari to review the Fifth Circuit's decision. *Texas v. Becerra*, 89 F.4th 529, 546 (5th Cir. 2024), *cert. denied*, 145 S. Ct. 139 (2024).

[3] 42 U.S.C. § 1395dd.

[4] 42 U.S.C. § 1395dd(e)(3)(A).

[5] *St. Luke's Health Sys., Ltd. v. Labrador*, No. 1:25-cv-00015-BLW, (D. Idaho Mar. 20, 2025). In August 2022, the Biden administration challenged the Act. Since that time, the Act has been at various points been enjoined, un-enjoined, and then re-enjoined. Most recently, in early March 2025, the Trump administration dropped the federal government's efforts to challenge the Act.

[6] St. Luke's Health System operates 8 of the 39 hospitals in Idaho subject to EMTALA and has delivered approximately 40% of babies born in Idaho in recent years. *St. Luke's Health Sys., Ltd. v.*

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