Congress of the United States

Washington, DC 20515

December 18, 2025

Juliet Hodgkins
Acting Inspector General
U.S. Department of Health and Human Services
Office of Inspector General
330 Independence Avenue, SW
Washington, D.C. 20201

Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Inspector General Hodgkins and Administrator Oz,

We are writing to you with deep concern and urgency regarding two profoundly troubling incidents that recently gained national attention. In both cases, two Black mothers in active labor were denied timely care at the hospital[1]. As chairs of the Bipartisan Maternity Care Caucus and the Congressional Mamas' Caucus, we demand a thorough investigation to determine whether those hospitals violated federal law, thereby putting these mothers and their infants at risk.

In a widely circulated video, Texas resident Karrie Jones was seen in visible distress in a wheelchair while in a waiting area of Dallas Regional Medical Center in Mesquite, TX. Despite being in active labor, she waited without medical care for more than 30 minutes, only to deliver her baby minutes after being admitted.[2] In addition to the emotional and physical pain she was forced to endure in the waiting room, she and her baby underwent additional tests after delivery as her son had a bowel movement during labor, signaling potential stress that can result in serious health complications for the baby.[3]

Less than a week later, Illinois resident Mercedes Wells sought care at Franciscan Health in Crown Point, Indiana, where she was left waiting for six hours in the hospital, without being

[1] Essamuah, Zinhle, and Alicia Victoria Lozano. "Black Mothers in Texas and Indiana Say Hospital Staff Ignored Cries for Care While They Were in Labor." NBCNews.com, November 21, 2025.
[2] Vega, Ashley. "Nurse No Longer Employed at Hospital after Texas Mom in Agonizing Labor Is Left in Waiting Room in Viral Video." People.com, December 4, 2025.
[3] "Meconium Aspiration Syndrome: MedlinePlus Medical Encyclopedia." MedlinePlus. Accessed December 9, 2025.

seen by a doctor.[4] According to Wells, her contractions were about 10 minutes apart upon arrival and continued to get more regular and frequent during her visit. Despite this, the nurse informed her that she hadn't medically progressed, and she was being discharged from the hospital, without being examined by a doctor. Just eight minutes into her drive home with her husband, she gave birth to her daughter on the side of the road.[5] With no help from medical professionals, her daughter was born healthy despite these stressful conditions, but her baby is now experiencing seizures.

These two cases highlight not only individual failures, but systemic problems in maternal health within the United States health care system. These failures often disproportionately affect Black mothers and undermine the trust and safety of our entire healthcare system. Black women are three times more likely to die from a pregnancy-related cause than white women.[6] Black women are also more likely to experience life-threatening prenatal conditions as well as increased incidences of other pregnancy-related complications like preterm birth.[7] The cases of Karrie Jones and Mercedes Wells are symptomatic of a broken standard of care that has impacted the livelihoods of Black women for too long.

Congress passed the Emergency Medical Treatment and Labor Act (EMTALA) in 1986, which requires Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor. Hospitals must then provide stabilizing treatment for all patients with EMCs, regardless of their circumstances.[8]

42 U.S.C. 1395dd outlines the duty of hospitals to provide "medical examination and such treatment as may be required to stabilize the medical condition" or transfer the individual to another medical facility. Furthermore, in subsection (e)(1)(B), an emergency medical condition with respect to a pregnant woman who is having contractions means "(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.[9]

We are aware that the Department of Health and Human Services (HHS) reaffirmed their commitment to EMTALA in June 2025, stating that "EMTALA continues to be the law of the land, and HHS commits to both expeditious review of complaints filed and appropriate and

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[4] Zaru, Deena, and Sabina Ghebremedhin. "Couple Calls for Accountability after Alleging Mom Was Discharged from Hospital While in Labor." ABC News, November 19, 2025.
[5] Cauguiran, Cate. "Mom Gives Birth on Side of Road after Being Discharged from NW Ind. Hospital in Active Labor: Family." ABC7 Chicago, November 18, 2025.
[6] "Working Together to Reduce Black Maternal Mortality." Centers for Disease Control and Prevention, April 8, 2024.
[7] Winny, Annalies. "Solving the Black Maternal Health Crisis." Johns Hopkins Bloomberg School of Public Health, May 12, 2023.
[8] "Emergency Medical Treatment & Labor Act (EMTALA)." CMS.gov, December 6, 2024.
[9] "42 U.S. Code § 1395DD - Examination and Treatment for Emergency Medical Conditions and Women in Labor." Legal Information Institute.

timely action if violations are found, to ensure that pregnant women facing emergency medical conditions have access to stabilizing care."[10]

Additionally, in November 2024, Centers for Medicare and Medicaid Services (CMS) strengthened Conditions of Participation (CoP) requirements focused on obstetrical services.[11] These cases may implicate violations of the CoP related to timely triage, continuous access to labor and delivery services, and care without discrimination.

Therefore, we are requesting that the HHS Office of Inspector General (OIG) launch a formal investigation into both hospitals, Franciscan Health in Crown Point, IN and Dallas Regional Medical Center in Mesquite, TX, involved in these incidents to determine:

- If violations of EMTALA occurred, including failures to screen, failures to stabilize, failures to be seen by qualified medical personnel (QMP), and inappropriate discharge of patients in active labor.

- If violations of CMS CoPs for hospitals occurred, particularly those governing obstetric services, emergency care, staffing, triage procedures, and nondiscriminatory treatment.

Furthermore, we are urging CMS, in partnership with OIG, to conduct a nationwide, retroactive review of maternity-care denials, inappropriate discharges, and delays at all Medicare-participating hospitals over the past 24 months. This review should include incidents where pregnant patients were:

- Denied care at triage
- Forced to wait beyond the average time patients spend in the emergency department before evaluation
- Discharged despite reporting contractions, ruptured membranes, or severe pain
- Unable to see a physician despite requesting evaluation, or
- Sent home only to give birth outside hospital facilities

The national findings should include aggregate data from all states and territories, systemic patterns of delays, denials, and unsafe discharges, reports of maternal and neonatal outcomes for each instance, and attention to the race and ethnicity of each patient. We are requesting this data by January 30th, 2026.

These cases are not isolated failures; they are part of the ongoing warnings of the Black maternal health crisis, heightened by funding cuts for maternal health and equity. Federal protections like EMTALA mean little without enforcement, transparency, and accountability.

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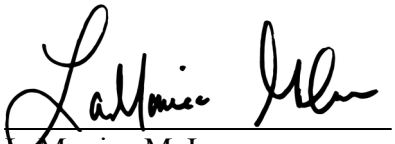
[10] Kennedy, Robert F. Letter from The Secretary of Health and Human Services, June 13, 2025.
[11] "CMS Announces New Policies to Reduce Maternal Mortality, Increase Access to Care, and Advance Health Equity." CMS.gov, November 1, 2024.

We are committed to ensuring that federal protections are upheld for all patients, regardless of their race or background, and urge you to act swiftly as the safety and health of women and families are in danger. We look forward to your timely reply.

Sincerely,

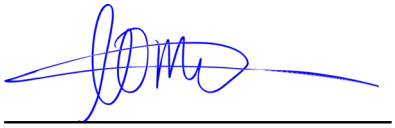
Rashida Tlaib
Member of Congress

Robin L. Kelly
Member of Congress

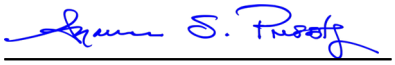


LaMonica McIver
Member of Congress

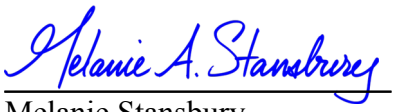
Bonnie Watson Coleman
Member of Congress



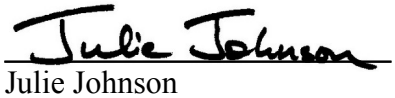
Ilhan Omar
Member of Congress



Ayanna Pressley
Member of Congress

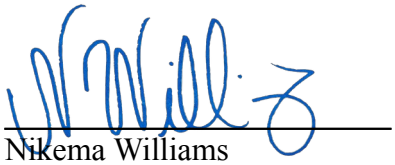


Melanie Stansbury
Member of Congress



Julie Johnson
Member of Congress

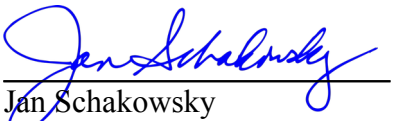
Maxwell Alejandro Frost
Member of Congress



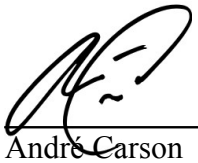
Nikema Williams
Member of Congress

Summer L. Lee
Member of Congress

Yvette D. Clarke
Member of Congress



Jan Schakowsky
Member of Congress



André Carson
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Jasmine Crockett
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Jill Tokuda
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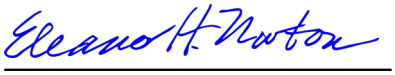
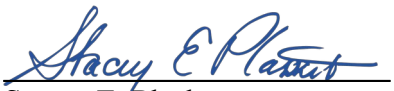
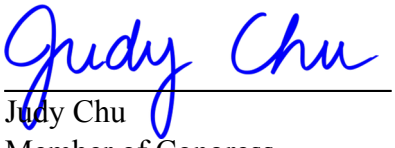
Shontel M. Brown
Member of Congress



Eleanor Holmes Norton
Member of Congress



Stacey E. Plaskett
Member of Congress



Judy Chu
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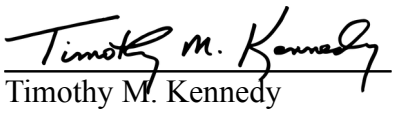
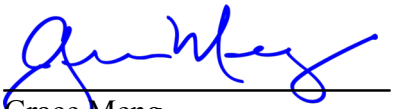
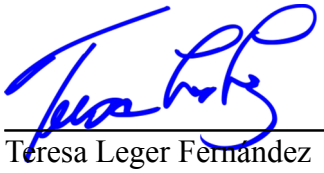
Sydney Kamlager-Dove
Member of Congress



Timothy M. Kennedy
Member of Congress



Grace Meng
Member of Congress



Teresa Leger Fernández
Member of Congress

Alexandria Ocasio-Cortez
Member of Congress

Veronica Escobar
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Andrea Salinas
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Joyce Beatty
Member of Congress

Delia C. Ramirez
Member of Congress

Lateefah Simon
Member of Congress

Bennie G. Thompson
Member of Congress

Gwen S. Moore
Member of Congress

Sara Jacobs
Member of Congress

cc: Robert F. Kennedy Jr., Secretary
Department of Health and Human Services