

2nd Circuit

CASE	Y	RESULT	Plaintiff	Defendant	FACTS	HOLDING	REASONING
<i>Corcoran v. New York Power Authority</i> , 202 F.3d 530 (N.Y.)	1999	? prevails	Executrix of deceased worker.	Former employer and New York Power Authority (NYPA)	Seeking damages for worker's injuries and wrongful death from radiation.	(1) Plaintiff failed to file timely notice of claim against NYPA, and (2) claims against employer for battery and fraud were time-barred.	
<i>Hardy v. New York City Health & Hosp. Corp.</i> , 164 F.3d 789 (N.Y.)	1999	? prevails	Executrix of deceased worker. Female patient.	Hospital's parent corp.	Patient brought in by EMS w/ nausea, vomiting. After meds discharged w/ injuries for follow up daily, suffered stroke the next day.	? 's claim dismissed because she failed to comply with NY state reg. To file notice within 90 days of occurrence of claim—found that reg did not conflict with EMTALA.	
<i>Owens v. Bellevue Hosp. Center</i> , 101 F.3d 109 (NY)	1996	? prevails	Male patient.	Hospital, NYC Health and Hospitals Corp, state	? alleged deficient medical treatment	Med mal allegations or failure to provide treatment not sufficient to support EMTALA claim	EMTALA is not a federal remedy for med mal.
<i>Owens v. Presbyterian Hosp. in City of New York</i> , 101 F.3d 682 (NY)	1995	? prevails	Male patient.	Hospital and physician.	? presented to ER, examined, xrays negative, returned to ER and discharged 3 times, 5 yrs later xrays showed fracture	? 's action time -barred by the EMTALA SOL.	EMTALA's Statute of Limitations is 2 years.
<i>Reynolds v. Mercy Hosp.</i> , 861 F.Supp. 214, 30 Fed.R.Serv.3d 1269, W.D.N.Y.	1994	? prevails	Personal representative of male patient	Hospitals and treating physicians.	Patient admitted for medical procedure; complained of pain, transferred for post-op care, died	No private cause of action against physicians under EMTALA; no EMTALA action where patient not admitted in emergent medical condition; court may decline to exercise pendent jurisdiction	Fact that patitent directly admitted to hospital and not through ER does not require dismissal of EMTALA claim; here patient admitted in emergent medical condition but was stabilized prior to transfer
<i>Ballachino v. Anders</i> , 811 F.Supp. 121, 61 USLW 2532, W.D.N.Y.	1993	? prevails	Patient's survivor and representative	Hospitals and physicians	Patient presented to ER with chest pain and episodes of loss of consciousness; ? alleged failure to screen and stabilize	No private action against physicians under EMTALA; ? 's compla int stated claim against hospital	Need not allege indigence of patient; EMTALA extends to all individuals
<i>Carodenuto v. New York City Health & Hospitals Corp.</i>	1992	? prevails	Female ? .	Hospital and physicians	? mugged, presented to ER, discharged, returned to ER with complaints, fell into coma, now brain damaged.	Need not allege economic motive in denial of treatment or stabilization, no EMTALA cause of action against physicians, absolute liability cause of action under EMTALA; genuine issues of fact precluded summary judgment here; "appropriate medical screening" depends on whether	Mere misdiagnosis is med mal; stabilization required if patient has emergent medical condition even if undiagnosed; here facts disputed whether patient had emergent medical conditions.

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						hospital conformed to standard screening procedures	
<i>DiGicomo v. St. Joseph's Hosp. and Health Center</i>	1992	? prevails	Estate and spouse of male decedent.	Hospital	Not specified.	Estate cannot recover under EMTALA.	EMTALA limited to where injury is direct result of noncompliance with statute; legislative interest in EMTALA not affected where decedent not denied treatment and transferred for economic reasons
<i>Verhagen v. Olarte</i> , 1989 WL 146265 S.D.N.Y.	1989	? prevails	Female patient.	Hospital and physician	Patient treated at clinic, alleges racial and religious discrimination.	Complaint vague and conclusory.	Federal private claim against physician excluded under EMTALA.