

Amendment to SB 613

1 Amend the title of the bill by replacing it with the following:

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3 AN ACT relative to licensing requirements for health care facilities established within a 15  
4 mile radius of a critical access hospital and relative to transfers from freestanding  
5 hospital emergency facilities.  
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7 Amend the bill by replacing section 1 with the following:

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9 1 Title. Sections 1 and 2 of this act shall be known as the "Rural Health Care System  
10 Stabilization Act".  
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11

12 Amend the bill by replacing all after the section 2 with the following:

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14 3 Purpose. The purpose of section 4 of this act is to protect patient safety and continuity of care  
15 by ensuring that transfers from freestanding hospital emergency facilities are based on clinical  
16 appropriateness, patient needs, and regional access to hospital services. Section 4 of this act further  
17 seeks to prevent practices that may undermine community hospitals through coercive or exclusive  
18 transfer arrangements that are not clinically justified.

19 4 New Subdivision; Transfers from Freestanding Hospital Emergency Facilities. Amend RSA  
20 151 by inserting after section 53 the following new subdivision:

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Transfers from Freestanding Hospital Emergency Facilities

22

151:54 Definitions. In this subdivision:

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I. "Freestanding hospital emergency facility" or "FHEF" means a facility licensed under this  
24 chapter that is geographically separate from an acute care hospital and provides emergency medical  
25 services on behalf of, or in affiliation with, a parent hospital.

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II. "Parent hospital" means an acute care hospital that owns, controls, or operates a  
27 freestanding hospital emergency facility, directly or indirectly.

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III. "Clinically appropriate" means consistent with the judgment of the treating physician,  
29 the patient's medical condition, and applicable regional emergency medical services protocols.

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IV. "Transfer" means the movement of a patient from a freestanding hospital emergency  
31 facility to another licensed hospital or health care facility for the purpose of providing continued  
32 medical care, and shall not include discharge to home or referral for non-emergent outpatient  
33 services.

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1 V. "Medically necessary" means determined by the treating physician or qualified  
2 practitioner to be required to prevent or address a material deterioration of the patient's medical  
3 condition, consistent with applicable standards of care.

4 151:55 Transfer Standards.

5 I. When a transfer from a freestanding hospital emergency facility to an acute care hospital  
6 is medically necessary, the facility shall ensure that transfer decisions are based primarily on  
7 clinical appropriateness, patient safety, continuity of care, and patient choice.

8 II. A patient, or the patient's legal representative when applicable, shall be informed of  
9 available receiving hospitals that are clinically appropriate and reasonably available, provided that  
10 such discussion does not delay screening, stabilization, or transfer required under federal law.

11 III. No freestanding hospital emergency facility shall require or condition treatment,  
12 stabilization, or transfer upon selection of a receiving hospital based primarily on ownership or  
13 affiliation.

14 IV. If a patient is unable to participate in the selection of a receiving hospital, the facility  
15 shall arrange transfer to an appropriate hospital consistent with:

- 16 (a) RSA 153-A:1 and RSA 151:19, VII;  
17 (b) State-designated trauma, stroke, or specialty care systems;  
18 (c) Federal and state law governing emergency medical treatment and transfer; and  
19 (d) The patient's medical condition and safety.

20 151:56 Prohibited Practices.

21 I. No freestanding hospital emergency facility, nor any entity owning or operating such  
22 facility, shall:

23 (a) Engage in materially misleading communication or coercive conduct for the primary  
24 purpose of directing patient transfers to an affiliated or parent hospital when another clinically  
25 appropriate hospital is reasonably available.

26 (b) Condition transfer decisions on insurance status or payer considerations.

27 (c) Enter into exclusive transfer arrangements with emergency medical services  
28 providers that require patient transfers to an affiliated hospital without regard to clinical  
29 appropriateness, patient needs, patient choice, or regional emergency medical services protocols.

30 II. Nothing in this section shall prohibit non-exclusive coordination agreements with  
31 emergency medical services providers for quality assurance, response efficiency, or specialty care,  
32 provided such agreements do not require exclusive routing based on ownership affiliation.

33 151:57 Federal Law EMTALA. Nothing in this subdivision shall be construed to alter, expand,  
34 or restrict obligations under the federal Emergency Medical Treatment and Labor Act (EMTALA), 42  
35 U.S.C. section 1395dd. Compliance with EMTALA shall be deemed compliance with this  
36 subdivision. In the event of a conflict, federal law shall control.

37 151:58 Enforcement; Rulemaking.

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1           I. The attorney general may adopt rules under RSA 541-A to define and implement  
2 enforcement standards under this subdivision, including but not limited to defining what constitutes  
3 a pattern of violations, coercive conduct, or materially misleading communication.

4           II. Upon a finding of a pattern of violations as defined by rule, the attorney general may  
5 pursue enforcement under RSA 358-A.

6           III. Prior to referral for enforcement, the department of health and human services shall  
7 provide notice of alleged violations and a reasonable opportunity to cure.

8           151:59 Scope. This subdivision applies only to transfers occurring prior to inpatient admission  
9 at the receiving hospital and shall not regulate post-admission referral, discharge planning, or  
10 elective admission decisions.

11           5 Effective Date. This act shall take effect upon its passage.

2026-1177s

AMENDED ANALYSIS

This bill:

I. Requires a health care facility to provide certified, written notice to a critical access hospital if the facility will be located within a 15 mile radius of the critical access hospital.

II. Establishes standards governing the transfer of patients from freestanding hospital emergency facilities to acute care hospitals to ensure that such transfers are based primarily on clinical appropriateness, patient safety, continuity of care, and patient choice.

III. Bans coercive or exclusive transfer practices, reinforces EMTALA requirements, and gives the state authority to enforce violations.