

Sen. Avard, Dist 12
Sen. Rosenwald, Dist 13
April 10, 2026
2026-1446s
05/07

Floor Amendment to HB 1215

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

2

3 AN ACT relative to supporting the preferred method of communication of an individual with a
4 communication disability and relative to transfers from freestanding hospital
5 emergency facilities.
6

7 Amend the bill by replacing section 1 with the following:

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9 1 Short Title. Section 2 of this act shall be known as “Grace’s Law”.

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

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13 3 Purpose. The purpose of section 4 this act is to protect patient safety and continuity of care by
14 ensuring that transfers from freestanding hospital emergency facilities are based on clinical
15 appropriateness, patient needs, and regional access to hospital services. Section 4 of this act further
16 seeks to prevent practices that may undermine community hospitals through coercive or exclusive
17 transfer arrangements that are not clinically justified.

18 4 New Subdivision; Transfers from Freestanding Hospital Emergency Facilities. Amend RSA
19 151 by inserting after section 53 the following new subdivision:

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Transfers from Freestanding Hospital Emergency Facilities

21 151:54 Definitions. In this subdivision:

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

25 II. “Parent hospital” means an acute care hospital that owns, controls, or operates a
26 freestanding hospital emergency facility, directly or indirectly.

27 III. “Clinically appropriate” means consistent with the judgment of the treating physician,
28 the patient’s medical condition, and applicable regional emergency medical services protocols.

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

12 I. Sections 1 and 2 of this act shall take effect 60 days after its passage.

13 II. The remainder of this act shall take effect upon its passage.

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AMENDED ANALYSIS

This bill:

I. Supports the right of individuals with communication disabilities to use their preferred method of communication within the state service delivery system, including in residential settings and schools and with other service providers.

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.