

HB 1215 - AS AMENDED BY THE SENATE

11Mar2026... 0942h
04/16/2026 1446s

2026 SESSION

26-2892
05/08

HOUSE BILL **1215**

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

SPONSORS: Rep. Kofalt, Hills. 32; Rep. B. Boyd, Hills. 12; Rep. Newell, Ches. 4; Rep. Kuttab, Rock. 17; Rep. W. MacDonald, Rock. 16; Sen. Avard, Dist 12; Sen. Birdsell, Dist 19; Sen. Carson, Dist 14

COMMITTEE: Children and Family Law

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.

Explanation: Matter added to current law appears in **bold italics**.
Matter removed from current law appears ~~[in brackets and struckthrough.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty-Six

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

Be it Enacted by the Senate and House of Representatives in General Court convened:

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

2 2 New Section; Services for the Developmentally Disabled; Right to Preferred Method of
3 Communication. Amend RSA 171-A by inserting after section 4 the following new section:

4 171-A:4-a Right to Preferred Method of Communication.

5 I. An individual with a communication disability who is receiving services under this
6 chapter shall have the right to select and utilize their preferred method of communication that
7 enables such individual to independently express their own thoughts and wishes. Methods of
8 communication that may enable an individual to independently express themselves include, but are
9 not limited to, any of the following methods:

10 (a) Augmentative and Alternative Communication (AAC) techniques and devices.

11 (b) Independent use of letterboards and independent typing-based communication.

12 (c) Sign language and non-verbal gestural systems.

13 (d) Speech-generating devices or any other assistive technology.

14 II. Every school, day, residential and other program or service provider involved in the
15 implementation of the individual’s individualized education program or the individual’s service
16 agreement shall make all reasonable efforts to accommodate an individual’s preferred method of
17 communication, including securing necessary training to communicate with the individual using the
18 individual’s preferred method of communication.

19 3 Purpose. The purpose of section 4 this act is to protect patient safety and continuity of care by
20 ensuring that transfers from freestanding hospital emergency facilities are based on clinical
21 appropriateness, patient needs, and regional access to hospital services. Section 4 of this act further
22 seeks to prevent practices that may undermine community hospitals through coercive or exclusive
23 transfer arrangements that are not clinically justified.

24 4 New Subdivision; Transfers from Freestanding Hospital Emergency Facilities. Amend RSA
25 151 by inserting after section 53 the following new subdivision:

26 Transfers from Freestanding Hospital Emergency Facilities

27 151:54 Definitions. In this subdivision:

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

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

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

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

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

15 151:55 Transfer Standards.

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

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

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

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

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

31 151:56 Prohibited Practices.

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

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

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

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

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

7 151:57 Federal Law EMTALA. Nothing in this subdivision shall be construed to alter, expand,
8 or restrict obligations under the federal Emergency Medical Treatment and Labor Act (EMTALA), 42
9 U.S.C. section 1395dd. Compliance with EMTALA shall be deemed compliance with this
10 subdivision. In the event of a conflict, federal law shall control.

11 151:58 Enforcement; Rulemaking.

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

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

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

19 151:59 Scope. This subdivision applies only to transfers occurring prior to inpatient admission
20 at the receiving hospital and shall not regulate post-admission referral, discharge planning, or
21 elective admission decisions.

22 5 Effective Date.

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

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