IN THE

Indiana Supreme Court

Supreme Court Case No. 21S-CT-455

Betty Miller, Individually and as Personal Representative of the Estate of John Allen Miller,
Appellant (Plaintiff below),

–v–

Laxeshkumar Patel, M.D., John Schiltz, M.D., Benjamin Coplan, M.D., Joseph Hill, M.D., Erik Fossum, M.D., Bradford Hale, M.D., Christine Tran, M.D., James Blickendorf, M.D., Robert McAllister, M.D., Sara Koerwitz, M.D., Timothy Held, PA, Community Health Network, Inc., d/b/a Community Howard Regional Health Hospital and Community Howard Behavioral Health, Community Physicians of Indiana, Inc., d/b/a Community Physician Network, Community Howard Regional Health, Inc., St. Joseph Hospital & Health Center, Inc., St. Vincent Health, Inc., Ascension Health, Inc., and Medical Associates, LLP,
Appellees (Defendants below).

Argued: June 2, 2021 | Decided: October 7, 2021

Appeal from the Marion Superior Court
No. 49D01-1812-CT-49633
The Honorable Heather A. Welch, Judge

On Petition to Transfer from the Indiana Court of Appeals
No. 20A-CT-1088

Opinion by Justice Massa

Chief Justice Rush and Justices David, Slaughter, and Goff concur.

Massa, Justice.

Betty Miller sued numerous health-care providers for negligently treating her mentally ill grandson. More than two years after the treatment, she sought to amend her complaint under Indiana Trial Rule 15(C) to allege a violation of 42 U.S.C. § 1395dd, the Emergency Medical Treatment and Labor Act (EMTALA), which has a two-year statute of limitations. The trial court denied her request, and an appellate panel affirmed. Both concluded the statute of limitations preempted an amendment under our trial rules. Because we find no preemption, we reverse and remand.

Facts and Procedural History

According to Miller's complaint, from December 9, 2016, through January 8, 2017, various providers treated her grandson, Zachary Miller, for his mental illness. On January 8, Zachary arrived at Community Howard Regional Health Hospital's emergency room and requested admission for his mental illness and dangerous propensities. He was treated and discharged. He then went to Miller's home and killed her husband, John Allen Miller.

In December 2018, Miller sued the providers, alleging their negligent care and treatment of Zachary led to John's death. In February 2020, she moved to amend her complaint under Trial Rule 15(C) to add a new claim against Community Health Network, Inc. and Community Howard Regional Health, Inc., which own and operate Community Howard Regional Health Hospital, for violating EMTALA. The trial court denied her motion. It relied heavily on *Williams v. Inglis*, 142 N.E.3d 467, 476 (Ind. Ct. App. 2020), *trans. denied*, which held EMTALA's two-year statute of limitations preempted an amendment under Trial Rule 15(C).

Miller appealed, and our Court of Appeals affirmed. It rejected Miller's attempts to distinguish *Williams* from her case. *Miller v. Patel*, 160 N.E.3d 1111, 1119 (Ind. Ct. App. 2020), *vacated*. It also dismissed the significance of federal district court cases that addressed EMTALA amendments under the equivalent federal rule, because they did not involve preemption. *Id.* at 1120–21. A dissenting judge on the panel believed it would be "inconsistent to hold that Indiana Trial Rule 15(C) 'directly conflicts with' . . . EMTALA when federal courts have allowed relation back under the similar federal rule." *Id.* at 1123 (Tavitas, J., dissenting).

Miller sought transfer, which we now grant. *See* Ind. Appellate Rule 58(A).

Standard of Review

We generally review a trial court's decision to grant or deny an amendment under Trial Rule 15(C) for an abuse of discretion. *Ind. Farmers Mut. Ins. Co. v. Richie*, 707 N.E.2d 992, 996 (Ind. 1999). However, we review questions of law, including preemption and statutory interpretation, de novo. *State v. Norfolk S. Ry. Co.*, 107 N.E.3d 468, 471 (Ind. 2018); *Young v. Hood's Gardens, Inc.*, 24 N.E.3d 421, 424 (Ind. 2015).

Discussion and Decision

Congress enacted EMTALA to prevent hospitals from "dumping" indigent patients. *Brooks v. Md. Gen. Hosp., Inc.*, 996 F.2d 708, 710 (4th Cir.

1993) (internal quotation marks omitted). To that end, EMTALA requires hospital emergency departments to (1) screen individuals for "emergency medical condition[s]" and (2) stabilize any such conditions or transfer the individuals as permitted by the statute. 42 U.S.C. § 1395dd(a)–(c). An individual personally harmed by a hospital's violation of an EMTALA "requirement" may sue that hospital, 42 U.S.C. § 1395dd(d)(2)(A), in state or federal court, *HCA Health Servs. of Ind., Inc. v. Gregory*, 596 N.E.2d 974, 977 (Ind. Ct. App. 1992), *trans. denied*. However, the action must be brought no "more than two years after the date of the violation." 42 U.S.C. § 1395dd(d)(2)(C).

Federal law preempts state law when the two are at odds, U.S. Const. art. VI., and this preemption can be express or implied, *Norfolk S. Ry. Co.*, 107 N.E.3d at 471. Express preemption occurs when Congress explicitly defines a statute's "preemptive effect." *Basileh v. Alghusain*, 912 N.E.2d 814, 818 (Ind. 2009). EMTALA contains an express preemption clause: "The provisions of this section do not preempt any State or local law requirement, except to the extent that the requirement directly conflicts with a requirement of this section." 42 U.S.C. § 1395dd(f). In *Williams*, 142 N.E.3d at 476, the Court of Appeals relied on this preemption clause to hold that Trial Rule 15(C) was preempted, because its application "would directly conflict with" EMTALA's two-year statute of limitations. We now conclude there is no direct conflict and disapprove *Williams*' contrary holding.

While an express preemption clause "supports a reasonable inference" that Congress did not intend preemption beyond that clause, it does not "entirely foreclose[]" implied preemption. *Freightliner Corp. v. Myrick*, 514 U.S. 280, 288–89 (1995); *see also Hillman v. Maretta*, 569 U.S. 483, 498 (2013). Implied preemption occurs through conflict and field preemption. *Norfolk S. Ry. Co.*, 107 N.E.3d at 471. Conflict preemption arises when federal and state law directly conflict, making it impossible to comply with both, or when state law is "an obstacle to the accomplishment and execution of the full purposes and objectives of Congress." *Basileh*, 912 N.E.2d at 818. Field preemption arises when comprehensive federal legislation occupies an entire field of regulation, leaving no room for state law. *Id*. Here, we conclude neither type of implied preemption exists.

I. EMTALA's statute of limitations does not expressly preempt Miller's proposed amendment under Trial Rule 15(C).

EMTALA's preemption clause is noticeably narrow. It disclaims preemption except when there is a direct conflict between a "State or local law requirement" and an EMTALA "requirement." 42 U.S.C. § 1395dd(f). The clause "provides for limited preemption." *Brooks*, 996 F.2d at 715; *see also Deanco Healthcare, LLC v. Becerra*, 365 F. Supp. 3d 1029, 1037 (C.D. Cal. 2019) ("EMTALA contains a statement indicating a general congressional intent not to preempt state law."). And it explicitly invokes one category of conflict preemption. *See Basileh*, 912 N.E.2d at 818. Assuming both the statute of limitations and Trial Rule 15(C) are "requirement[s]" for the purpose of EMTALA's preemption clause, there is no direct conflict.[1]

Trial Rule 15 governs amendments to pleadings, and subsection (C) provides, relevant here, that "[w]henever the claim or defense asserted in the amended pleading arose out of the conduct, transaction, or occurrence set forth or attempted to be set forth in the original pleading, the amendment relates back to the date of the original pleading." Its federal equivalent, Federal Rule of Civil Procedure 15(c)(1)(B), similarly provides that "[a]n amendment to a pleading relates back to the date of the original pleading when the amendment asserts a claim or defense that arose out of

[1] EMTALA defines various words and terms but not "requirement." *See* 42 U.S.C. § 1395dd(e). However, "it is a normal rule of statutory construction that identical words used in different parts of the same act are intended to have the same meaning." *Taniguchi v. Kan Pac. Saipan, Ltd.*, 566 U.S. 560, 571 (2012) (internal quotation marks omitted); *see also* Antonin Scalia & Bryan A. Garner, *Reading Law: The Interpretation of Legal Texts* 170 (2012) ("A word or phrase is presumed to bear the same meaning throughout a text; a material variation in a term suggests a variation in meaning."). Throughout EMTALA, "requirement" refers to obligations placed on hospitals, like the medical screening and stabilization requirements. *See, e.g.*, 42 U.S.C. § 1395dd(a)–(b). Because nothing indicates the preemption clause uses "requirement" differently than the rest of the statute, the clause is seemingly aimed at state and local obligations that directly conflict with EMTALA obligations. The statute of limitations, then, would not be an EMTALA "requirement." Nor would Trial Rule 15(C) be a state "requirement." In that case, the preemption clause would be inapplicable. But we need not decide this question because there is no direct conflict.

the conduct, transaction, or occurrence set out—or attempted to be set out—in the original pleading." This similarity is unsurprising, of course, as many of our trial rules are based on the federal civil procedure rules. *Richie*, 707 N.E.2d at 997. Under both rules, a new claim can be timely by relating back to the date when the original complaint was filed. *McCarty v. Hosp. Corp. of Am.*, 580 N.E.2d 228, 230–31 (Ind. 1991); *Bensel v. Allied Pilots Ass'n*, 387 F.3d 298, 310 (3d Cir. 2004). These rules ensure claims comply, rather than conflict, with statutes of limitations.

In federal court, a plaintiff could try to amend her complaint with an EMTALA claim. *See* Fed. R. Civ. P. 15(c)(1)(B). Indeed, district courts have allowed such an amendment. *See, e.g.*, *Freedman v. Fisher*, 89 F. Supp. 3d 716, 719–20 (E.D. Pa. 2015) (concluding the plaintiff's EMTALA claim related back to the filing of the original complaint). We fail to see how an amendment under Trial Rule 15(C) directly conflicts with EMTALA's statute of limitations when an amendment under the equivalent federal rule would not. Because there is no material difference between the two procedural rules, Miller is not trying to use state law to "extend, expand, or enlarge" her federal rights. *Gregory*, 596 N.E.2d at 977. Both rules work harmoniously with statutes of limitations by bringing claims within the necessary time period. EMTALA's express preemption clause does not prevent Miller's proposed amendment because there is no direct conflict.

II. There is no implied preemption that would prevent Miller's proposed amendment under Trial Rule 15(C).

The absence of express preemption does not end our analysis. *See Myrick*, 514 U.S. at 288–89. We must still consider the two strands of implied preemption: conflict and field. And we conclude neither prohibits Miller's proposed amendment.

Conflict preemption exists either when federal and state law directly conflict, so it is impossible to comply with both, or when state law is an obstacle to achieving Congress' objectives. *Basileh*, 912 N.E.2d at 818. As previously discussed, there is no direct conflict between the statute of

limitations and Trial Rule 15(C). Miller can comply with both: An amendment under Trial Rule 15(C) relates back to the date of the filing of the original complaint, allowing her new claim to be timely under the statute of limitations. And an amendment under Trial Rule 15(C) does not interfere with Congress' objectives. To help enforce EMTALA and compensate injured individuals, Congress created a private cause of action subject to a statute of limitations. 42 U.S.C. § 1395dd(d)(2)(A), (C). Statutes of limitations are legislative judgments and serve important purposes. But amendments under Trial Rule 15(C) and Federal Rule of Civil Procedure 15(c)(1)(B) are "premised on the notion that a party is not entitled to the protection of the statute of limitations." *Bensel*, 387 F.3d at 310. This is because the allegations in the original complaint provided notice that the defendant "may be subject to any possible additional claims" stemming from those allegations. *McCarty*, 580 N.E.2d at 231. A Trial Rule 15(C) amendment is not an obstacle to Congress' objectives.

Field preemption exists when there is no room for state law because comprehensive federal legislation occupies an entire field of regulation. *Basileh*, 912 N.E.2d at 818. It arises only if Congress "adequately indicated an intent to occupy the field of regulation, thereby displacing all state laws on the same subject." *Brown v. Hotel and Rest. Emps. and Bartenders Int'l Union Loc. 54*, 468 U.S. 491, 501 (1984). Here, there is no indication Congress intended to occupy an entire field. It did not restrict EMTALA claims to federal court, *see Gregory*, 596 N.E.2d at 977; *Smith v. Richmond Mem'l Hosp.*, 416 S.E.2d 689, 695 (Va. 1992), which would have occupied the field for pursuing these claims and displaced state procedural rules like Trial Rule 15(C). Accordingly, there is no field preemption.

Conclusion

Because we find EMTALA's statute of limitations does not preempt an amendment under Trial Rule 15(C), we reverse the trial court. In denying Miller's motion, the trial court focused only on preemption. It must now consider whether the EMTALA claim arose out of the same conduct set forth or attempted to be set forth in the original complaint, along with other relevant factors. *See Palacios v. Kline*, 566 N.E.2d 573, 575 (Ind. Ct.

App. 1991). Accordingly, we remand for reconsideration of Miller's motion in light of our opinion.

Rush, C.J., and David, Slaughter, and Goff, JJ., concur.

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