

No. 24-7142

IN THE SUPREME COURT OF THE UNITED STATES

SAAD□HANNA, Petitioner,

ROSE MEDICAL CENTER; DR. KIMBERLY A. NELSON, et al., Respondents.

PETITION FOR REHEARING UNDER SUPREME COURT RULE 44.2

Petitioner proceeds self□representee and respectfully petitions for rehearing of this Court's order denying the petition for a writ of certiorari entered on October 6, 2025, pursuant to Sup. Ct. R. 44.2. The grounds for rehearing are limited to (1) intervening circumstances of a substantial or controlling effect and/or (2) other substantial grounds not previously presented. Petitioner files this within 25 days of the order and in the form permitted by Rule 33.2.

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INTRODUCTION AND GROUNDS FOR REHEARING

Petitioner Saad□Hanna (self□representee) respectfully seeks rehearing of this Court's October 6, 2025 order denying certiorari. Rehearing is warranted on Rule 44.2's limited grounds.

1. Conflict with this Court's precedent (*Roberts v. Galen*). In *Roberts v. Galen* of Va., Inc., 525 U.S. 249 (1999), this Court unanimously held that improper motive is not an element of a § 1395dd(b) stabilization claim. The decisions below, however, effectively imported extra□statutory elements and resolved factual inferences against the patient when evaluating whether Petitioner was "stabilized" at the time of discharge.

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2. Intervening and clarifying authorities with a substantial or controlling effect. In June 2024, the Court's per curiam order in *Moyle v. United States / Idaho v. United States*, 603 U.S. ____ (June 27, 2024), vacated a stay and restored a preliminary injunction recognizing EMTALA's federal stabilization obligations in emergency care, with multiple separate opinions emphasizing the statute's requirement that Medicare-funded hospitals provide necessary stabilizing treatment before discharge or transfer. Ongoing appellate developments in 2024–2025 likewise underscore the need for uniform application of § 1395dd(b)'s stabilization standard and the definition of "stabilize" in § 1395dd(e)(3)(A).
3. Rule 44.2 compliance. This petition is confined to those grounds, brought in good faith and not for delay, and timely filed within 25 days of the October 6, 2025 denial. See Rules 44, 29, and 33.2.

STATEMENT OF THE CASE (SHORT FORM)

Emergency□department course and instability at discharge. Petitioner underwent nasal surgery and, within weeks, presented to Rose Medical Center's emergency department on four occasions for severe, persistent post□operative epistaxis and related complications: June 28, 2022; July 10, 2022; July 14, 2022; and July 18, 2022. After the fourth presentation, Petitioner required a three□day ICU/life□support admission. The temporally proximate return visits for the same unresolved emergency condition, followed by ICU care, indicate that earlier discharges occurred while Petitioner remained unstable under EMTALA's stabilization definition—i.e., before treatment sufficient to assure, within reasonable medical probability, that no material deterioration would result from discharge/transfer. See 42 U.S.C. § 1395dd(e)(3)(A).

Procedural history. Arapahoe District Court (No. 24CV34) dismissed with prejudice on June 10, 2024; the Colorado Court of Appeals (No. 2024CA1424) dismissed on August 16, 2024 for failure to timely appeal; the Colorado Supreme Court (No. 2024SC578) denied review on December 16, 2024. This Court denied certiorari on October 6, 2025.

ARGUMENT

I. The decisions below conflict with *Roberts v. Galen* and misconstrue EMTALA's stabilization mandate.

EMTALA imposes two distinct duties relevant here: (a) screening (§ 1395dd(a)) and (b) stabilizing treatment before discharge/transfer when an emergency medical condition exists (§ 1395dd(b)). Petitioner's claim proceeds on stabilization. *Roberts* held that § 1395dd(b) does not require proof of improper motive. 525 U.S. at 252–53. Yet the courts below effectively heightened the standard by discounting well□pled facts showing instability at discharge and by treating post□discharge deterioration as irrelevant to the stabilization inquiry. That approach cannot be reconciled with the statute's text or *Roberts*.

The pleaded and record facts plausibly establish instability at discharge. Four ED returns for the same unresolved, post□operative hemorrhage within 20 days, culminating in a three□day ICU admission, are classic indicia that earlier discharges

occurred before the condition was stabilized within the meaning of § 1395dd(e)(3)(A). At a minimum, those facts clear any plausibility threshold and preclude disposition that imports extra-statutory elements or resolves factual inferences against the patient at the pleadings/early stage.

II. Intervening and clarifying authorities confirm uniform federal duties under EMTALA § 1395dd(b).

The Court’s June 27, 2024 per curiam order in Moyle (with multiple separate writings) restored an injunction premised on EMTALA’s stabilizing-care obligation in emergencies, highlighting the statute’s national importance and federal preemption in the face of conflicting state-law regimes. Although arising in a different factual context, Moyle and extensive federal filings in late 2024 clarify that EMTALA requires necessary stabilizing treatment where an emergency medical condition exists and prohibits discharge or transfer before stabilization, reinforcing Roberts’s textual approach to § 1395dd(b). Combined with recent appellate activity concerning what constitutes an “emergency medical condition” and the meaning of “stabilize,” these developments have a substantial and controlling effect on the federal standard applied to Petitioner’s claim and warrant rehearing to prevent entrenchment of error.

III. The question presented is recurring and nationally important.

Whether hospitals may discharge a patient with an ongoing emergency medical condition without stabilizing treatment—and whether lower courts may add hurdles beyond Roberts and § 1395dd’s text—is a recurring, nationally important question affecting emergency-care patients and providers nationwide. Uniform guidance from this Court is needed to ensure consistent application of EMTALA’s stabilization requirement and to prevent premature discharge of unstable patients.

RELIEF REQUESTED

Petitioner respectfully asks the Court to grant rehearing and, on rehearing, grant the petition, vacate the judgment below, and remand for application of the correct federal standard under Roberts and § 1395dd. At minimum, Petitioner requests that the Court order a response under Rule 44.3 so the conflict and federal-law stakes can be addressed on the merits.

Respectfully submitted,

Saad Hanna (self-representee) 1474 W. Lake Ave., Littleton, CO 80120 (720) 425-6167 sadaghabi@yahoo.com Dated: October __, 2025

RULE 44.2 CERTIFICATE

I certify that this petition is restricted to the grounds specified in Rule 44.2 and is presented in good faith and not for delay. It is submitted within 25 days of the order denying certiorari and complies with Rule 33.2’s form requirements for 8½×11-inch paper filings.

Signature:  Name: Saad Hanna
(self representee) Date: October 27, 2025

PROOF OF SERVICE (Rule 29)

I certify that on October 27, 2025, I served this Petition for Rehearing by [first class mail / priority mail / third party commercial carrier for delivery within 3 calendar days] on the following:

Counsel for Respondents: Sharuzi Law Group 555 17th St., Suite 975 Denver, CO 80202 [Email / Phone]

APPENDIX A — CHRONOLOGY (Selected)

Event — Date — Short Note / Pinpoint

- 1) ER Visit #1 — June 28, 2022 — Post operative epistaxis; ED discharge.
- 2) ER Visit #2 — July 10, 2022 — Return for severe epistaxis; ED discharge.
- 3) ER Visit #3 — July 14, 2022 — Persistent bleeding; ED discharge.
- 4) ER Visit #4 — July 18, 2022 — Return; subsequent ICU/life support admission (3 days).
- 5) Arapahoe District Court (24CV34) — June 10, 2024 — Dismissed with prejudice.
- 6) Colorado Court of Appeals (2024CA1424) — Aug. 16, 2024 — Dismissed for failure to timely appeal.
- 7) Colorado Supreme Court (2024SC578) — Dec. 16, 2024 — Petition denied.
- 8) U.S. Supreme Court — Oct. 6, 2025 — Certiorari denied (No. 24 7142).