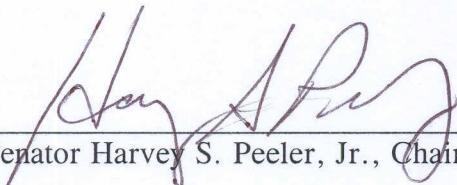


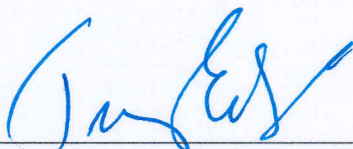
JOINT BEHAVIORAL HEALTH STUDY COMMITTEE

March 10, 2010

The undersigned members of the Joint Behavioral Health Study Committee, created by Act 408 of 2008, respectfully submit the attached report to the South Carolina General Assembly.



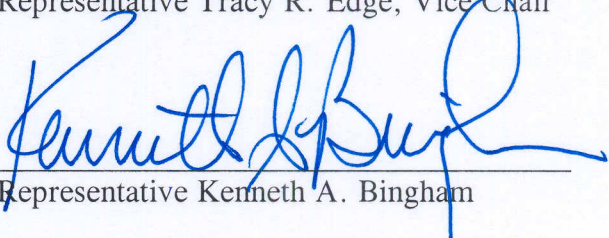
Senator Harvey S. Peeler, Jr., Chairman



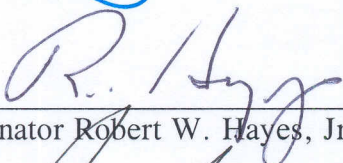
Representative Tracy R. Edge, Vice Chair



Senator J. Yancey McGill



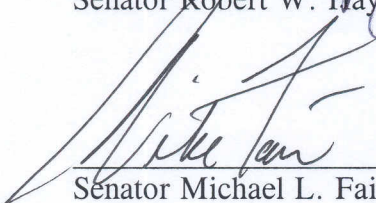
Representative Kenneth A. Bingham



Senator Robert W. Hayes, Jr.



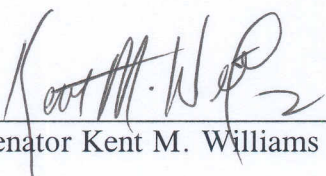
Representative Kristopher R. Crawford



Senator Michael L. Fair

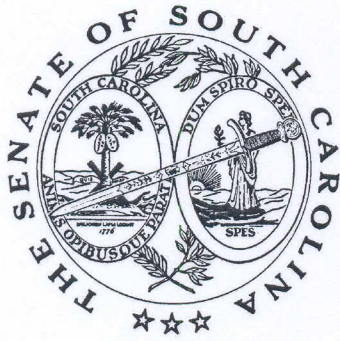


Representative Vida O. Miller



Senator Kent M. Williams

Representative Bakari T. Sellers



JOINT BEHAVIORAL HEALTH STUDY COMMITTEE

March 10, 2010

The undersigned member of the Joint Behavioral Health Study Committee, created by Act 408 of 2008, supports and endorses the report of the Study Committee with the following **deletion**:

- 4) *Amend the statute (Section 44-17-900) to provide hospital emergency providers immunity from civil and criminal liability. Hospital emergency department physicians are reluctant to refer patients to behavioral health programs and opt for emergency admission rather than release the patient.*

A handwritten signature in black ink, appearing to read "Bakari T. Sellers", written over a horizontal line.

Representative Bakari T. Sellers

**REPORT OF THE
BEHAVIORAL HEALTH STUDY COMMITTEE
March 10, 2010**

The General Assembly, through Act 408 of 2008 created a study committee to examine the delivery of behavioral health care services in South Carolina. By joint resolution the study committee was to consist of ten members - five members of the Senate appointed by the President Pro Tempore and five members of the House of Representatives appointed by the Speaker. The study committee's report and recommendations is to be given to the General Assembly no later than February 15, 2010. The study committee consisted of:

Senator Harvey S. Peeler, Jr., Chairman
Representative Tracy R. Edge, Vice Chairman
Senator J. Yancey McGill
Senator Robert W. Hayes, Jr.
Senator Michael L. Fair
Senator Kent M. Williams
Representative Kenneth A. Bingham
Representative Kristopher R. Crawford
Representative Vida O. Miller
Representative Bakari T. Sellers

The Study Committee met in an organizational meeting on Wednesday, January 20, 2010. Senator Harvey Peeler was elected to serve as chairman. Representative Tracy Edge was elected to serve as vice-chairman. The Committee heard testimony from Rich D'Alberto with the Laurens County Health Care System representing the SC Hospital Association; Dr. Tripp Jennings from Palmetto Health representing the SC College of Emergency Physicians; Dr. Richard S. Edley from PerformCare; John Magill, director of the SC Department of Mental Health; and Lee Catoe and Debbie Francis representing the Department of Alcohol and Other Drug Abuse Services.

Recognizing there is a crisis in South Carolina's behavioral health care system, the Behavioral Health Study Committee adopted the following recommendations:

- 1) Support programs that avoid an initial Emergency Department visit. The goal is help the individual before he has to go to the hospital. The Department of Health and Human Services plans to allow behavioral health services provided by private providers in the managed care program beginning in October 2010. This will primarily impact the Temporary Assistance to Needy Families (TANF) and the Aged, Blind, and Disabled (ABD) populations. This will not include state agency services such as those provided by the Department of Mental Health or the Department of Alcohol and Other Drug Abuse Services. However, it will increase access to private inpatient and outpatient therapy services.

- 2) Support the expansion of the statewide telepsychiatry project to all acute care hospitals, community mental health centers and local alcohol and drug abuse facilities. A statewide sustainability plan is needed. The plan will include the need for additional funding.
- 3) Repeal the state alcohol exclusion law to encourage a continuum of behavioral health treatment after a patient is discharged from the hospital. The alcohol exclusion law prohibits insurance companies from reimbursement to providers for treatment of injuries incurred as a result of alcohol. The law discourages providers from reporting alcohol use by patients and decreases opportunities for alcohol screening, intervention and treatment referrals. Senator Robert W. Hayes, Jr. has a bill (S. 467) pending before the Senate Banking and Insurance Committee which will allow for this coverage.
- 4) Amend the statute (Section 44-17-900) to provide hospital emergency providers immunity from civil and criminal liability. Hospital emergency department physicians are reluctant to refer patients to behavioral health programs and opt for emergency admission rather than release the patient.
- 5) Encourage the Department of Health and Human Services to review its interpretation of the Federal Institute of Mental Disease (IMD) exclusion. The Governor, members of the General Assembly and the director of the Department of Health and Human Services need to contact the SC Congressional Delegation to support South Carolina's inclusion in a federal demonstration project that will allow the state Medicaid program to cover the care of patients in free-standing psychiatric hospitals.
- 6) Require the Department of Health and Human Services, the Department of Corrections and local jails to establish criteria and methodology to re-establish Medicaid benefits for persons upon release from incarceration. Currently, when an individual is incarcerated thirty or more days, the individual loses government benefits. In this case they lose Medicaid benefits. A system should be established to assist inmates to re-enroll in Medicaid immediately prior to release from incarceration.

The Behavioral Health Study Committee recognizes that adoption of all of the above recommendations will not completely solve the crisis in the system. Yet, adoption of the recommendations will provide services to our citizens. The expansion of the statewide telepsychiatry project does require additional funding. It is the belief of the members of the study committee that the above recommendations, with the telepsychiatry exception, can be accomplished with no additional state funding.