**A** **BILL**

TO AMEND SECTION 38‑71‑1520, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO DEFINITIONS IN THE ACCESS TO MEDICAL CARE ACT, SO AS TO AMEND THE DEFINITION OF “EMERGENCY MEDICAL CARE” AND “EMERGENCY MEDICAL PROVIDER” AND TO PROVIDE THAT THEY INCLUDE THE TRANSPORTATION OF A PATIENT WITH AN EMERGENCY MEDICAL CONDITION TO A HOSPITAL EMERGENCY FACILITY BY AN EMERGENCY MEDICAL SERVICE PROVIDER.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 38‑71‑1520 of the 1976 Code is amended to read:

“Section 38‑71‑1520. As used in this article:

(1) ‘Emergency medical care’ means those health care services provided by an emergency medical service provider licensed by the South Carolina Department of Health and Environmental Control (DHEC) or in a hospital emergency facility to evaluate and treat an emergency medical condition. Emergency medical care includes the transportation of a patient with an emergency medical condition to a hospital emergency facility by an emergency medical service provider licensed by DHEC.

(2) ‘Emergency medical condition’ means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

(a) placing the health of the individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;

(b) serious impairment to bodily functions; or

(c) serious dysfunction of any bodily organ or part.

(3) ‘Emergency medical service provider’ means an ambulatory service licensed by DHEC for the transportation of a patient with an emergency medical condition to a hospital emergency facility, hospitals licensed by ~~the South Carolina Department of Health and Environmental Control~~ DHEC, hospital‑based services, and physicians licensed by the State Board of Medical Examiners who provide emergency medical care.

(4) ‘Managed care organization’ means a licensed insurance company, a hospital or medical services plan contract, a health maintenance organization, or any other entity which is subject to regulation by the department and which operates a managed care plan.

(5) ‘Managed care plan’ means a plan operated by a managed care organization which provides for the financing and delivery of health care and treatment services to individuals enrolled in the plan through its own employed health care providers or contracting with selected specific providers that conform to explicit selection standards, or both. A managed care plan also customarily has a formal organizational structure for continual quality assurance, a certified utilization review program, dispute resolution, and financial incentives for individual enrollees to use the plan’s participating providers and procedures.”

SECTION 2. This act takes effect upon approval by the Governor.

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