AMENDED

March 20, 2014

**H. 3983**

Introduced by Reps. Sellers, G.M. Smith, White and Bowers

S. Printed 3/20/14--H.

Read the first time April 18, 2013.

**STATEMENT OF ESTIMATED FISCAL IMPACT**

ESTIMATED FISCAL IMPACT ON GENERAL FUND EXPENDITURES:

$0 (No additional expenditures or savings are expected)

ESTIMATED FISCAL IMPACT ON FEDERAL & OTHER FUND EXPENDITURES:

$0 (No additional expenditures or savings are expected)

**EXPLANATION OF IMPACT:**

Department of Health & Environmental Control

The department reports that this bill will have no impact on the state general fund or on federal and/or other funds.

*Approved By:*

Brenda Hart

Office of State Budget

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING ARTICLE 29 TO CHAPTER 7, TITLE 44 SO AS TO PROVIDE RURAL COUNTIES WITH ACCESS TO FREE EMERGENCY HOSPITAL CARE AND ALLOW RELICENSURE OF CLOSED RURAL HOSPITALS AS FREESTANDING EMERGENCY HEALTH CARE FACILITIES UNDER CERTAIN CIRCUMSTANCES.

Amend Title To Conform

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

SECTION 1. Chapter 7, Title 44 of the 1976 Code is amended by adding:

“Article 29

South Carolina Rural County Access to Emergency Health Care

Section 44‑7‑4110. This article may be cited as the “South Carolina Rural County Access to Emergency Health Care Act”.

Section 44‑7‑4120. The purpose of this article is to assist rural counties in having quality emergency health care available to residents to promote health, well being, and quality of life and to assist health care providers in making emergency health services available in rural counties.

Section 44‑7‑4130. As used in this article:

(1) ‘Department’ means the South Carolina Department of Health and Environmental Control.

(2) ‘Freestanding emergency facility’ means a facility providing emergency health services as defined in Section 44‑7‑130(25) licensed by the South Carolina Department of Health and Environmental Control pursuant to Section 44‑7‑270.

(3) ‘Hospital’ has the same definition as defined in Section 44‑7‑130(12) and is the entity submitting an application to a governing body for the operation of a freestanding emergency facility in a rural county.

(4) ‘Rural County’ means a county in South Carolina with a population less than fifty thousand, according to the most recent projections of the South Carolina Budget and Control Board, Office of Research and Statistics, at the time a hospital submits an application for a freestanding emergency facility.

Section 44‑7‑4140. A freestanding emergency facility must meet the licensure requirements for providing freestanding emergency services in accordance with Section 44‑7‑130(25) and Regulation 61‑16, Section 613 including, but not limited to, the requirement to provide physician coverage twenty‑four hours a day and seven days a week.

Section 44‑7‑4150. Notwithstanding any provision in the ‘‘State Certificate of Need and Health Facility Licensure Act’’, Article 3, chapter 7, title 44, a hospital located in a rural county that has closed and relinquished its license to operate within three years from the date of closure may reopen and operate as a freestanding emergency facility pursuant to the provisions of this article without having to obtain a Certificate of Need.

Section 44‑7‑4160. (A) The governing authority under which the freestanding emergency facility will provide services shall issue a request for proposal or other solicitation, setting forth the terms and provisions for a hospital to reopen as a freestanding emergency facility pursuant to this article; provided, however, the Department of Health and Human Services shall review and approve the request for proposal or other solicitation before the governing authority may issue it.

(B) A hospital applying to operate a freestanding emergency facility shall submit an application and response to the governing authority’s request for proposal or other solicitation.

(C) Upon selection of a hospital to operate a freestanding emergency facility, the governing authority shall submit a reopening plan to the department no sooner than thirty days before the time the board desires to reopen the closed hospital as a freestanding emergency facility. The department shall inspect the hospital facility on a priority basis.

(D) To the extent that a portion of the hospital facility identified in the reopening plan is not in compliance with life safety standards at its designated reopen time, the department shall specify a time within which the violations must be corrected.”

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

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