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Indicates New Matter

COMMITTEE REPORT

January 20, 2010

**H. 3468**

Introduced by Reps. Crawford, Stringer, Allison, Wylie and Millwood

S. Printed 1/20/10--H.

Read the first time February 10, 2009.

**THE COMMITTEE ON MEDICAL,**

**MILITARY, PUBLIC AND MUNICIPAL AFFAIRS**

To whom was referred a Bill (H. 3468) to amend Article 3, Chapter 61, Title 44, Code of Laws of South Carolina, 1976, relating to emergency medical services for children, so as to define “Manager”, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass with amendment:

Amend the bill, as and if amended, by striking Section 44-61-340 and inserting:

/Section 44-61-340. (A) The identities of patients~~, emergency and critical care medical services personnel, and emergency and critical care medical services facilities~~ mentioned, referenced, or otherwise appearing in information or data collected or prepared by or in connection with the EMSC Program must be treated as strictly confidential. The identities of these persons ~~or entities~~ are not available to the public under the Freedom of Information Act or discoverable or admissible in any administrative, civil, or criminal proceeding. An individual in attendance at any such proceeding may not be required to testify as to the identity of any such person ~~or entity~~. No person, medical facility, or other organization providing or releasing information in accordance with this article may be held liable in a civil or criminal action for divulging confidential information unless the individual or organization acted in bad faith or with malicious purpose.

(B) The identity of a patient~~, physician, or hospital~~ is confidential and may not be released except that the identity of a patient may be released upon informed written consent of the patient or the patient’s legal guardian or legal representative~~; the identity of a physician may be released upon written consent of the physician; and the identity of a hospital may be released upon written consent of the hospital~~.

(C) ~~Information~~ Except as otherwise authorized in this section, patient information must not be released except to:

(1) appropriate staff of the Division of Emergency Medical Services and Trauma within the Department of Health and Environmental Control, South Carolina Data Oversight Council, and State Budget and Control Board, Office of Research and Statistics;

(2) submitting hospitals or their designees;

(3) a person engaged in an approved research project, except that no information identifying a subject of a report or a reporter may be made available to a researcher unless consent is obtained pursuant to this section.

(D) For purposes of maintaining the data base collected pursuant to this article, the department and the Office of Research and Statistics may both access and provide access to appropriate confidential data reported in accordance with Section 44‑6‑170.

(E) A person subject to this article who intentionally fails to comply with reporting, confidentiality, or disclosure requirements of this article is subject to a civil penalty of not more than one hundred dollars for a violation the first time a person fails to comply and not more than five thousand dollars for a subsequent violation./

Amend the bill, further, by striking Section 44-61-350(C) and inserting:

/(C) Members of the committee must include, but are not limited to, a nurse with emergency pediatric experience, a physician with pediatric training, a board certified pediatric emergency medicine physician, an emergency physician, an EMT/paramedic who is currently practicing, a ground level prehospital provider representative, an emergency medical services state agency representative, the EMSC Program principal investigator, the EMSC Program manager, and a family representative. All members must reside and, if applicable, be licensed or certified to practice in this State.”/

Renumber sections to conform.

Amend title to conform.

LEON HOWARD for Committee.

**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:**

The Department of Health & Environmental Control indicates that there would be no additional cost to the agency associated with the provisions of this bill. The bill has no fiscal impact on the General Fund of the State or on federal and/or other funds.

*Approved By:*

Harry Bell

Office of State Budget

**A** **BILL**

TO AMEND ARTICLE 3, CHAPTER 61, TITLE 44, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO EMERGENCY MEDICAL SERVICES FOR CHILDREN, SO AS TO DEFINE “MANAGER” AND “EMERGENCY MEDICAL TECHNICIAN”; TO REQUIRE THE EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM TO INCLUDE GUIDELINES FOR DESIGNATION OF PEDIATRIC EMERGENCY DEPARTMENTS, GUIDELINES FOR DISASTER RESPONSES TO CHILDREN AND THEIR FAMILIES, PEDIATRIC DISASTER PREPAREDNESS TRAINING, AND PEDIATRIC SURGE DISASTER PLAN STRATEGIES; TO ESTABLISH THE EMERGENCY MEDICAL SERVICES FOR CHILDREN ADVISORY COMMITTEE AND TO PROVIDE FOR ITS MEMBERSHIP AND PURPOSE; AND TO MAKE TECHNICAL CORRECTIONS.

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

SECTION 1. Article 3, Chapter 61, Title 44 of the 1976 Code is amended to read:

“Article 3

Emergency Medical Services for Children

Section 44‑61‑300. This article may be cited as the Children’s Emergency Medical Services Act.

Section 44‑61‑310. As used in this article:

(1) ‘Advanced life support’ means an advanced level of prehospital, interhospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care, and other techniques and procedures authorized by the department pursuant to regulations.

(2) ‘Basic life support’ means a basic level of prehospital care which includes patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization, and other techniques and procedures authorized by the department pursuant to regulations.

(3) ~~‘Coordinator’ means the person coordinating the EMSC Program within the Department of Health and Environmental Control.~~

~~(4)~~ ‘Department’ means the Division of Emergency Medical Services and Trauma within the Department of Health and Environmental Control.

~~(5)~~(4) ‘Director’ means the director of the Department of Health and Environmental Control.

~~(6)~~(5) ‘EMSC Program’ means the Emergency Medical Services for Children Program established pursuant to this article and other relevant programmatic activities conducted by the department in support of appropriate treatment, transport, and triage of ill or injured children.

~~(7)~~(6) ‘Emergency medical services personnel’ means persons trained and certified or licensed to provide emergency medical care, whether on a paid or volunteer basis, as part of a basic life support or advanced life support prehospital emergency care service or in an emergency department or pediatric critical care or specialty unit in a licensed hospital.

(7) ‘Emergency medical technician’ or ‘EMT’ means, when used in general terms for emergency medical personnel, an individual possessing a valid, emergency medical technician (EMT), advanced emergency medical technician (AEMT), or paramedic certificate issued by the State pursuant to the provisions of this article.

(8) ‘Manager’ means the person coordinating the EMSC Program within the Department of Health and Environmental Control.

(9) ‘Prehospital care’ means the provision of emergency medical care or transportation by trained and certified or licensed emergency medical services personnel at the scene of an emergency and while transporting sick or injured persons to a medical care facility or provider.

Section 44‑61‑320. There is established within the Department of Health and Environmental Control, Division of Emergency Medical Services, the Emergency Medical Services and Trauma, for Children Program.

Section 44‑61‑330. (A) The EMSC Program must include, but is not limited to, the establishment of:

(1) initial and continuing education programs for emergency medical services personnel that include training in the emergency care of infants and children;

(2) guidelines for referring children to the appropriate emergency treatment facility;

(3) pediatric equipment guidelines for prehospital care and emergency department;

(4) guidelines for ~~basic~~ EMT, ~~intermediate~~ AEMT, and paramedic emergency medical technician certification for administering epinephrine to children suffering from a severe allergic reaction;

(5) ~~pediatric equipment guidelines for emergency departments~~ guidelines for the voluntary designation of pediatric emergency departments;

(6) guidelines for pediatric trauma centers;

(7) an interhospital transfer system for critically ill or injured children;

(8) in conjunction with the South Carolina Data Oversight Council, the collection and analysis of statewide pediatric emergency and critical care medical services data from emergency and critical care medical services for the purpose of quality improvement by these facilities and services, subject to the confidentiality requirements of Section 44‑61‑350;

(9) injury prevention programs for parents;

(10) public education programs on accessing the emergency medical services system and what to do until the emergency medical services personnel arrive;

(11) guidelines for the appropriate response to children and their families before, during, and after a disaster;

(12) incorporation of pediatric disaster preparedness training into initial and continuing education programs for emergency medical services personnel;

(13) assistance with the development of disaster plan strategies that address pediatric surge capacity before, during, and after a disaster for both injured and noninjured children.

(B) In gathering statewide pediatric emergency and critical care medical services data, the department shall rely upon, to the extent possible, data from existing sources; however, the department may contact families and physicians for the purpose of gathering additional data and providing information on available public and private resources. Information requested from a physician’s office must be obtained pursuant to Chapter 115. Patient contact following data received from the State Budget and Control Board, Office of Research and Statistics must be conducted in accordance with regulations approved by the South Carolina Data Oversight Council and promulgated by the Office of Research and Statistics.

Section 44‑61‑340. (A) The identities of patients, emergency and critical care medical services personnel, and emergency and critical care medical services facilities mentioned, referenced, or otherwise appearing in information or data collected or prepared by or in connection with the EMSC Program must be treated as strictly confidential. The identities of these persons or entities are not available to the public under the Freedom of Information Act or discoverable or admissible in any administrative, civil, or criminal proceeding. An individual in attendance at any such proceeding may not be required to testify as to the identity of any such person or entity. No person, medical facility, or other organization providing or releasing information in accordance with this article may be held liable in a civil or criminal action for divulging confidential information unless the individual or organization acted in bad faith or with malicious purpose.

(B) The identity of a patient, physician, or hospital is confidential and may not be released except that the identity of a patient may be released upon informed written consent of the patient or the patient’s legal guardian or legal representative; the identity of a physician may be released upon written consent of the physician; and the identity of a hospital may be released upon written consent of the hospital.

(C) Information must not be released except to:

(1) appropriate staff of the Division of Emergency Medical Services and Trauma within the Department of Health and Environmental Control, South Carolina Data Oversight Council, and State Budget and Control Board, Office of Research and Statistics;

(2) submitting hospitals or their designees;

(3) a person engaged in an approved research project, except that no information identifying a subject of a report or a reporter may be made available to a researcher unless consent is obtained pursuant to this section.

(D) For purposes of maintaining the data base collected pursuant to this article, the department and the Office of Research and Statistics may both access and provide access to appropriate confidential data reported in accordance with Section 44‑6‑170.

(E) A person subject to this article who intentionally fails to comply with reporting, confidentiality, or disclosure requirements of this article is subject to a civil penalty of not more than one hundred dollars for a violation the first time a person fails to comply and not more than five thousand dollars for a subsequent violation.

Section 44‑61‑350. (A) There is established the Emergency Medical Services for Children Advisory Committee to advise the department on matters concerning preventative, prehospital, hospital, rehabilitative, and other post‑hospital medical care for children.

(B) Committee members must be appointed by the Director of the Department of Health and Environmental Control.

(C) Members of the committee must include, but are not limited to, a nurse with emergency pediatric experience, a physician with pediatric training, an emergency physician, and an EMT/paramedic who is currently practicing, a ground level prehospital provider representative, an emergency medical services state agency representative, the EMSC Program principal investigator, the EMSC Program manager, and a family representative. All members must reside and, if applicable, be licensed or certified to practice in this State.”

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

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