**South Carolina General Assembly**

119th Session, 2011-2012

**H. 5182**

**STATUS INFORMATION**

Joint Resolution

Sponsors: Reps. Atwater, Crawford, Ott, Huggins, Cobb‑Hunter, Bingham, Spires, Quinn, Daning, Crosby, Frye, Butler Garrick, Erickson, McEachern, Southard, Barfield, Bowen, Dillard, Harrell, Hart, Henderson, Howard, Limehouse, Lowe, Pitts, Sellers, Simrill, G.M. Smith, G.R. Smith, Toole and Willis

Document Path: l:\council\bills\nbd\12242ac12.docx

Introduced in the House on April 26, 2012

Introduced in the Senate on May 3, 2012

Currently residing in the Senate Committee on **Medical Affairs**

Summary: Congress to take necessary actions to halt the introduction of ICD-10

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

4/26/2012 House Introduced and read first time ([House Journal‑page 14](file:///h:\hj%20archive\2012\04-26-12.docx))

4/26/2012 House Referred to Committee on **Invitations and Memorial Resolutions** ([House Journal‑page 14](file:///h:\hj%20archive\2012\04-26-12.docx))

5/1/2012 House Committee report: Favorable **Invitations and Memorial Resolutions** ([House Journal‑page 29](file:///h:\hj%20archive\2012\05-01-12.docx))

5/2/2012 Scrivener's error corrected

5/2/2012 House Read second time ([House Journal‑page 9](file:///h:\hj%20archive\2012\05-02-12.docx))

5/2/2012 House Roll call Yeas‑99 Nays‑0 ([House Journal‑page 10](file:///h:\hj%20archive\2012\05-02-12.docx))

5/3/2012 House Read third time and sent to Senate ([House Journal‑page 43](file:///h:\hj%20archive\2012\05-03-12.docx))

5/3/2012 Senate Introduced and read first time ([Senate Journal‑page 7](file:///h:\sj%20archive\2012\05-03-12.docx))

5/3/2012 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 7](file:///h:\sj%20archive\2012\05-03-12.docx))

**VERSIONS OF THIS BILL**

[4/26/2012](file:///p:\pprever\2011-12\5182_20120426.docx)

[5/1/2012](file:///p:\pprever\2011-12\5182_20120501.docx)

[5/2/2012](file:///p:\pprever\2011-12\5182_20120502.docx)

COMMITTEE REPORT

May 1, 2012

**H. 5182**

Introduced by Reps. Atwater, Crawford, Ott, Huggins, Cobb‑Hunter, Bingham, Spires, Quinn, Daning, Crosby, Frye, Butler Garrick, Erickson, McEachern, Southard, Barfield, Bowen, Dillard, Harrell, Hart, Henderson, Howard, Limehouse, Lowe, Pitts, Sellers, Simrill, G.M. Smith, G.R. Smith, Toole and Willis

S. Printed 5/1/12--H. [SEC 5/2/12 11:33 AM]

Read the first time April 26, 2012.

**THE COMMITTEE ON**

**INVITATIONS AND MEMORIAL RESOLUTIONS**

To whom was referred a Joint Resolution (H. 5182) to request that the United States Congress take all necessary measures to halt the introduction of the 10th revision of the international Classification of Diseases and Related Health Problems, etc., respectfully

**REPORT:**

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

LISTON D. BARFIELD for Committee.

**A** **JOINT RESOLUTION**

TO REQUEST THAT THE UNITED STATES CONGRESS TAKE ALL NECESSARY MEASURES TO HALT THE INTRODUCTION OF THE 10th REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS (ICD-10) AND PREVENT ALL FURTHER PROGRESS UNTIL AN APPROPRIATE ASSESSMENT HAS BEEN MADE BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND APPROPRIATE STAKEHOLDERS FOR REPLACEMENT OF THE CURRENT SYSTEM IN PLACE (ICD-9).

Whereas, the Centers for Medicare and Medicaid Services (CMS) will require that the ICD-10 (the international Classification of Diseases and Related Problems, 10th Version) replace the ICD-9 System currently in use; and

Whereas, United States Department of Health and Human Services declared that the Department would begin a process to push back the ICD-10 compliance deadline from October 1, 2013, to an unknown later date due to concerns raised from the physician community and the Department’s recognition that the pace of the transition process needs to be reconsidered; and

Whereas, challenges have already been faced since the compliance deadline for Version 5010, an electronic transactions upgrade required for ICD-10 transition, resulting in the Center for Medicare and Medicaid Services’ decision to provide a grace period of ninety days for Version 5010 compliance in order to address claims errors; and

Whereas, transition will be a huge financial undertaking to physicians as they must take on the total cost of the ICD-10 transition, where depending on the size of the physician practice, can range from $80,000 to approximately $2.7 million, without any financial aid from the government; and

Whereas, transition will also be a huge administrative undertaking as CMS has admitted that there will be significant claims and payment disruptions during such a massive transition, causing an increased amount of administrative constraints to be placed upon physicians and their office staff, ultimately impeding the care needed by the patients of our country; and

Whereas, implementing ICD-10 requires physicians and their office staff to transition to a system that makes use of 68,000 diagnosic codes, a five-fold increase from the current system that hosts approximately 13,000 diagnostic codes, requiring an abundance of education, software, coder training, and testing for conversion; and

Whereas, ICD-10 transition could not come at a poorer time as many physicians are maximizing administrative and financial resources to comply with challenges of the Patient Protection and Affordable Care Act (PPACA) and Electronic Health Record mandates; and

Whereas, now lies a perfect opportunity for HHS to help simplify the burdens being faced by physicians across our country by honoring their agreement to halt implementation of ICD-10 until appropriate recommendations have been made by appropriate stakeholders, including physicians, for a suitable replacement of ICD-9. Now, therefore,

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

SECTION 1. The South Carolina General Assembly, representing the concerns and will of the People of the Great State of South Carolina, hereby request Congress to take all necessary measures to halt ICD-10 transition and prevent all further progress until an appropriate assessment has been made by the United States Department of Health and Human Services and appropriate stakeholders for ICD-9 replacement.

SECTION 2. Be it further resolved that a copy of this resolution be forwarded to the United States Congress.

SECTION 3. This joint resolution takes effect upon approval by the Governor.

‑‑‑‑XX‑‑‑‑