POLLED OUT OF COMMITTEE

MAJORITY FAVORABLE

April 21, 2016

**S. 1162**

Introduced by Senators Peeler and McElveen

S. Printed 4/21/16--S.

Read the first time March 10, 2016.

**THE COMMITTEE ON MEDICAL AFFAIRS**

To whom was referred a Bill (S. 1162) to amend the Code of Laws of South Carolina, 1976, by adding Section 44‑61‑55 so as to require the South Carolina Department of Health and Environmental Control, etc., respectfully

**REPORT:**

Has polled the Bill out majority favorable.

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 44‑61‑55 SO AS TO REQUIRE THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL TO CREATE PRIMARY AND SECONDARY CALL LISTS FOR AIR AMBULANCE SERVICE PROVIDERS, PROVIDE THE LISTS AND AIR AMBULANCE FEE SCHEDULES TO CERTAIN PERSONS AND ENTITIES, AND ESTABLISH AIR AMBULANCE SERVICE RESPONSE ZONES AND PROTOCOL FOR RESPONDING TO REQUESTS FOR AIR AMBULANCE SERVICES, TO REQUIRE AIR AMBULANCE SERVICE PROVIDERS TO PROVIDE FEE SCHEDULES UPON REQUEST, AND TO REQUIRE HOSPITALS TO MAKE REASONABLE EFFORTS TO INFORM PATIENTS OF AIR AMBULANCE FEES BEFORE REFERRAL, WITH EXCEPTIONS; TO AMEND SECTION 44‑61‑30, AS AMENDED, RELATING TO STANDARDS AND REGULATIONS TO IMPROVE EMERGENCY MEDICAL SERVICES, SO AS TO REQUIRE REGULATIONS FOR AIR AMBULANCE SERVICE PROVIDERS; AND BY ADDING SECTIONS 38‑71‑295 AND 42‑5‑75 SO AS TO DEFINE CERTAIN TERMS PERTAINING TO CLASSIFICATION OF EMERGENCY SERVICES FOR PURPOSES OF ACCIDENT AND HEALTH INSURANCE POLICIES AND WORKERS’ COMPENSATION INSURANCE POLICIES.

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

SECTION 1. Article 1, Chapter 61, Title 44 of the 1976 Code is amended by adding:

“Section 44‑61‑55. (A) The department shall create and maintain a primary call list and a secondary call list of air ambulance service providers operating in this State.

(B) To qualify to be listed on the primary call list, an air ambulance service provider shall submit to the department attested documentation indicating the air ambulance service provider is a participating provider of the health insurance carriers in the State which collectively hold at least seventy‑five percent of the health insurance coverage in the State as determined by annual market share reports.

(C) The department shall provide the primary call list and the secondary call list for air ambulance service providers operating in this State to all emergency medical services personnel, each hospital licensed pursuant to Chapter 7, Title 44, each 911 coordinator in this State, and each public safety communications center operating in this State.

(D)(1) The department shall establish air ambulance service response zones for rotary wing aircraft which are based on response times and patient health and safety.

(2) Upon receipt of a request for air ambulance services, emergency medical services personnel, a hospital licensed pursuant to Chapter 7, Title 44, or a public safety communications center operating in this State shall make a reasonable effort to inform the requesting party of the estimated response time for the requested air transport versus the ground transport for that designated response zone. If at any point during the request for air ambulance services the requester withdraws the request, the receiving party is not required to complete that call for air ambulance services.

(3) If emergency medical services personnel, a hospital licensed pursuant to Chapter 7, Title 44, or a public safety communications center operating in this State receives a request from emergency medical services personnel for air ambulance services, the recipient of the request shall comply with the call priority established pursuant to this item as follows:

(a) The recipient of the request first shall call an air ambulance service provider listed on the primary call list which is within the designated response zone.

(b) If each of the air ambulance service providers listed on the primary list is not available or is not able and willing to respond to the call, the recipient of the request shall notify the requester of this fact and shall call an air ambulance provider listed on the secondary call list within the designated response zone.

(c) If each of the air ambulance service providers listed on the secondary list is not available, or is not able and willing to respond to the call, the recipient of the request shall notify the requester of this fact and shall inform the requester of primary and secondary air ambulance service provider options outside the designated response zone.

(E)(1) Upon request of the department, a potential patient, or a potential patient’s legal guardian, an air ambulance service provider shall provide that provider’s fee schedule, including the base rate, per loaded mile rate, and any usual and customary charges.

(2) The department shall compile and distribute the fee schedule to each hospital licensed pursuant to Chapter 7, Title 44, each hospital emergency department in the State, each physician the department determines is likely to generate an air ambulance transport, each emergency medical services provider, each emergency medical services professional, each emergency medical services personnel, each public safety communications center in this State, and each 911 coordinator in this State.

(3) Before a hospital refers a patient to an air ambulance service provider, the hospital shall make a reasonable effort to inform the patient or the patient’s legal guardian of the fees for the air ambulance service providers licensed pursuant to this chapter, for the purpose of allowing the patient or legal guardian to make an informed decision on choosing an air ambulance service provider. A hospital is exempt from complying with this item if the hospital determines compliance might jeopardize the health or safety of the patient.”

SECTION 2. Section 44‑61‑30(B) of the 1976 Code, as last amended by Act 157 of 2010, is further amended by adding an appropriately numbered item at the end to read:

“( ) the establishment of air ambulance service provider requirements that must address transport plans, including auto launch protocol and auto launch cancellation protocol, transporting to the nearest appropriate medical facility, medical necessity, and informed consent, and the establishment of quality of care standards and other appropriate requirements regarding air ambulance service providers as necessary.”

SECTION 3. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑295. For purposes of classifying ambulance services for an accident and health insurance policy:

(1) ‘Emergency response’ means a response that, at the time the ambulance is called, the ambulance responds immediately.

(2) ‘Immediate response’ means a response in which the ambulance begins as quickly as possible to take the steps necessary to respond to the call.

(3) ‘Advanced life support assessment’ means an assessment performed by an advanced life support crew as part of an emergency response that was necessary because the patient’s reported condition at the time of the dispatch was such that only an advanced life support crew was qualified to perform the assessment. An advanced life support assessment does not necessarily result in a determination that the patient requires an advanced life support level of service.”

SECTION 4. Chapter 5, Title 42 of the 1976 Code is amended by adding:

“Section 42‑5‑75. For purposes of classifying ambulance services for a workers’ compensation insurance or self‑insurance policy:

(1) ‘Emergency response’ means a response that, at the time the ambulance is called, the ambulance responds immediately.

(2) ‘Immediate response’ means a response in which the ambulance begins as quickly as possible to take the steps necessary to respond to the call.

(3) ‘Advanced life support assessment’ means an assessment performed by an advanced life support crew as part of an emergency response that was necessary because the patient’s reported condition at the time of the dispatch was such that only an advanced life support crew was qualified to perform the assessment. An advanced life support assessment does not necessarily result in a determination that the patient requires an advanced life support level of service.”

SECTION 5. This act takes effect upon approval by the Governor.

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