**South Carolina General Assembly**

122nd Session, 2017-2018

**H. 3666**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. G.M. Smith, McEachern and Yow

Document Path: l:\council\bills\nbd\11095vr17.docx

Companion/Similar bill(s): 354

Introduced in the House on February 2, 2017

Introduced in the Senate on March 29, 2017

Last Amended on March 23, 2017

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

Summary: Certificate of need

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

2/2/2017 House Introduced and read first time ([House Journal‑page 39](file:///h:\hj\20170202.docx))

2/2/2017 House Referred to Committee on **Ways and Means** ([House Journal‑page 39](file:///h:\hj\20170202.docx))

3/22/2017 House Committee report: Favorable with amendment **Ways and Means** ([House Journal‑page 43](file:///h:\hj\20170322.docx))

3/23/2017 House Member(s) request name added as sponsor: McEachern, Yow

3/23/2017 House Amended ([House Journal‑page 25](file:///h:\hj\20170323.docx))

3/23/2017 House Read second time ([House Journal‑page 25](file:///h:\hj\20170323.docx))

3/23/2017 House Roll call Yeas‑102 Nays‑0 ([House Journal‑page 27](file:///h:\hj\20170323.docx))

3/23/2017 House Unanimous consent for third reading on next legislative day ([House Journal‑page 28](file:///h:\hj\20170323.docx))

3/24/2017 House Read third time and sent to Senate ([House Journal‑page 4](file:///h:\hj\20170324.docx))

3/29/2017 Senate Introduced and read first time ([Senate Journal‑page 13](file:///h:\sj\20170329.docx))

3/29/2017 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 13](file:///h:\sj\20170329.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=3666&session=122&summary=B) at the website

**VERSIONS OF THIS BILL**

[2/2/2017](file:///p:\pprever\2017-18\3666_20170202.docx)

[3/22/2017](file:///p:\pprever\2017-18\3666_20170322.docx)

[3/23/2017](file:///p:\pprever\2017-18\3666_20170323.docx)

[3/24/2017](file:///p:\pprever\2017-18\3666_20170324.docx)

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Indicates New Matter

AMENDED

March 23, 2017

**H. 3666**

Introduced by Reps. G.M. Smith, McEachern and Yow

S. Printed 3/23/17--H. [SEC 3/24/17 3:42 PM]

Read the first time February 2, 2017.

**STATEMENT OF ESTIMATED FISCAL IMPACT**

**Explanation of Fiscal Impact**

**Amended by House Ways and Means on March 22**

**State Expenditure**

The amendment modifies language and sections referenced in the bill to ensure that crisis stabilization unit facilities (CSUF) are exempt from the certificate of need program. A crisis stabilization unit facility is re-defined as a facility, other than a health care facility, operated by the Department of Mental Health or operated in partnership with DMH. The amendment designates Section 44-7-170(A)(4) as the appropriate section to indicate that CSUFs are exempt from the certificate of need program, rather than Section 44-7-170(B) referenced in the original bill. The amendment retains language from the original bill requiring crisis stabilization facilities to be licensed by the Department of Health and Environmental Control.

**Department of Mental Health**. The department indicates that this bill will have no expenditure impact on the general fund or federal funds. This bill would have a minimal expenditure impact on other funds. The department is planning to open a community-based crisis stabilization program within one month. DMH has licensed similar programs in the past as community residential care facilities and received waivers from DHEC in order to operate since licensing regulations regarding crisis stabilization units do not exist. Once a fee schedule has been approved, this bill may increase other funds expenditures by DMH, but the amount is expected to be minimal and managed within the department’s existing resources.

**Department of Health and Environmental Control**. The department reports that this bill would require the department to promulgate new regulations and fee schedule, create and process new application forms, design new computer applications, train staff and the community on the new regulations, and inspect each crisis stabilization unit for compliance with licensure requirements. The department reports that these new responsibilities would require an additional expenditure of approximately $9,039 annually in operating expenses for a temporary employee, with an additional expenditure of $1,012 in the first year for office equipment. The Office of Revenue and Fiscal Affairs anticipates that the department will accomplish these tasks within the current other funds spending authority for the facility licensing program.

**State Revenue**

Currently, there are no regulations regarding the licensure of crisis stabilization unit facilities. DMH does not currently operate crisis stabilization facilities, and DHEC does not charge or collect fees for such facilities from DMH. If this bill is enacted, DHEC will promulgate regulations and establish a fee schedule which must first be approved by the General Assembly. At that time, it is anticipated that the fee schedule will offset any additional expenditures associated with this new license and inspection requirement. The fees are expected to be minimal. This bill would have no revenue impact on the general fund or federal funds.

**Introduced on February 2, 2017**

**State Expenditure**

This bill amends the State Certification of Need and Health Facility Licensure Act by creating a new category of facility for crisis stabilization units operated or authorized by the Department of Mental Health (DMH). The bill exempts these facilities from the certificate of need process but requires their licensure in the manner specified in the bill and in accordance with DHEC regulations. Crisis stabilization units provide short-term residential treatment twenty-four hours a day, seven days a week for people experiencing a mental health crisis. Treatment offered would consist of psychiatric stabilization services, detoxification services, and brief, intensive crisis services. The average length of stay for an individual would be three to five days.

DMH operated a short-stay facility in Charleston from 1999 to 2009 and plans to open a community-based, short-stay crisis stabilization program in March or April 2017. Currently there is no licensing category for this type of facility (or program). Therefore, at this time, DMH expects to seek licensure as a community residential care facility (CRCF) with assisted living, which may require multiple waivers of DHEC’s CRCF regulations.

**Department of Mental Health**. The department indicates that this bill will have no expenditure impact on the general fund or federal funds. This bill would have a minimal expenditure impact on other funds. The department is planning to open a community-based crisis stabilization program within one month. DMH has licensed similar programs in the past as community residential care facilities and received waivers from DHEC in order to operate since licensing regulations regarding crisis stabilization units do not exist. Once a fee schedule has been approved, this bill may increase other funds expenditures by DMH, but the amount is expected to be minimal and managed within the department’s existing resources.

**Department of Health and Environmental Control**. The department reports that this bill would require the department to promulgate new regulations and fee schedule, create and process new application forms, design new computer applications, train staff and the community on the new regulations, and inspect each crisis stabilization unit for compliance with licensure requirements. The department reports that these new responsibilities would require an additional expenditure of approximately $9,039 annually in operating expenses for a temporary employee, with an additional expenditure of $1,012 in the first year for office equipment. The Office of Revenue and Fiscal Affairs anticipates that the department will accomplish these tasks within the current other funds spending authority for the facility licensing program.

**State Revenue**

Currently, there are no regulations regarding the licensure of crisis stabilization unit facilities. DMH does not currently operate crisis stabilization facilities, and DHEC does not charge or collect fees for such facilities from DMH. If this bill is enacted, DHEC will promulgate regulations and establish a fee schedule which must first be approved by the General Assembly. At that time, it is anticipated that the fee schedule will offset any additional expenditures associated with this new license and inspection requirement. The fees are expected to be minimal. This bill would have no revenue impact on the general fund or federal funds.

Frank A. Rainwater, Executive Director

Revenue and Fiscal Affairs Office

**A** **BILL**

TO AMEND SECTION 44‑7‑130, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO DEFINITIONS FOR THE STATE CERTIFICATION OF NEED AND HEALTH FACILITIES LICENSURE ACT, SO AS TO DEFINE “CRISIS STABILIZATION UNIT FACILITY”; TO AMEND SECTION 44‑7‑170, AS AMENDED, RELATING TO THE APPLICABILITY OF THE CERTIFICATE OF NEED PROCESS TO CERTAIN PROJECTS, SO AS TO MAKE THE PROCESS INAPPLICABLE TO CRISIS STABILIZATION UNIT FACILITIES; AND TO AMEND SECTION 44‑7‑260, AS AMENDED, RELATING TO REQUIREMENTS FOR LICENSURE FOR HEALTH FACILITIES, SO AS TO REQUIRE CRISIS STABILIZATION UNIT FACILITIES TO OBTAIN A LICENSE FROM THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL.

Amend Title To Conform

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

SECTION 1. Section 44‑7‑130 of the 1976 Code, as last amended by Act 173 of 2014, is further amended by adding an appropriately numbered item at the end to read:

“(26) ‘Crisis stabilization unit facility’ means a facility, other than a health care facility, operated by the Department of Mental Health or operated in partnership with the Department of Mental Health that provides a short‑term residential program, offering psychiatric stabilization services and brief, intensive crisis services to individuals eighteen and older, twenty‑four hours a day, seven days a week.”

SECTION 2. Section 44‑7‑170(A) of the 1976 Code, as last amended by Act 278 of 2010, is further amended to read:

“(A) The following are exempt from Certificate of Need review:

(1) the acquisition by a person of medical equipment to be used solely for research, the offering of an institutional health service by a person solely for research, or the obligation of a capital expenditure by a person to be made solely for research if it does not:

(a) affect the charges imposed by the person for the provision of medical or other patient care services other than the services that are included in the research;

(b) change the bed capacity of a health care facility; or

(c) substantially change the medical or other patient care services provided by the person.

A written description of the proposed research project must be submitted to the department in order for the department to determine if these conditions are met. A Certificate of Need is required in order to continue use of the equipment or service after the equipment or service is no longer being used solely for research;

(2) the offices of a licensed private practitioner whether for individual or group practice except as provided for in Section 44‑7‑160(1) and (6);

(3) the replacement of like equipment for which a Certificate of Need has been issued which does not constitute a material change in service or a new service;

(4) crisis stabilization unit facilities. Notwithstanding subsection (C), crisis stabilization facilities do not require a written exemption from the department.”

SECTION 3. Section 44‑7‑260(A) of the 1976 Code, as last amended by Act 47 of 2011, is further amended to read:

“(A) If they provide care for two or more unrelated persons, the following facilities or services may not be established, operated, or maintained in this State without first obtaining a license in the manner provided by this article and regulations promulgated by the department:

(1) hospitals, including general and specialized hospitals;

(2) nursing homes;

(3) residential treatment facilities for children and adolescents;

(4) ambulatory surgical facilities;

(5) ~~Reserved~~ crisis stabilization unit facilities;

(6) community residential care facilities;

(7) facilities for chemically dependent or addicted persons;

(8) end‑stage renal dialysis units;

(9) day‑care facilities for adults;

(10) any other facility operating for the diagnosis, treatment, or care of persons suffering from illness, injury or other infirmity and for which the department has adopted standards of operation by regulation~~.~~;

(11) intermediate care facilities for persons with intellectual disability;

(12) freestanding or mobile technology.

(13) facilities wherein abortions are performed~~.~~or

(14) birthing centers.”

SECTION 4. This act takes effect upon approval by the Governor.

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