**South Carolina General Assembly**

124th Session, 2021-2022

**A163, R215, H4597**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Bustos, M.M. Smith, Huggins, Bennett, Hill, Matthews and Brawley

Document Path: l:\council\bills\cc\16100vr22.docx

Introduced in the House on January 11, 2022

Introduced in the Senate on February 24, 2022

Last Amended on May 4, 2022

Passed by the General Assembly on May 11, 2022

Governor's Action: May 13, 2022, Signed

Summary: Anatomical gifts, nondiscrimination in access

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

11/17/2021 House Prefiled

11/17/2021 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

1/11/2022 House Introduced and read first time ([House Journal‑page 64](file:///h:\hj\20220111.docx))

1/11/2022 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 64](file:///h:\hj\20220111.docx))

1/25/2022 House Member(s) request name added as sponsor: Hill

1/26/2022 House Member(s) request name added as sponsor: Matthews

1/27/2022 House Member(s) request name added as sponsor: Brawley

2/17/2022 House Committee report: Favorable **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 49](file:///h:\hj\20220217.docx))

2/23/2022 House Read second time ([House Journal‑page 9](file:///h:\hj\20220223.docx))

2/23/2022 House Roll call Yeas‑94 Nays‑0 ([House Journal‑page 9](file:///h:\hj\20220223.docx))

2/24/2022 House Read third time and sent to Senate ([House Journal‑page 29](file:///h:\hj\20220224.docx))

2/24/2022 Senate Introduced and read first time ([Senate Journal‑page 6](file:///h:\sj\20220224.docx))

2/24/2022 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 6](file:///h:\sj\20220224.docx))

4/12/2022 Senate Recalled from Committee on **Medical Affairs** ([Senate Journal‑page 3](file:///h:\sj\20220412.docx))

4/12/2022 Senate Committed to Committee on **Banking and Insurance** ([Senate Journal‑page 3](file:///h:\sj\20220412.docx))

4/26/2022 Senate Committee report: Favorable **Banking and Insurance** ([Senate Journal‑page 8](file:///h:\sj\20220426.docx))

5/4/2022 Senate Amended ([Senate Journal‑page 43](file:///h:\sj\20220504.docx))

5/4/2022 Senate Read second time ([Senate Journal‑page 43](file:///h:\sj\20220504.docx))

5/4/2022 Senate Roll call Ayes‑41 Nays‑0 ([Senate Journal‑page 43](file:///h:\sj\20220504.docx))

5/5/2022 Senate Read third time and returned to House with amendments ([Senate Journal‑page 16](file:///h:\sj\20220505.docx))

5/11/2022 House Concurred in Senate amendment and enrolled ([House Journal‑page 63](file:///h:\hj\20220511.docx))

5/11/2022 House Roll call Yeas‑110 Nays‑0 ([House Journal‑page 63](file:///h:\hj\20220511.docx))

5/12/2022 Ratified R 215 ([Senate Journal‑page 223](file:///h:\sj\20220512.docx))

5/13/2022 Signed By Governor

5/31/2022 Effective date 05/13/22

5/31/2022 Act No.  163

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**VERSIONS OF THIS BILL**

[11/17/2021](file:///p:\pprever\2021-22\4597_20211117.docx)

[2/17/2022](file:///p:\pprever\2021-22\4597_20220217.docx)

[4/26/2022](file:///p:\pprever\2021-22\4597_20220426.docx)

[5/4/2022](file:///p:\pprever\2021-22\4597_20220504.docx)

(A163, R215, H4597)

**AN ACT TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING ARTICLE 15 TO CHAPTER 43, TITLE 44 SO AS TO PROHIBIT DISCRIMINATION AGAINST INDIVIDUALS WITH DISABILITIES IN ACCESSING ANATOMICAL GIFTS AND ORGAN TRANSPLANTS; TO DEFINE CERTAIN TERMS; TO ESTABLISH REQUIREMENTS AND PROHIBITED CONDUCT FOR COVERED ENTITIES, INCLUDING HOSPITALS AND ORGAN PROCUREMENT ORGANIZATIONS, WITH REGARD TO THE ORGAN TRANSPLANT PROCESS; TO CREATE CIVIL REMEDIES FOR VIOLATION OF THE PROVISIONS OF THE ARTICLE; AND FOR OTHER PURPOSES.**

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

**Nondiscrimination, access to transplants**

SECTION 1. Chapter 43, Title 44 of the 1976 Code is amended by adding:

“Article 15

Nondiscrimination in Access to Anatomical Gift and Organ Transplants

Section 44‑43‑1510. (A) The General Assembly finds that:

(1) A mental or physical disability does not diminish a person’s right to health care.

(2) The Americans with Disabilities Act of 1990, 42 U.S.C. Section 12101, prohibits discrimination against persons with disabilities, yet many individuals with disabilities still experience discrimination in accessing critical health care services.

(3) Nationwide, individuals with mental and physical disabilities have been denied life‑saving organ transplants based on assumptions that their lives are less worthy, that they are incapable of complying with posttransplant medical requirements, or that they lack adequate support systems to ensure compliance with posttransplant medical requirements.

(4) Although organ transplant centers must consider medical and psychosocial criteria when determining if a patient is suitable to receive an organ transplant, transplant centers that participate in Medicare, Medicaid, and other federally funded programs are required to use patient selection criteria that result in a fair and nondiscriminatory distribution of organs.

(5) South Carolina residents in need of organ transplants are entitled to assurances that they will not encounter discrimination on the basis of a disability.

(B) The General Assembly declares that the life of a person with a disability who needs an organ transplant is as worthy and valuable as the life of a person with no disability who needs the same medical service.

Section 44‑43‑1520. For purposes of this article:

(1) ‘Anatomical gift’ means a donation of all or part of a human body to take effect after the donor’s death for the purpose of transplantation or transfusion.

(2) ‘Auxiliary aids or services’ means an aid or service that is used to provide information to an individual with a cognitive, developmental, intellectual, neurological, or physical disability and is available in a format or manner that allows the individual to better understand the information. An auxiliary aid or service may include:

(a) qualified interpreters or other effective methods of making aurally delivered materials available to persons with hearing impairments;

(b) qualified readers, taped texts, texts in accessible electronic format, or other effective methods of making visually delivered materials available to persons with visual impairments;

(c) supported decision‑making services, including:

(i) the use of a support individual to communicate information to the individual with a disability, ascertain the wishes of the individual, or assist the individual in making decisions;

(ii) the disclosure of information to a legal guardian, authorized representative, or another individual designated by the individual with a disability for such purpose, as long as the disclosure is consistent with state and federal law, including the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1320d, et seq., and any regulations promulgated by the United States Department of Health and Human Services to implement the act;

(iii) if an individual has a court‑appointed guardian or other individual responsible for making medical decisions on behalf of the individual, any measures used to ensure that the individual is included in decisions involving the individual’s health care and that medical decisions are in accordance with the individual’s own expressed interests;

(iv) any other aid or service that is used to provide information in a format that is easily understandable and accessible to individuals with cognitive, neurological, developmental, or intellectual disabilities, including assistive communication technology.

(3) ‘Covered entity’ means:

(a) any licensed provider of health care services, including licensed health care practitioners, hospitals, nursing facilities, laboratories, intermediate care facilities, psychiatric residential treatment facilities, institutions for individuals with intellectual or developmental disabilities, and prison health centers;

(b) any entity responsible for matching anatomical gift donors to potential recipients, including an eye bank, organ procurement organization, or tissue bank, as those terms are defined in Section 44‑43‑305.

(4) ‘Disability’ has the meaning stated in the Americans with Disabilities Act of 1990, as amended.

(5) ‘Organ transplant’ means the transplantation or transfusion of a part of a human body into the body of another for the purpose of treating or curing a medical condition.

(6) ‘Qualified recipient’ means an individual who has a disability and meets the essential eligibility requirements for the receipt of an anatomical gift with or without any of the following:

(a) individuals or entities available to support and assist the individual with an anatomical gift or transplantation;

(b) auxiliary aids or services;

(c) reasonable modifications to the policies, practices, or procedures of a covered entity, including modifications to allow for either or both of the following:

(i) communication with one or more individuals or entities available to support or assist with the recipient’s care and medication after surgery or transplantation;

(ii) consideration of support networks available to the individual, including family, friends, and home‑ and community‑based services, including home‑ and community‑based services funded through Medicaid, Medicare, another health plan in which the individual is enrolled, or any program or source of funding available to the individual, when determining whether the individual is able to comply with posttransplant medical requirements.

Section 44‑43‑1530. (A) The provisions of this section apply to all stages of the organ transplant process.

(B) A covered entity must not, solely on the basis of an individual’s disability:

(1) consider the individual ineligible to receive an anatomical gift or organ transplant;

(2) deny medical services or other services related to organ transplantation, including diagnostic services, evaluation, surgery, counseling, and postoperative treatment and services;

(3) refuse to refer the individual to a transplant center or other related specialist for the purpose of being evaluated for or receiving an organ transplant;

(4) refuse to place a qualified recipient on an organ transplant waiting list;

(5) place a qualified recipient on an organ transplant waiting list at a lower priority position than the position at which the individual would have been placed if the individual did not have a disability; or

(6) refuse insurance coverage for any procedure associated with being evaluated for or receiving an anatomical gift or organ transplant, including posttransplantation and posttransfusion care.

(C) Notwithstanding subsection (B), a covered entity may take an individual’s disability into account when making treatment or coverage recommendations or decisions, solely to the extent that the disability has been found by a physician or surgeon, following an individualized evaluation of the individual, to be medically significant to the provision of the anatomical gift.

(D) If an individual has the necessary support system to assist the individual in complying with posttransplant medical requirements, a covered entity may not consider the individual’s inability to independently comply with posttransplant medical requirements to be medically significant for the purposes of subsection (C).

(E) A covered entity must make reasonable modifications to its policies, practices, or procedures to allow individuals with disabilities access to transplantation‑related services, including diagnostic services, surgery, coverage, postoperative treatment, and counseling, unless the entity can demonstrate that making such modifications would fundamentally alter the nature of such services.

(F) A covered entity must take steps necessary to ensure that an individual with a disability is not denied medical services or other services related to organ transplantation, including diagnostic services, surgery, postoperative treatment, or counseling, due to the absence of auxiliary aids or services, unless the covered entity demonstrates that taking the steps would fundamentally alter the nature of the medical services or other services related to organ transplantation or would result in an undue burden for the covered entity.

(G) Nothing in this section may be deemed to require a covered entity to make a referral or recommendation for or perform a medically inappropriate organ transplant.

(H) A covered entity must otherwise comply with the requirements of Titles II and III of the Americans with Disabilities Act of 1990, as amended.

Section 44‑43‑1540. (A) Whenever it appears that a covered entity has violated or is violating any of the provisions of this article, the affected individual may commence a civil action for injunctive and other equitable relief against the covered entity for purposes of enforcing compliance with this article. The action may be brought in the circuit court for the county where the affected individual resides or resided or was denied the organ transplant or referral.

(B) In an action brought under this article, the court shall give priority on its docket and expedited review, and may grant injunctive or other equitable relief, including:

(1) requiring auxiliary aids or services to be made available for a qualified recipient;

(2) requiring the modification of a policy, practice, or procedure of a covered entity; or

(3) requiring facilities be made readily accessible to and usable by a qualified recipient.

(C) Nothing in this article is intended to limit or replace available remedies under the Americans with Disabilities Act of 1990 or any other applicable law.

(D) This article does not create a right to compensatory or punitive damages against a covered entity.”

**Time effective**

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

Ratified the 12th day of May, 2022.

Approved the 13th day of May, 2022.

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