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CHAPTER 61.

EMERGENCY MEDICAL SERVICES

ARTICLE 1.

EMERGENCY MEDICAL SERVICES

**SECTION 44‑61‑10.** Short title.

This article may be cited as “the Emergency Medical Services Act of South Carolina”.

**SECTION 44‑61‑20.** Definitions.

As used in this article, and unless otherwise specified, the term:

(a) “Ambulance” means a vehicle maintained or operated by a licensed provider who has obtained the necessary permits and licenses for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated.

(b) “Attendant” means a trained and qualified individual responsible for the operation of an ambulance and the care of the patients, regardless of whether the attendant also serves as driver.

(c) “Attendant‑driver” means a person who is qualified as an attendant and a driver.

(d) “Driver” means an individual who drives or otherwise operates an ambulance.

(e) “Permit” means an authorization issued for an ambulance vehicle which meets the standards adopted pursuant to this article.

(f) “License” means an authorization to a person, firm, corporation, or governmental division or agency to provide emergency medical, services in the State.

(g) “Licensee” means any person, firm, corporation, or governmental division or agency possessing authorization, permit, license, or certification to provide emergency medical service in this State.

(h) “Certificate” means official acknowledgment by the department that an individual has completed successfully one of the appropriate emergency medical technician training courses referred to in this article in addition to completing successfully the requisite examinations, which entitles that individual to perform the functions and duties as delineated by the classification for which the certificate was issued.

(i) “Board” means the governing body of the Department of Health and Environmental Control or its designated representative.

(j) “Emergency medical service system” means the arrangement of personnel, facilities, and equipment for the delivery of health care services under emergency conditions.

(k) “Emergency medical technician” (technician) means an individual possessing a valid, basic, intermediate, or paramedic certificate issued by the State pursuant to the provisions of this article.

(l) “Standards” means the required measurable components of an emergency medical service system having permanent and recognized value that provide adequate emergency health care delivery.

(m) “Authorized agent” means any individual designated to represent the department.

(n) “Patient” means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless.

(o) “Operator” means an individual, firm, partnership, association, corporation, company, group, or individuals acting together for a common purpose or organization of any kind, including any governmental agency other than the United States.

(p) “Department” means the administrative agency known as the Department of Health and Environmental Control.

(q) “National Registry of Emergency Medical Technicians Registration’ is given to an individual who has completed successfully the National Registry of Emergency Medical Technicians examination and its requirements.

(r) “In‑service training” means a course of training approved by the department that is conducted by the licensed provider for his personnel at his prime location.

(s) “Convalescent vehicle” means a vehicle that is used for making nonemergency calls such as scheduled visits to a physician’s office or hospital for treatment, routine physical examinations, x‑rays or laboratory tests, or is used for transporting patients upon discharge from a hospital or nursing home to a hospital or nursing home or residence, or other nonemergency calls.

(t) “EMT First Responder Agency” means a licensed agency providing medical care at the EMT Basic level or above, as a nontransporting first responder.

(u) “Emergency transport” means services and transportation provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity including severe pain that the absence of medical attention could reasonably be expected to result in the following:

(1) placing the patient’s health in serious jeopardy;

(2) causing serious impairment to bodily functions;

(3) causing serious dysfunction of bodily organ or part; or

(4) a situation that resulted from an accident, injury, acute illness, unconsciousness, or shock, for example, required oxygen or other emergency treatment, required the patient to remain immobile because of a fracture, stroke, heart attack, or severe hemorrhage.

(v) “Nonemergency transport” means services and transportation provided to a patient whose condition is considered stable. A stable patient is one whose condition reasonably can be expected to remain the same throughout the transport and for whom none of the criteria for emergency transport has been met. Prearranged transports scheduled at the convenience of the service or medical facility will be classified as a nonemergency transport.

(w) “Moral turpitude” means behavior that is not in conformity with and is considered deviant by societal standards.

(x) “Condition requiring an emergency response” means the sudden onset of a medical condition manifested by symptoms of such sufficient severity, including severe pain, that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect without medical attention, to result in:

(1) serious illness or disability;

(2) impairment of a bodily function;

(3) dysfunction of the body; or

(4) prolonged pain, psychiatric disturbance, or symptoms of withdrawal.

(y) “Revocation” means that the department has permanently voided a license, permit, or certificate and the holder no longer may perform the function associated with the license, permit, or certificate. The department will not reissue the license, permit, or certificate for a period of two years for a license or permit and three years for a certificate. At the end of this period, the holder may petition for reinstatement.

(z) “Suspension” means that the department has temporarily voided a license, permit, or certificate and the holder may not perform the function associated with the license, permit, or certificate until the holder has complied with the statutory requirements and other conditions imposed by the department.

**SECTION 44‑61‑30.** Standards and regulations for improvement of emergency medical services; creation and membership of Emergency Medical Services Advisory Council.

(a) The Department of Health and Environmental Control, with the advice of the Emergency Medical Services Advisory Council, shall develop standards and prescribe regulations for the improvement of emergency medical services (hereinafter referred to as EMS) in the State. All administrative responsibility for this program is vested in the department.

(b) The EMS program shall include:

(1) the regulation and licensing of public, private, volunteer, or other type ambulance services; however, in developing these programs for regulating and licensing ambulance services, the programs must be formulated in such a manner so as not to restrict or restrain competition;

(2) inspection and issuance of permits for ambulance vehicles;

(3) the licensing of EMT first responder agencies;

(4) training and certification of EMS personnel;

(5) development, adoption, and implementation of EMS standards and state plan;

(6) the development and coordination of an EMS communications system; and

(7) designation of trauma centers and the categorization of hospital emergency departments.

(c) An Emergency Medical Services Advisory Council must be established composed of representatives of the Department of Health and Environmental Control, the South Carolina Medical Association, the South Carolina Committee on Trauma, the South Carolina Hospital Association, the South Carolina Heart Association, Medical University of South Carolina, University of South Carolina School of Medicine, South Carolina College of Emergency Physicians, South Carolina Emergency Nurses Association, Emergency Management Division of the Office of the Adjutant General, South Carolina Emergency Medical Services Association, State Board for Technical and Comprehensive Education, Governor’s Office of Highway Safety, Department of Health and Human Services, four regional Emergency Medical Services councils, and one EMT first responder agency. Membership on the council must be by appointment by the board. Three members of the advisory council must be members of organized rescue squads operating in this State, three members shall represent the private emergency services systems, and three members shall represent the county emergency medical services systems.

**SECTION 44‑61‑40.** Required licenses and permits; applications therefor; appeals; renewals.

(a) A person, firm, corporation, association, county, district, municipality, or metropolitan government or agency, either as owner, agent, or otherwise, may not furnish, operate, conduct, maintain, advertise, or otherwise engage in or profess to engage in the business or service of providing EMT first response or ambulance service, or both, without obtaining a valid license and ambulance permit issued by the department.

(b) Applicants shall file license applications with the appropriate official of the department having authority over emergency services. At a minimum, license applications shall contain evidence of ability to conform to the standards and regulations established by the board and such other information as may be required by the department. If the application is approved, the license will be issued. If the application is disapproved, the applicant may appeal in a manner pursuant to the Administrative Procedures Act beginning at Section 1‑23‑310.

(c) Applicants shall renew licenses and permits every two years.

**SECTION 44‑61‑50.** Ambulance permits.

A vehicle must not be operated as an ambulance, unless its licensed owner applies for and receives an ambulance permit issued by the department for that vehicle. Prior to issuing an original permit for an ambulance, the vehicle for which the permit is issued shall meet all requirements as to vehicle design, construction, staffing, medical and communication equipment and supplies, and sanitation as set forth in this article or in the standards and regulations established by the board. Absent revocation or suspension permits issued for ambulances are valid for a period not to exceed two years.

**SECTION 44‑61‑60.** Ambulance equipment requirements.

(a) Such equipment as deemed necessary by the department must be required of organizations applying for ambulance permits. Each licensee of an ambulance shall comply with regulations as may be promulgated by the board and shall maintain in each ambulance, when it is in use as such, all equipment as may be prescribed by the board.

(b) The transportation of patients and the provision of emergency medical services shall conform to standards adopted by the board.

**SECTION 44‑61‑65.** First responder licensing requirements

Organizations applying for first responder licensure must comply with equipment, training, and certification standards and other requirements promulgated by the department in regulation.

**SECTION 44‑61‑70.** Suspension or revocation of license or permit; penalty.

(a) The department may enforce rules, regulations, and standards promulgated and set pursuant to this article. An enforcement action taken by the department may be appealed pursuant to the Administrative Procedures Act beginning with Section 1‑23‑310.

(b) Grounds for an enforcement action against an authorization, license, or permit exist for violation of a rule or regulation pursuant to this article. The department may suspend a license pending an investigation of an alleged violation or complaint. The department may impose a civil monetary penalty up to five hundred dollars per offense per day to a maximum of ten thousand dollars and revoke or suspend the provider’s license or permit if the department finds that a service has:

(1) allowed uncertified personnel to perform patient care;

(2) falsified required forms or paperwork as required by the department;

(3) failed to maintain required equipment as evidenced by past compliance history;

(4) failed to maintain a medical control physician;

(5) failed to maintain equipment in working order; or

(6) failed to respond to a call within the response area of the service without providing for response by an alternate service.

(c) Whoever hinders, obstructs, or interferes with a duly authorized agent of the department while in the performance of his duties or violates a provision of this article or rule or regulation of the board promulgated pursuant to this article is guilty of a misdemeanor and, upon conviction, must be punished by a fine of not less than five hundred dollars and not more than five thousand dollars or by imprisonment for not less than ten days nor more than six months for each offense. Information pertaining to the license or permit is admissible in evidence in all prosecutions under this article if it is consistent with applicable statutory provisions.

(d) If a permitted ambulance or licensed first responder service fails inspection or loses points upon initial inspection, a civil monetary penalty must not be levied. Instead, a copy of the inspection report will be given to the service indicating deficiencies found and a request for a letter of compliance and a time period by which to correct the deficiencies will be issued. Upon reinspection, any deficiencies found will be assigned a point value and fine schedule or the permit will be revoked, or both. The fine schedule is found in Regulation 61‑7.

**SECTION 44‑61‑80.** Emergency medical technician certificate; renewal; misconduct warranting suspension or revocation.

(a) All ambulance attendants shall obtain a valid emergency medical technician certificate unless an exception is granted pursuant to regulations promulgated by the department.

(b) The department shall develop and approve curricula for the necessary classification of emergency medical technicians and approve the training program for the necessary classifications of emergency medical technicians.

(c) A person seeking EMT certification must pass the National Registry examination for the level of certification desired and meet other requirements established by the department. The department will make a determination of the applicant’s qualifications and, if appropriate, issue a certificate to the applicant.

(d) A person seeking EMT certification or recertification must undergo a state criminal records check, supported by fingerprints, by the South Carolina Law Enforcement Division (SLED), and a national criminal records check, supported by fingerprints, by the Federal Bureau of Investigation (FBI). The results of these criminal records checks must be reported to the department. SLED is authorized to retain the fingerprints for certification purposes and for notification of the department regarding criminal charges. The cost of the state criminal records check must not exceed eight dollars and must be paid to the department by the EMT or the EMS agency upon application for the state check. The cost of the national records check is established by the FBI and must be paid to the department by the EMT or the EMS agency upon application for the national check. The state and national criminal records checks are not required for an EMT employed as of July 1, 2008, until the EMT applies for recertification. The department may deny certification to applicants with certain past felony convictions and to those who are under felony indictment. Applications for certification of individuals convicted of or under indictment for the following crimes will be denied in all cases:

(1) felonies involving criminal sexual conduct;

(2) felonies involving the physical or sexual abuse of children, the elderly, or the infirm including, but not limited to, criminal sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on a vulnerable adult;

(3) a crime in which the victim is a patient or resident of a health care facility, including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

Applications from individuals convicted of, or under indictment for, other offenses not listed above will be reviewed by the department on a case by case basis.

(e) EMT certification is valid for a period not exceeding three years from the date of issuance and must be renewed by undergoing a state and national criminal records check as provided for in subsection (d) and completing a refresher course and examination during the three‑year certification period as required by the department and provided for by this article. Upon successful completion of an approved in‑service training program directed by the medical control physician during the three‑year certification period and passage of the skills evaluation as provided for by the department, the refresher course requirements and the practical skills evaluation may be waived. Failure to pass the written examination after three attempts will require completion of another refresher course and reexamination. The curriculum for in‑service training programs required in this subsection must include, but not be limited to, subject matter prescribed by the department. The in‑service training programs shall consist of classroom and skills phases that may be conducted at licensed services, educational facilities, or hospitals throughout the State. The medical control physician who evaluates the skills of an emergency medical technician applying for certificate renewal also may grant a waiver of taking the written exam. The waiver must certify that the emergency medical technician is knowledgeable, proficient, and capable of performing the duties of an emergency medical technician. The accomplished waiver substitutes for the written exam, but all others are required to take the prescribed written exam before renewal. Those who are nationally registered may exempt the state practical and written exam upon submission of appropriate documentation.

(f) The department may take enforcement action against the holder of a certificate at any time it is determined that the holder no longer meets the prescribed qualifications set forth by the department or has failed to provide to patients emergency medical treatment of a quality deemed acceptable by the department or is guilty of misconduct as outlined by the rules and regulations. Misconduct means that, while holding a certificate, the holder:

(1) used a false, fraudulent, or forged statement or document or practiced a fraudulent, deceitful, or dishonest act in connection with the certification requirements or official documents required by the department;

(2) was convicted of or currently under indictment for a felony or another crime involving moral turpitude, drugs, or gross immorality;

(3) was addicted to alcohol or drugs to such a degree as to render him unfit to perform as an EMT;

(4) sustained a mental or physical disability that renders further practice by him dangerous to the public;

(5) obtained fees or assisted another in obtaining fees under dishonorable, false, or fraudulent circumstances;

(6) disregarded an appropriate order by a physician concerning emergency treatment or transportation;

(7) at the scene of an accident or illness, refused to administer emergency care based on the age, sex, race, religion, creed, or national origin of the patient;

(8) after initiating care of a patient at the scene of an accident or illness, discontinued care or abandoned the patient without the patient’s consent or without providing for the further administration of care by an equal or higher medical authority;

(9) revealed confidences entrusted to him in the course of medical attendance, unless this revelation was required by law or is necessary in order to protect the welfare of the individual or the community;

(10) by action or omission and without mitigating circumstance, contributed to or furthered the injury or illness of a patient under his care;

(11) was careless, reckless, or irresponsible in the operation of an emergency vehicle;

(12) performed skills above the level for which he was certified or performed skills that he was not trained to do;

(13) observed the administration of substandard care by another EMT or other medical provider without documenting the event and notifying a supervisor;

(14) by his actions or inactions, created a substantial possibility that death or serious physical harm could result;

(15) did not take or complete remedial training or other courses of action as directed by the department as a result of an investigation or inquiry;

(16) was found to be guilty of the falsification of documentation as required by the department;

(17) breached a section of the Emergency Medical Services Act of South Carolina or a subsequent amendment of the act or any rules or regulations published pursuant to the act.

The department is further authorized to suspend a certificate pending the investigation of any complaint or allegation regarding the commission of an offense including, but not limited to, those listed above.

(g) All instructors of emergency medical technician training courses must be certified by the department pursuant to requirements established by the board; and all such training courses shall be supervised by certified instructors.

**SECTION 44‑61‑90.** Records shall be kept by ambulance service licensees.

Each licensee shall maintain records that include approved patient care report forms, employee/member rosters, and training records. These records must be available for inspection by the department at any reasonable time and copies must be furnished to the department upon request.

**SECTION 44‑61‑100.** Exemptions.

The following are exempted from the provisions of this article:

(a) Ambulances owned and operated by the Federal Government;

(b) A vehicle or vehicles, including associated personnel, rendering assistance to community ambulances in the case of a catastrophe when licensed ambulances in the locality are insufficient to render the required services;

(c) The use of a privately or publicly owned vehicle, not ordinarily utilized in the transportation of persons who are sick, injured, or otherwise incapacitated and operating pursuant to Section 15‑1‑310 (Good Samaritan Act) in the prevention of loss of life and alleviation of suffering;

(d) The use of out‑of‑state ambulance services and personnel to assist with treatment and transport of patients during a disaster or catastrophe when licensed services in the locality are insufficient to render the required services.

**SECTION 44‑61‑105.** Size requirements and exemptions for convalescent transport units.

The governing body of any county may exempt, by ordinance, any ambulances used primarily as convalescent transport units from the size provisions of this article or a regulation relating to size requirements promulgated pursuant to this article.

Any vehicle which does not meet the size requirements named in federal specification KKK‑A‑1822 may be used as a convalescent transport unit provided it meets the following requirements:

1. There shall be no restrictions concerning the painted color of convalescent transport units.

2. No emblems or markings detailed in Section 501 of Regulation 61‑7 of the department may be employed by convalescent transport units, except that the name of the operating company or organization shall be allowed on the vehicle.

3. (a) The minimum inside length from the back of the driver’s seat to the closed rear door of the vehicle is one hundred eight inches.

(b) The minimum inside width is sixty‑six inches from window to window.

(c) The minimum inside height from floor to ceiling is fifty‑two inches.

4. (a) Rear doors shall swing clear of the opening to permit full access to the patient compartment.

(b) All patient compartment doors shall incorporate a holding device to prevent the door closing unintentionally from wind or vibration. When doors are open the holding device shall not protrude into the access area.

(c) The spare tire shall be secured and stored in such a position that it may be removed without disturbing the patient.

5. (a) Lighting must be available for both the driver and an attendant, if riding in the driving compartment, to read maps, records, etc. There must be shielding of the driver’s area from the lights in the patient compartment.

(b) Illumination must be sufficient throughout the compartment for adequate observation of vital signs, such as skin color and pupillary reflex, and for care in transit. Controls will be located in the patient compartment.

6. (a) There shall be at least one flood light mounted above the rear door of the vehicle.

(b) Convalescent transport units are prohibited from using emergency lights. Yellow warning lights may be installed, however, with use limited to emergencies that may develop while transporting convalescent patients.

7. All safety factors for the patient compartment detailed in Section 501 of Regulation 61‑7 of the department shall be employed by convalescent transport.

8. All environmental equipment and specifications detailed in Section 501 of Regulation 61‑7 of the department shall be employed by convalescent transport units with the exception that there need not be separate heating and air conditioning controls in the patient compartment unless a bulkhead or other physical boundary prevents adequate circulation.

9. A spare wheel with appropriate size, inflated, mounted tire shall be provided in addition to a jack and wheel lug wrench.

10. Convalescent transport units shall have storage cabinets of sufficient size and configuration to store all required equipment. All equipment must be accessible to the attendant at all times.

11. All convalescent transport units are prohibited the use of any siren or public address system.

12. All windows, windshield, and door glass must be shatterproof.

13. Convalescent transport units must be equipped with the minimum ambulance medical equipment detailed in Section 601 of Regulation 61‑7 of the department.

14. There must be at least one certified Emergency Medical Technician in the patient compartment each time a patient is transported.

Nothing in this section shall be interpreted as prohibiting those ambulances meeting the requirements of federal specification KKK‑1822 from operating as both convalescent and emergency vehicles.

**SECTION 44‑61‑110.** Restriction on financial aid.

No financial grants or funds administered by the State for emergency medical services pertinent to this article shall be made available to counties or municipalities not in compliance with the provisions of this article.

**SECTION 44‑61‑120.** Development of plan; guidelines for administration of epinephrine by paramedic emergency medical technicians.

The department shall develop a comprehensive statewide emergency medical services plan to implement and ensure the delivery of adequate emergency medical services to every citizen. This plan must include guidelines for basic, intermediate, and paramedic emergency medical technicians for the administration of epinephrine to a person suffering or believed to be suffering from anaphylaxis.

**SECTION 44‑61‑130.** Authority of emergency medical technicians.

A certified emergency medical technician may perform any function consistent with his certification, according to guidelines and regulations that the board may prescribe. Emergency medical technicians, trained to provide advanced life support and possessing current Department of Health and Environmental Control certification while on duty with a licensed service, are authorized to possess limited quantities of drugs, including controlled substances, as may be approved by the Department of Health and Environmental Control for administration to patients during the regular course of duties of emergency medical technicians, pursuant to the written or verbal order of a physician possessing a valid license to practice medicine in this State; however, the physician must be registered pursuant to state and federal laws pertaining to controlled substances.

**SECTION 44‑61‑140.** Chapter shall not affect present rescue units.

This article must not be construed as limiting presently operating rescue units from utilizing their existing equipment and performing the functions they are now allowed to do so long as they do not conflict with licensed agencies contained in subsection (a) of Section 44‑61‑40.

**SECTION 44‑61‑150.** Rules and regulations shall be filed.

All rules and regulations promulgated by the board shall be filed with the Secretary of State.

**SECTION 44‑61‑160.** Confidentiality of patient identity and information; release of information.

(a) The identities of patients, emergency, and critical care medical services personnel and emergency and critical care medical services mentioned, referenced, or otherwise appearing in information and data collected or prepared by or in connection with emergency medical services 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 nor are they subject to subpoena in any administrative, civil, or criminal proceeding, and they are not otherwise available except pursuant to court order. An individual’s attendance at a proceeding must not be required to testify as to the identity of a person or entity except pursuant to court order. A person, medical facility, or other organization providing or releasing information in accordance with this article must not 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 must not be released except that the identity of a patient may be released upon written consent of the patient or the patient’s 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) The contents of an official investigation or inquiry conducted by the Emergency Medical Services Section within the Department of Health and Environmental Control must be treated as confidential and only may be released in a legal proceeding involving the question of licensing, certification, or revocation of a license or certificate. The proceedings, records, and information acquired or produced by the emergency practices review committee is confidential pursuant to Section 40‑71‑20. The emergency practices review committee is a professional committee that reviews the information on official investigations into the actions of a certified EMT at any level or a licensed emergency medical service.

(d) Information must not be released except to:

(1) appropriate staff of the Emergency Medical Services Section 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 information identifying a subject of a report or a reporter must not be made available to a researcher unless consent is obtained pursuant to this section.

(e) For purposes of maintaining the data base collected pursuant to this article, the department and the Office of Research and Statistics may access and provide access to appropriate confidential data reported in accordance with Section 44‑61‑160.

(f) 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.

(g) This section supersedes any other provision of law, with the exception of federal law, which may be contrary to requirements set forth in this section.

ARTICLE 3.

EMERGENCY MEDICAL SERVICES FOR CHILDREN

**SECTION 44‑61‑300.** Short title.

This article may be cited as the Children’s Emergency Medical Services Act.

**SECTION 44‑61‑310.** Definitions.

As used in this article:

(1) “Advanced life support” means an advanced level of pre‑hospital, 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 pre‑hospital 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 Department of Health and Environmental Control.

(5) “Director” means the director of the Department of Health and Environmental Control.

(6) “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) “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 pre‑hospital emergency care service or in an emergency department or pediatric critical care or specialty unit in a licensed hospital.

(8) “Pre‑hospital 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.** Establishment of program.

There is established within the Department of Health and Environmental Control, Division of Emergency Medical Services, the Emergency Medical Services for Children Program.

**SECTION 44‑61‑330.** Scope of program; gathering of data.

(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 pre‑hospital care;

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

(5) pediatric equipment guidelines for 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.

(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.** Confidentiality; civil and criminal liability; restrictions on release of information; violations and penalties.

(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 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.

ARTICLE 5.

TRAUMA CARE SYSTEM

**SECTION 44‑61‑510.** Definitions.

As used in this article:

(1) “Department” means the South Carolina Department of Health and Environmental Control.

(2) “Designation” means a formal determination by the department that a hospital or health care facility is capable of providing a specified level of trauma care services.

(3) “Emergency Medical Services Advisory Council” means the emergency medical services council created in Section 44‑61‑30(c).

(4) “Participating providers” means those providers that have been approved by the department for participation in the trauma system and include, but are not limited to, designated trauma centers, designated rehabilitation facilities, and designated fee for service physicians who provide trauma care within a designated facility.

(5) “State Trauma Advisory Council” means the state advisory council created in this article.

(6) “Trauma” means a major injury or wound to a living person caused by the application of an external force or by violence and the requiring immediate medical or surgical intervention to prevent death or permanent disability. For the purposes of this article, the definition of “trauma” must be determined by current national medical standards including, but not limited to, trauma severity scales.

(7) “Trauma care facility” or “trauma center” means a hospital that has been designated by the department according to the rules and regulations set forth by the department to provide trauma care services at a particular level.

(8) “Trauma registry” means a statewide database of information collected by the department including, but not limited to, the incidence, severity, and causes of trauma and the care and outcomes for certain types of injuries.

(9) “Trauma system” means an organized statewide and regional system of care for the trauma patient, including the department, emergency medical service providers, hospitals, in‑patient rehabilitation providers, and other providers who have agreed to participate in and coordinate with and who have been accepted by the department in an organized statewide system.

(10) “Trauma System Fund” means the separate fund established pursuant to this article for the department to create and administer the State Trauma System.

(11) “Verification” means the department’s inspection of a participating facility in order to determine whether the facility is capable of providing a designated level of trauma care.

**SECTION 44‑61‑520.** Trauma care standards and regulations; revocation of designation; fines.

(A) The Department of Health and Environmental Control, with the advice of the Trauma Advisory Council, established pursuant to Section 44‑61‑530, may develop standards and promulgate regulations for the creation and establishment of a State Trauma Care System to promote access to trauma care for all residents of the State.

(B) In developing this system, the department shall take into consideration current recognized national standards for trauma care systems including, but not limited to, standards for trauma care cited in “Resources for Optimal Care of the Injured Patient” adopted by the American College of Surgeons’ Committee on Trauma and the guidelines for trauma care systems adopted by the American College of Emergency Physicians.

(C) All authority and responsibility for the Trauma Care System is vested in the department and the department may:

(1) establish minimum standards for levels of designation as a trauma center, consistent with this article, through regulations promulgated by the department;

(2) require facilities applying for trauma center designation or other participation in the Trauma Care System to submit an application in a manner and form prescribed by the department;

(3) conduct on‑site inspections and reviews of facilities seeking designation or participation in the Trauma Care System. As part of this process, the department may review or request records and other information it considers reasonably necessary to determine a facility’s ability to comply with the minimum trauma care standards set by the department for a particular level or type of designation;

(4) when appropriate, designate applicant hospitals as trauma centers, which are authorized to provide a level of trauma care based on criteria established pursuant to this article;

(5) periodically verify, or inspect, or both, designated trauma centers and other participating providers to assure compliance with the provisions of this article and regulations promulgated pursuant to this article. Information received by the department through filed reports, inspections, or as otherwise authorized under this article must not be disclosed publicly in such a manner as to identify individuals or hospitals or other participating providers except in proceedings involving the denial, change, or revocation of a trauma center designation or type, the imposition of a fine, or the determination that a provider is no longer eligible to participate in the Trauma Care System;

(6) promote access to quality trauma care by encouraging facilities in all areas of the State to participate in the trauma system and to attempt to meet the minimum standards as established by the department pursuant to this article;

(7) oversee a continuing quality improvement system for the statewide Trauma Care System.

(D) Within one year of the effective date of regulations promulgated pursuant to this article, a trauma center designated prior to the effective date of this article, which wishes to remain a designated trauma center, must comply with the provisions of this article and submit an application and obtain approval by the department to maintain its status as a designated trauma center.

(E)(1) The department may immediately revoke or change a trauma center’s designation if the trauma center fails to meet prescribed requirements for designation at a particular level or no longer meets established standards and criteria.

(2) The department may immediately determine that a participating facility or provider is no longer eligible for participation in the trauma system and remove that provider from the system or impose a fine, or both, if the facility or provider no longer meets established standards and criteria.

(F) The department may fine any provider or facility that displays an inaccurate trauma center designation or holds itself out to be a designated trauma care center or participating trauma care system provider without first obtaining the department’s approval and meeting established criteria for participation or designation or provides false information to the department or otherwise violates the conditions of this article or regulations promulgated pursuant to this article. The department may also levy fines on any licensed emergency medical service provider found out of compliance with this or other related emergency medical service statutes or regulations. Maximum and minimum fine limits must be established in regulation.

(G) The Trauma Care Fund, established pursuant to Section 44‑61‑540, may retain fines collected pursuant to this article up to an amount of twenty‑five thousand dollars per fiscal year. Amounts collected in excess of twenty‑five thousand dollars per fiscal year must be deposited into the general fund of the State.

(H) An appeal of a department decision involving an application, the revocation or changing of a designation, or a decision involving fines imposed under this article are governed by the Administrative Procedures Act.

**SECTION 44‑61‑530.** Trauma Advisory Council; membership.

(A) There is established the Trauma Advisory Council composed of, but not limited to, the following members to be appointed by the director of the department for terms of three years and members may be reappointed:

(1) a surgeon who oversees trauma care at each designated level, upon the recommendation of the South Carolina Chapter of the American College of Surgeons;

(2) a hospital administrator from each designated level, upon the recommendation of the South Carolina Hospital Association;

(3) a hospital administrator from a nondesignated facility, upon the recommendation of the South Carolina Hospital Association;

(4) an emergency physician representative from each designated level, upon the recommendation of the South Carolina Chapter of the College of Emergency Physicians;

(5) a trauma nurse coordinator from each designated level, upon the recommendation of the Trauma Association of South Carolina;

(6) the chairman of the South Carolina Department of Health and Environmental Control’s Medical Control Committee;

(7) one public and one private field emergency medical services provider, upon the recommendation of the Emergency Medical Services Association;

(8) a physician, upon the recommendation of the South Carolina Medical Association;

(9) the chairman of the Committee on Trauma of the South Carolina Chapter of the American College of Surgeons;

(10) a rehabilitation center administrator, upon the recommendation of the South Carolina Hospital Association;

(11) the chairman of the Emergency Medical Services Advisory Council of the South Carolina Department of Health and Environmental Control;

(12) a representative from the South Carolina State Office of Rural Health;

(13) a third party payor representative, upon the recommendation of the Insurance Commissioner;

(14) a consumer representative appointed by the director;

(15) a representative from the South Carolina Department of Disabilities and Special Needs;

(16) a representative from the South Carolina Department of Health and Human Services;

(17) an orthopedic physician representative, upon the recommendation of the South Carolina Orthopedic Association; and

(18) a pediatric physician representative, upon the recommendation of the South Carolina Chapter of the American Academy of Pediatrics.

(B) The Chairman of the Trauma Advisory Council must be appointed by the director of the department from the membership of the council. The council members shall select a vice chairman from their membership. The council shall meet at least twice a year or at the call of the chairman. The council is authorized to create an executive committee made up of the chairman and vice chairman and no more than five other members from the membership of the council. The department’s Emergency Medical Services Division shall provide staff support to the council.

(C) The Trauma Advisory Council shall act as an advisory body for trauma care system development and provide technical support to the department in areas of trauma care system design, trauma standards, data collection and evaluation, quality improvement, trauma system funding, and evaluation of the trauma care system and trauma care programs.

**SECTION 44‑61‑540.** South Carolina State Trauma Care Fund established; administration; funding contingency.

(A) There is created the South Carolina State Trauma Care Fund. In addition to those monies appropriated to the fund in the general appropriations act, the fund may receive gifts, bequests, grants, fees, or other contributions or donations from public or private entities.

(B) The fund must be a separate and distinct fund for the payment of the Department of Health and Environmental Control’s expenses in establishing, administering, and overseeing the Trauma Care System. After the payment of the department’s operating expenses from the fund, the department may authorize and allocate the distribution of any remaining funds for any or all of the following purposes:

(1) distribution of financial aid to participating providers using a formula based on criteria and factors identified in regulations promulgated by the department pursuant to this article. All providers receiving funds must be located within this State;

(2) distribution of any remaining funds for grants for proposals related to trauma care in this State which may include, but are not limited to, research, injury prevention, education, and planning and development of related services under this article;

(3) other expenses or providers considered appropriate by the department related to the purposes of this article.

(C) If there is adequate funding in the State Trauma Care Fund, the department shall promulgate regulations to establish the distribution of funds in accordance with the purposes stated in subsection (B). The department is solely responsible for determining the priority of distributions and may use contracts with other agencies, including the Department of Health and Human Services, in the distribution of these funds.

(D) Money remaining in the fund at the end of a fiscal year carries forward to the next fiscal year for the purposes stated in this article. If the trauma system ceases to exist and money remains in the Trauma Fund, the remaining money must be distributed in accordance with this article.

(E) All of the department’s duties pursuant to this article including the requirement to promulgate regulations are contingent upon adequate funding to cover the department’s operating and administrative costs. If adequate funding does not exist in the State Trauma Care Fund, the department is not obligated to carry out any duties pursuant to this article.

**SECTION 44‑61‑550.** Trauma Registry; confidentiality.

(A) The department may establish a trauma data collection and evaluation system, known as the “Trauma Registry”. The Trauma Registry must be designed to include, but must not be limited to, trauma studies, patient care and outcomes, compliance with standards of verification, and types and severity of injuries in the State.

(B) The department may collect, as considered necessary and appropriate, data and information regarding patients admitted to a facility through the emergency department, through a trauma center, or directly to a special care unit. Data and information must be collected in a manner that protects and maintains the confidential nature of patient and staff identifying information.

(C) Records and reports made pursuant to this section must be held confidential within the department and must not be available to the public, admissible as evidence, or subject to discovery by subpoena. Information that identifies individual patients must not be disclosed publicly without the patient’s consent.

(D) All data collection and data inquiry activity shall follow federally established Health Insurance Portability and Accountability Act guidelines.