**South Carolina General Assembly**

119th Session, 2011-2012

**H. 3190**

**STATUS INFORMATION**

General Bill

Sponsors: Rep. Herbkersman

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Introduced in the House on January 11, 2011

Currently residing in the House Committee on **Ways and Means**

Summary: Department of Health and Human Services

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/14/2010 House Prefiled

12/14/2010 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

1/11/2011 House Introduced and read first time ([House Journal‑page 76](file:///h:\hj%20archive\2011\01-11-11.docx))

1/11/2011 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 77](file:///h:\hj%20archive\2011\01-11-11.docx))

1/19/2011 House Recalled from Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 30](file:///h:\hj%20archive\2011\01-19-11.docx))

1/19/2011 House Referred to Committee on **Ways and Means** ([House Journal‑page 30](file:///h:\hj%20archive\2011\01-19-11.docx))

**VERSIONS OF THIS BILL**

[12/14/2010](file:///p:\pprever\2011-12\3190_20101214.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING ARTICLE 11 TO CHAPTER 6, TITLE 44 SO AS TO PROVIDE THAT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, FIRST ON A PILOT‑TESTING AND THEN ON A PERMANENT BASIS, SHALL IMPLEMENT A PROGRAM THAT PROVIDES SELECTED MEDICAID RECIPIENTS WITH AN IN‑HOME HEALTH CARE SYSTEM THAT PROVIDES AROUND THE CLOCK ACCESS TO MEDICAL ASSESSMENT CARE AND ADDITIONALLY PROVIDES AN EMERGENCY RESPONSE FUNCTION THAT GIVES THEM THE ABILITY TO CONTACT A NATIONAL EMERGENCY RESPONSE CENTER, ALL FOR THE PURPOSE OF PROVIDING BETTER HEALTH CARE, REDUCING THE AMOUNT OF EMERGENCY ROOM VISITS IN NONEMERGENCY CASES, AND FOR OTHER RELATED PURPOSES.

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

SECTION 1. Chapter 6, Title 44 of the 1976 Code is amended by adding:

“Article 11

In‑Home Health Care Systems

for Medicaid Recipients

Section 44‑6‑1110. The Department of Health and Human Services, during the fiscal year 2011‑2012, within the funds appropriated or made available by the General Assembly or within federal Medicaid funds made available for this purpose upon application by the department, shall pilot test an in‑home health care system in not more than the five counties of this State with the highest incidence of emergency room use during fiscal year 2009‑2010 by Medicaid recipients, including seniors and children covered by Medicaid or SCHIP. This program shall provide a state‑of‑the‑art in‑home health care system which provides around the clock access to medical assessment care and additionally provides an emergency response function that gives a Medicaid recipient the ability to contact a national emergency response center.

Section 44‑6‑1120. The purpose of the program is to reduce the amount of emergency room visits in nonemergency cases and to reduce the amount of visits to other medical care facilities in order to save on the cost of providing this care and in order to provide better health care. Medicaid recipients selected by the department to participate in this program are required to participate as a condition of receiving these benefits.

Section 44‑6‑1130. In developing its pilot‑testing program, and in selecting individual clients/patients to participate in the program, since the two largest users of emergency room services are infants and seniors, the department shall give priority in participation to seniors over sixty‑five years of age, pregnant women in their third trimester, and parents with infants under six months of age. The goal of this priority order is the elimination of unnecessary emergency room visits, unnecessary physician visits, ‘defensive medicine’ and optimizing to the correct level of health care, and producing the fastest and largest health care savings. In addition, the department shall select as priority participants new parents that are economically impoverished, and parents that are poorly educated, and seniors that are economically impoverished, and seniors that are living alone.

Section 44‑6‑1140. (A) The in‑home health care system must consist of three main components:

(1) the medical console and wireless transmitter;

(2) the medical triage center;

(3) the emergency response call center.

(B) The medical console and wireless transmitter must have the following capabilities:

(1) The medical console must be capable of communication between two separate call centers, one of which is a monitoring facility to provide certified medical triage care twenty‑four hours a day and the other of which is a monitoring facility to provide emergency response services twenty‑four hours a day.

(2) The wireless transmitter for the medical console must have two buttons, one for transmitting a signal to the console to contact the emergency response monitoring facility, and the second button also must send a wireless signal to the console to trigger contact with the medical triage center.

(3) The medical console must be able to send a report/event code to the emergency response call center after a medical triage center call has been placed.

(4) An emergency button on the medical console must include Braille for the sight impaired.

(C) The medical triage center must have or be:

(1) open twenty‑four hours a day, three hundred sixty‑five days a year;

(2) a call center must be located in the United States;

(3) Utilization Review Accreditation Commission (URAC) accredited;

(4) on call physician availability, twenty‑four hours, seven days a week for guidance or review of clinical calls as needed;

(5) registered nurses with a minimum of ten years experience available to answer all calls;

(6) all calls digitally recorded and archived, and a triage report prepared and sent;

(7) daily monitoring of communications with the call center;

(8) fully HIPPA complaint;

(9) bilingual staff in English and Spanish;

(10) a mechanism that ensures that a caller will never receive a busy signal or voice mail when accessing the nurse advice line;

(11) clinical staff able to serve pediatric, adolescent, adult, and senior populations, as well as health care expertise in a variety of clinical areas such as emergency room, pediatrics, critical care, oncology, cardiology, pulmonary, geriatrics, obstetrics/gynecology and general medicine; and

(12) the infrastructure in place to allow the telephone network to digitally communicate with the medical console for incoming call connection, call disconnect, and client file access.

(D) The emergency response call center:

(1) must be open twenty‑four hours a day, three hundred sixty‑five days a year;

(2) must be located in the United States;

(3) must maintain a digital receiver capable of processing two‑way voice audio using multiple formats.

(E) Both facilities, emergency response and the medical triage center, shall offer all selected recipients unlimited use of services provided by the emergency monitoring and medical triage facilities at no additional cost burden to the State.

Section 44‑6‑1150. (A) The pilot‑testing program provided in this article must be conducted for a period of three fiscal years beginning with 2011‑2012 and, thereafter, must be converted by the department into a statewide program within the funds made available for this purpose. The department in developing and administering this program is authorized to take such actions as may be required, including making requests for Medicaid waivers when necessary.

(B) The department, in implementing this program on a pilot‑testing and statewide basis, also is authorized to contract with a third‑party provider or vendor to furnish and operate the program.”

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

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