**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING ARTICLE 29 TO CHAPTER 7, TITLE 44 SO AS TO PROVIDE RURAL COUNTIES WITH ACCESS TO FREE EMERGENCY HOSPITAL CARE AND ALLOW RELICENSURE OF CLOSED RURAL HOSPITALS AS FREESTANDING EMERGENCY HEALTH CARE FACILITIES UNDER CERTAIN CIRCUMSTANCES.

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

SECTION 1. Chapter 7, Title 44 of the 1976 Code is amended by adding:

“Article 29

South Carolina Rural County Access to Emergency Health Care

Section 44‑7‑4110. This article may be cited as the “South Carolina Rural County Access to Emergency Health Care Act”.

Section 44‑7‑4120. The purpose of this article is to assist rural counties in having quality emergency health care available to residents to promote health, well being, and quality of life and to assist health care providers in making emergency health services available in rural counties.

Section 44‑7‑4130. As used in this article:

(1) ‘Department’ means the South Carolina Department of Health and Environmental Control.

(2) ‘Freestanding emergency facility’ means a facility providing emergency health services as defined in Section 44‑7‑130(25) licensed by the South Carolina Department of Health and Environmental Control pursuant to Section 44‑7‑270.

(3) ‘Hospital’ has the same definition as defined in Section 44‑7‑130(12) and is the entity submitting an application to a governing body for the operation of a freestanding emergency facility in a rural county.

(4) ‘Rural County’ means a county in South Carolina with a population less than fifty thousand, according to the most recent projections of the South Carolina Budget and Control Board, Office of Research and Statistics, at the time a hospital submits an application for a freestanding emergency facility.

Section 44‑7‑4140. A freestanding emergency facility must meet the licensure requirements for providing freestanding emergency services in accordance with Section 44‑7‑130(25) and Regulation 61‑16, Section 613 including, but not limited to, the requirement to provide physician coverage twenty‑four hours a day and seven days a week.

Section 44‑7‑4150. (A) Notwithstanding any provision in the ‘State Certificate of Need and Health Facility Licensure Act’, set forth in Article 3 of this chapter, a hospital located in a rural county that has closed and relinquished its license to operate within three years from the date of closure may reopen the hospital for purposes of converting to a freestanding emergency facility pursuant to the provisions of this article without having to obtain a Certificate of Need.

(B) The hospital board shall notify the department no less than thirty days before the time the board desires to reopen and provide the department with its reopening plan. The department shall inspect the hospital facility on a priority basis.

(C) To the extent that a portion of the hospital facility identified in the reopening plan is not in compliance with life safety standards at its designated reopen time, the department shall specify a time within which the violations must be corrected.”

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

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