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COMMITTEE REPORT

February 26, 2014

**H. 4347**

Introduced by Reps. Bannister, Cobb‑Hunter, McCoy, Allison and Whipper

S. Printed 2/26/14--H.

Read the first time January 14, 2014.

**THE COMMITTEE ON JUDICIARY**

To whom was referred a Bill (H. 4347) to amend the Code of Laws of South Carolina, 1976, so as to enact the “South Carolina Children’s Advocacy Medical Response System Act” by adding Article 4, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass with amendment:

Amend the bill, as and if amended, by striking all before the enacting words and inserting:

/ Whereas, the General Assembly has determined that the State is in need of a coordinated program to respond to the medical needs of victims of child abuse and neglect; and

Whereas, the purpose of this program is to provide coordination and medical service resources to those entities responding to cases of child abuse and neglect in order to assist in the process of obtaining forensic medical information and to perform other activities as are consistent with this act. Now, therefore, /

Amend the bill further, by striking all after the enacting words and inserting:

/ SECTION 1. Chapter 11, Title 63 of the 1976 Code is amended by adding:

“Article 4

South Carolina Children’s Advocacy Medical Response System

Section 63‑11‑400. This article may be cited as the ‘South Carolina Children’s Advocacy Medical Response System Act’.

Section 63‑11‑410. There is created the South Carolina Children’s Advocacy Medical Response System, a program to provide coordination and administration of medical service resources to those entities responding to cases of suspected child abuse or neglect. The program is administered by the University of South Carolina School of Medicine.

Section 63‑11‑420. For purposes of this article:

(1) ‘Child’ has the same meaning as provided for in Section 63‑7‑20.

(2) ‘Child abuse or neglect’ has the same meaning as provided for in Section 63‑7‑20.

(3) ‘Children’s advocacy centers’ has the same meaning as provided for in Section 63‑11‑310.

(4) ‘Program’ means the South Carolina Children’s Advocacy Medical Response System, created pursuant to this article.

(5) ‘Health care provider’ means a physician, advanced practice registered nurse, or physician assistant licensed to practice in this State pursuant to Article 1, Chapter 47, Title 40, Article 1, Chapter 33, Title 40, and Article 7, Chapter 47, Title 40, respectively.

Section 63‑11‑430. (A) The program coordinates and administers child abuse medical service resources for the State, assisting and collaborating with children’s advocacy centers and state agencies charged with the investigation, assessment, treatment, and prosecution of child abuse or neglect for children in the State.

(B) The program shall develop, support, and maintain a consistent quality standard of care and practice for the following services intrinsic to the assessment of children with suspected abuse or neglect:

(1) forensic medical examinations, assessments, and diagnoses;

(2) medical consultations;

(3) participation in multidisciplinary team case conferences and reviews; and

(4) medical expert witness services.

(C) The program also shall develop, support, and maintain:

(1) guidelines for the educational, clinical training, and professional development requirements of health care providers participating in the forensic medical assessment of children who are suspected victims of child abuse or neglect;

(2) a standardized clinical assessment tool to report the findings of the forensic medical assessment; and

(3) guidelines for the South Carolina Department of Social Services and law enforcement agencies on when to obtain a forensic medical assessment.

(D) The program shall collect and manage data from child abuse health care providers participating in the program, children’s advocacy centers, and children’s hospitals for the purposes of establishing quality assurance programs, research, and public policy guidance.”

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

Renumber sections to conform.

Amend title to conform.

F. GREGORY DELLENEY, JR. for Committee.

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, SO AS TO ENACT THE “SOUTH CAROLINA CHILDREN’S ADVOCACY MEDICAL RESPONSE SYSTEM ACT” BY ADDING ARTICLE 4 TO CHAPTER 11, TITLE 63 SO AS TO CREATE THE SOUTH CAROLINA CHILDREN’S ADVOCACY MEDICAL RESPONSE SYSTEM, A PROGRAM TO PROVIDE COORDINATION AND MEDICAL SERVICE RESOURCES STATEWIDE TO AGENCIES AND ENTITIES THAT RESPOND TO VICTIMS OF CHILD ABUSE AND NEGLECT, AND TO PROVIDE FOR THE DUTIES AND RESPONSIBILITIES OF THE PROGRAM; AND TO AMEND SECTION 63‑11‑310, RELATING TO RESPONSIBILITIES OF CHILDREN’S ADVOCACY CENTERS, SO AS TO REQUIRE THESE CENTERS TO COMPLY WITH REQUIREMENTS OF THE SOUTH CAROLINA CHILDREN’S MEDICAL RESPONSE SYSTEM AND OTHERWISE COORDINATE WITH THE PROGRAM.

Whereas, the General Assembly has determined that the State is in need of a coordinated program to respond to the medical needs of victims of child abuse and neglect; and

Whereas, the purpose of this program is to provide coordination and medical service resources to those entities responding to cases of child abuse and neglect in order to assist in the process of obtaining forensic medical information and to perform other activities as are consistent with this act. Now, therefore,

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

SECTION 1. Chapter 11, Title 63 of the 1976 Code is amended by adding:

“Article 4

South Carolina Children’s Advocacy Medical Response System

Section 63‑11‑400. This article may be cited as the “South Carolina Children’s Advocacy Medical Response System Act.”

Section 63‑11‑410. There is created the South Carolina Children’s Advocacy Medical Response System, a program to provide coordination and administration of medical service resources to those entities responding to cases of suspected child abuse or neglect. The program is administered by the University of South Carolina School of Medicine.

Section 63‑11‑420. For purposes of this article:

(1) ‘Child’ has the same meaning as provided for in Section 63‑7‑20.

(2) ‘Child abuse or neglect’ has the same meaning as provided for in Section 63‑7‑20.

(3) ‘Children’s advocacy centers’ has the same meaning as provided for in Section 63‑11‑310.

(4) ‘Program’ means the South Carolina Children’s Advocacy Medical Response System, created pursuant to this article.

(5) ‘Health care provider’ means a physician, advanced practice registered nurse, or physician assistant licensed to practice in this State pursuant to Article 1, Chapter 47, Title 40, Article 1, Chapter 33, Title 40, and Article 7, Chapter 47, Title 40, respectively.

Section 63‑11‑430. (A) The program coordinates and administers child abuse medical service resources for the State, assisting and collaborating with children’s advocacy centers and state agencies charged with the investigation, assessment, treatment, and prosecution of child abuse or neglect for children in the State.

(B) The program shall develop, support, and maintain a consistent quality standard of care and practice for the following services intrinsic to the assessment of children with suspected abuse or neglect:

(1) forensic medical examinations, assessments, and diagnoses;

(2) medical consultations;

(3) participation in multidisciplinary team case conferences and reviews; and

(4) medical expert witness services.

(C) The program also shall develop, support, and maintain:

(1) guidelines for the educational, clinical training, and professional development requirements of health care providers participating in the forensic medical assessment of children who are suspected victims of child abuse or neglect;

(2) a standardized clinical assessment tool to report the findings of the forensic medical assessment; and

(3) guidelines for the South Carolina Department of Social Services and law enforcement agencies on when to obtain a forensic medical assessment.

(D) The program shall collect and manage data from child abuse health care providers participating in the program, children’s advocacy centers, and children’s hospitals for the purposes of establishing quality assurance programs, research, and public policy guidance.”

SECTION 2. Section 63‑11‑310(B) of the 1976 Code is amended to read:

“(B)(1) Children’s Advocacy Centers must establish memoranda of agreement with governmental entities charged with the investigation and prosecution of child abuse. Fully operational centers must function in a manner consistent with standards of the National Children’s Alliance, and all centers must strive to achieve full membership in the National Children’s Alliance.

(2) Children’s Advocacy Centers must establish written policies and procedures for standards of care including, but not limited to, the timely intervention of services between initial contact with the child and the event which led to the child’s being referred to the center. Children’s Advocacy Centers must make available these written policies and procedures to all professionals who provide services relating to the investigation, treatment, and prosecution of child abuse and neglect within the geographical vicinity of the center.

(3) Children’s Advocacy Center records must be released to the Department of Social Services for purposes of investigation, assessment of allegations of child abuse or neglect, and provision of treatment services to the children or their families. The records must be released to law enforcement agencies and circuit solicitors or their agents who are:

(a) investigating or prosecuting known or suspected abuse or neglect of a child;

(b) investigating or prosecuting the death of a child;

(c) investigating or prosecuting any crime against a child; or

(d) attempting to locate a missing child.

This provision does not preclude or override the release of information based upon a subpoena or court order, unless otherwise prohibited by law.

(4) Children’s advocacy centers shall agree to:

(a) provide forensic medical assessments by health care providers meeting the South Carolina Children’s Advocacy Medical Response System program requirements pursuant to Sections 63‑11‑430 (B) and (C);

(b) work closely with the children’s hospitals in the State and other community hospitals to coordinate services for children evaluated at the hospital for injuries or medical conditions caused by child abuse or neglect; and

(c) work closely with the South Carolina Children’s Advocacy Medical Response System to develop and participate in quality assurance programs.”

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

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