**South Carolina General Assembly**

121st Session, 2015-2016

**H. 5247**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Gambrell, Gagnon and Putnam

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Introduced in the House on April 20, 2016

Currently residing in the House Committee on **Labor, Commerce and Industry**

Summary: Emergency medical service providers

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

4/20/2016 House Introduced and read first time ([House Journal‑page 221](file:///h:\HJ%20Archive\2016\04-20-16.docx))

4/20/2016 House Referred to Committee on **Labor, Commerce and Industry** ([House Journal‑page 221](file:///h:\HJ%20Archive\2016\04-20-16.docx))

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**VERSIONS OF THIS BILL**

[4/20/2016](file:///p:\pprever\2015-16\5247_20160420.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 44‑61‑170 SO AS TO ESTABLISH REQUIREMENTS FOR EMERGENCY SERVICE SYSTEM BILLING AND INSURANCE COVERAGE PRACTICES APPLICABLE TO NONNETWORK EMERGENCY MEDICAL SERVICE PROVIDERS; AND TO AMEND SECTION 44‑61‑20, AS AMENDED, RELATING TO DEFINITIONS USED IN THE EMERGENCY MEDICAL SERVICES ACT, SO AS TO ADD A DEFINITION FOR “INSURER”.

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

SECTION 1. Article 1, Chapter 61, Title 44 of the 1976 Code is amended by adding:

“Section 44‑61‑170. (A) For purposes of this section, ‘EMS agency’ means an emergency medical responder, ambulance service, or other licensee that provides emergency medical services, including transportation.

(B) When an EMS agency dispatched to respond to an emergency provides emergency medical services, a payment made by an insurer for a claim covered under and in accordance with a health insurance policy for the emergency medical services provided must be paid directly to the EMS agency.

(C)(1) An insurer shall reimburse a nonnetwork EMS agency directly if the EMS agency has submitted a completed standardized form to the department requesting nonnetwork direct reimbursement from an insurer identified by the EMS agency. The form must be submitted to the department annually by October fifteenth and must declare the EMS agency’s intention to receive direct payment from an insurer identified on the form for the next calendar year.

(2) The department shall develop a standardized form, using an EMS agency’s assigned license number, to be used by the EMS agency, that meets the conditions established pursuant to this subsection.

(3) The department shall develop and maintain a publicly accessible electronic registry that indicates which EMS agency has requested nonnetwork direct reimbursement from an insurer identified on the form.

(4) An EMS agency has provided notification to the insurer upon submitting a claim for reimbursement that the EMS agency is registered with the department to receive direct reimbursement as provided in this subsection.

(D) An EMS agency is subject to periodic audits by an insurer to examine claims for direct reimbursement pursuant to this subsection. If, through the audit, the insurer identifies an improper payment, the insurer may deduct the improper payment from future reimbursements.

(E) When an insurer has reimbursed a nonnetwork EMS agency at the same rate it has established for a network EMS agency, the nonnetwork EMS agency may not bill the insured directly or indirectly or otherwise attempt to collect from the insured for the service provided, except for a billing to recover a copayment, coinsurance, or deductible as specified in the health insurance policy.

(F) An EMS agency that submits a form pursuant to subsection (C) may solicit donations or memberships or conduct fundraising, except that the EMS agency may not promise, suggest, or imply to a donor that a donation will result in the donor not being billed directly for any payment as provided in this section. Notwithstanding this subsection, an EMS agency may bill pursuant to subsection (E). A violation of this subsection constitutes a violation of the South Carolina Protection Code and the South Carolina Unfair Trade Practices Act.

(F) A claim paid pursuant to this section is subject to Title 38.

(G) This section applies only to nonnetwork EMS agencies providing emergency medical services.”

SECTION 2. Section 44‑61‑20(16)‑(31) of the 1976 Code, as last amended by Act 157 of 2010, is further amended to read:

“(16) ‘Insurer’ means an entity that is responsible for providing or paying for all or part of the cost of emergency medical services covered by an insurance policy, contract, or plan.

(17) ‘Investigative Review Committee’ means a professional peer review committee that is convened by the department when the findings of an official investigation against an entity or an individual regulated by the department may warrant suspension or revocation of a license or certification. This committee consists of the State Medical Control Physician, three regional EMS office representatives, at least one paramedic, and at least one emergency room physician who is also a medical control physician. Appointment is made to this committee by the Director of the Division of EMS and Trauma.

~~(17)~~(18) ‘Legal guardian’ means a person who is lawfully invested with the power, and charged with the obligation of, taking care of and managing the property and rights of a person who, because of age, understanding, or self‑control, is considered incapable of administering his or her own affairs.

~~(18)~~(19) ‘Legal representative’ of a person is his personal representative, general guardian, or conservator of his property or estate, or the person to whom power of attorney has been granted.

~~(19)~~(20) ‘License’ means an authorization to a person, firm, corporation, or governmental division or agency to provide emergency medical services in the State.

~~(20)~~(21) ‘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.

~~(21)~~(22) ‘Moral turpitude’ means behavior that is not in conformity with and is considered deviant by societal standards.

~~(22)~~(23) ‘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.

~~(23)~~(24) ‘Nonemergency ambulance 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.

~~(24)~~(25) ‘Nonemergency ambulance transport service’ means an ambulance service that provides for routine transportation of patients that require medical monitoring in a nonemergency setting including, but not limited to, prearranged transports.

~~(25)~~(26) ‘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.

~~(26)~~(27) ‘Patient’ means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless.

~~(27)~~(28) ‘Permit’ means an authorization issued for an ambulance vehicle which meets the standards adopted pursuant to this article.

~~(28)~~(29) ‘Revocation’ means that the department has permanently voided a license or certificate and the holder no longer may perform the function associated with the license, or certificate. The department will not reissue the license or certificate for a period of two years for a license or permit and four years for a certificate. At the end of this period the holder may petition for reinstatement.

~~(29)~~(30) ‘Standards’ means the required measurable components of an emergency medical service system having permanent and recognized value that provide adequate emergency health care delivery.

~~(30)~~(31) ‘State Medical Control Physician’ means a physician who shall be contracted with the department to oversee all medical aspects of the EMS Program. The contracted physician must both reside and be licensed to practice in this State. Duties of the State Medical Control Physician shall include, but not be limited to, the following:

(a) protocol development;

(b) establishment of the scope of practice for EMTs at all levels;

(c) provide recommendations for disciplinary actions in cases involving inappropriate patient care; and

(d) serve as Chairman of the State Medical Control Committee and the State Emergency Medical Services Advisory Council.

~~(31)~~(32) ‘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 3. This act takes effect upon approval by the Governor.

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