**South Carolina General Assembly**

122nd Session, 2017-2018

**S. 14**

**STATUS INFORMATION**

General Bill

Sponsors: Senator Bryant

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Introduced in the Senate on January 10, 2017

Currently residing in the Senate Committee on **Banking and Insurance**

Summary: HMO pharmacists

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/13/2016 Senate Prefiled

12/13/2016 Senate Referred to Committee on **Banking and Insurance**

1/10/2017 Senate Introduced and read first time ([Senate Journal‑page 23](file:///h:\sj\20170110.docx))

1/10/2017 Senate Referred to Committee on **Banking and Insurance** ([Senate Journal‑page 23](file:///h:\sj\20170110.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=14&session=122&summary=B) at the website

**VERSIONS OF THIS BILL**

[12/13/2016](file:///p:\pprever\2017-18\14_20161213.docx)

**A** **BILL**

TO AMEND SECTION 38-71-147 OF THE 1976 CODE, RELATING TO PHARMACISTS PARTICIPATING IN HEALTH MAINTENANCE ORGANIZATIONS, TO EXPAND THE TYPES OF HEALTH CARE PROVIDERS ABLE TO PARTICIPATE WILLINGLY IN HEALTH MAINTENANCE ORGANIZATIONS.

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

SECTION 1. Section 38-71-147 of the 1976 Code is amended to read:

“(A) For purposes of this section, ‘health care provider’ or ‘provider’ means those individuals or entities licensed by the State of South Carolina to provide health care services, limited to the following:

(1) pharmacies and pharmacists;

(2) physicians and physician group practices;

(3) physical therapists and physical therapy group practices;

(4) occupational therapists and occupational therapy group practices;

(5) radiological technologists or radiological technology group practices;

(6) home health providers; and

(7) clinical or diagnostic laboratory providers.

(B) An individual or group accident and health or health insurance policy or a health maintenance organization plan may not:

(1) prohibit or limit a person who is a participant or beneficiary of the policy or plan from selecting a health care provider ~~pharmacy or pharmacist~~ of the person's choice who has agreed to participate in the plan according to the terms offered by the insurer; or

(2) deny a health care provider ~~pharmacy or pharmacist~~ the right to participate as a contract provider under the policy or plan if the health care provider ~~pharmacy or pharmacist~~ agrees to provide ~~pharmacy~~ health care services ~~including, but not limited to, prescription drugs~~ that meet the terms and requirements set forth by the insurer under the policy or plan and agrees to the terms of reimbursement set forth by the insurer.”

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

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