**South Carolina General Assembly**

121st Session, 2015-2016

**A32, R56, S474**

**STATUS INFORMATION**

General Bill

Sponsors: Senator O'Dell

Document Path: l:\council\bills\bh\26245vr15.docx

Introduced in the Senate on February 19, 2015

Introduced in the House on April 28, 2015

Last Amended on April 23, 2015

Passed by the General Assembly on May 27, 2015

Governor's Action: June 1, 2015, Signed

Summary: Patient's rights

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 2/19/2015 Senate Introduced and read first time ([Senate Journal‑page 2](file:///h%3A%5CSJ%20Archive%5C2015%5C02-19-15.docx))

 2/19/2015 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 2](file:///h%3A%5CSJ%20Archive%5C2015%5C02-19-15.docx))

 4/21/2015 Senate Committee report: Favorable with amendment **Medical Affairs** ([Senate Journal‑page 26](file:///h%3A%5CSJ%20Archive%5C2015%5C04-21-15.docx))

 4/23/2015 Senate Committee Amendment Adopted ([Senate Journal‑page 29](file:///h%3A%5CSJ%20Archive%5C2015%5C04-23-15.docx))

 4/23/2015 Senate Read second time ([Senate Journal‑page 29](file:///h%3A%5CSJ%20Archive%5C2015%5C04-23-15.docx))

 4/23/2015 Senate Roll call Ayes‑40 Nays‑0 ([Senate Journal‑page 29](file:///h%3A%5CSJ%20Archive%5C2015%5C04-23-15.docx))

 4/28/2015 Senate Read third time and sent to House ([Senate Journal‑page 14](file:///h%3A%5CSJ%20Archive%5C2015%5C04-28-15.docx))

 4/28/2015 House Introduced and read first time ([House Journal‑page 145](file:///h%3A%5CHJ%20Archive%5C2015%5C04-28-15.docx))

 4/28/2015 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 145](file:///h%3A%5CHJ%20Archive%5C2015%5C04-28-15.docx))

 5/20/2015 House Committee report: Favorable **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 26](file:///h%3A%5CHJ%20Archive%5C2015%5C05-20-15.docx))

 5/26/2015 House Read second time ([House Journal‑page 21](file:///h%3A%5CHJ%20Archive%5C2015%5C05-26-15.docx))

 5/26/2015 House Roll call Yeas‑93 Nays‑0 ([House Journal‑page 21](file:///h%3A%5CHJ%20Archive%5C2015%5C05-26-15.docx))

 5/27/2015 House Read third time and enrolled ([House Journal‑page 7](file:///h%3A%5CHJ%20Archive%5C2015%5C05-27-15.docx))

 5/28/2015 Ratified R 56

 6/1/2015 Signed By Governor

 6/4/2015 Effective date 06/01/15

 6/5/2015 Act No. 32

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=474&session=121&summary=B) at the website

**VERSIONS OF THIS BILL**

[2/19/2015](file:///p%3A%5Cpprever%5C2015-16%5C474_20150219.docx)

[4/21/2015](file:///p%3A%5Cpprever%5C2015-16%5C474_20150421.docx)

[4/23/2015](file:///p%3A%5Cpprever%5C2015-16%5C474_20150423.docx)

[5/20/2015](file:///p%3A%5Cpprever%5C2015-16%5C474_20150520.docx)

(A32, R56, S474)

**AN ACT TO AMEND SECTION 44‑22‑10, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO CHAPTER DEFINITIONS, SO AS TO ADD AND DEFINE THE TERM “AUTHORIZED HEALTH CARE PROVIDER”; TO AMEND SECTION 44‑22‑60, RELATING TO PATIENTS’ RIGHTS, SO AS TO ALLOW AN AUTHORIZED HEALTH CARE PROVIDER TO PERFORM THE REQUIRED INITIAL EXAMINATION; AND TO AMEND SECTION 44‑22‑140, RELATING TO AUTHORIZATION OF MEDICATIONS AND TREATMENT GIVEN OR ADMINISTERED TO A PATIENT, SO AS TO ALLOW AN AUTHORIZED HEALTH CARE PROVIDER TO PERFORM THESE FUNCTIONS.**

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

**Mental health patient rights, definitions**

SECTION 1. Section 44‑22‑10(1) of the 1976 Code is amended to read:

 “(1) ‘Authorized health care provider’ means advanced practice registered nurses and physician assistants licensed in South Carolina and authorized to provide specific treatments, care, or services pursuant to their respective practice acts in Title 40.”

**Mental health patient rights, initial examination**

SECTION 2. Section 44‑22‑60(B) of the 1976 Code is amended to read:

 “(B) Within six hours of admission a patient must be examined by a physician or authorized health care provider. Within fourteen days of admission, a patient or his parent or guardian must be provided with a written individualized plan of treatment formulated by a multidisciplinary team and the patient’s attending physician. Each patient or his parent or guardian shall participate in an appropriate manner in the planning of services. An interim treatment program based on the preadmission evaluation of the patient must be implemented promptly upon admission. An individualized treatment plan must contain:

 (1) a statement of the nature and degree of the patient’s mental illness or chemical dependency and his needs;

 (2) if a physical examination has been conducted, the patient’s physical condition;

 (3) a description of intermediate and long‑range treatment goals and, if possible, future available services;

 (4) criteria for release to a less restrictive environment, including criteria for discharge and a description of services that may be needed after discharge;

 (5) a statement as to whether or not the patient may be permitted outdoors on a daily basis and, if not, the reasons why. Treatment plans must be updated upon periodic review as provided in Section 44‑22‑70.”

**Mental health patient rights, administration of medication and treatment**

SECTION 3. Section 44‑22‑140 of the 1976 Code is amended to read:

 “Section 44‑22‑140. (A) The attending physician, the physician on call, or the authorized health care provider, is responsible for and shall authorize medications and treatment given or administered to a patient. The physician’s or authorized health care provider’s authorization and the medical reasons for it must be entered into the patient’s clinical record. The authorization is not valid for more than ninety days. Medication must not be used as punishment, for the convenience of staff, or as a substitute to or in quantities that interfere with the patient’s treatment program. The patient or his legal guardian may refuse treatment not recognized as standard psychiatric treatment. He may refuse electroconvulsive therapy, aversive reinforcement conditioning, or other unusual or hazardous treatment procedures. If the attending physician or the physician on call decides electroconvulsive therapy is necessary and a statement of the reasons for electroconvulsive therapy is entered in the treatment record of a patient who is considered unable to consent pursuant to Section 44‑22‑10(13), permission for the treatment may be given in writing by the persons in order of priority specified in Section 44‑22‑40(A)(1‑8).

 (B) Competent patients may not receive treatment or medication in the absence of their express and informed consent in writing except treatment:

 (1) during an emergency situation if the treatment is pursuant to or documented contemporaneously by written order of a physician or authorized health care provider; or

 (2) as permitted under applicable law for a person committed by a court to a treatment program or facility.”

**Time effective**

SECTION 4. This act takes effect upon approval by the Governor.

Ratified the 28th day of May, 2015.

Approved the 1st day of June, 2015.

\_\_\_\_\_\_\_\_\_\_