**South Carolina General Assembly**

126th Session, 2025-2026

**S. 443**

**STATUS INFORMATION**

General Bill

Sponsors: Senator Sabb

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Introduced in the Senate on March 11, 2025

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

Summary: Health Claims & AI

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 3/11/2025 Senate Introduced and read first time (Senate Journal‑page 11)

 3/11/2025 Senate Referred to Committee on **Banking and Insurance** (Senate Journal‑page 11)

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=443&session=126&summary=B)  at the website

**VERSIONS OF THIS BILL**

[03/11/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/443_20250311.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 38‑59‑23 SO AS TO REQUIRE A LICENSED PHYSICIAN TO SUPERVISE AND REVIEW HEALTHCARE COVERAGE DECISIONS DERIVED FROM THE USE OF AN AUTOMATED‑DECISION MAKING TOOL.

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

SECTION 1. Chapter 59, Title 38 of the S.C. Code is amended by adding:

 Section 38‑59‑23. (A) As used in this section:

 (1) “Artificial intelligence” means a machine‑based system that can, for a given set of human‑defined objectives, make predictions, recommendations, or decisions influencing a real or virtual environment.

 (2) “Automated decision‑making tool” means a system or service that uses artificial intelligence and has been specifically developed and marketed, or specifically modified, to make, or to be a controlling factor in making, consequential decisions.

 (B) No actions shall be taken concerning healthcare coverage decisions that have been made based solely on results derived from the use or application of artificial intelligence or the use of automated decision tools.

 (C) A health care professional, as defined in Section 44‑30‑20, must supervise and meaningfully review any coverage decisions made using automated decision‑making tools when those tools are used to inform decisions to modify or deny requests by providers for authorization prior to, or concurrent with, the provision of health care services to insureds.

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

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