A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY AMENDING SECTION 58‑23‑1610, RELATING TO DEFINITIONS APPLICABLE TO THE TRANSPORTATION NETWORK COMPANY ACT, SO AS TO REVISE THE DEFINITION OF “PERSONAL VEHICLE”; AND BY AMENDING SECTION 58‑23‑1610, RELATING TO DEFINITIONS, SO AS TO REVISE THE DEFINITION OF “PREARRANGED RIDE.”

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

SECTION 1. Section 58‑23‑1610(2) of the S.C. Code is amended to read:

(2)(a) “Personal vehicle” means a vehicle that is used by a transportation network company driver in connection with providing a prearranged ride and is:

(a)(i) owned, leased, or otherwise authorized for use by the transportation network company driver; and

(b)(ii) not a taxi, or charter bus, charter limousine, or for‑hire vehicle.

(b) A personal vehicle may be, but is not required to be, registered or licensed as a charter limousine with the South Carolina Public Service Commission or as a limousine or other for‑hire vehicle by the governing body of a county or city.

SECTION 2. Section 58‑23‑1610(9) of the S.C. Code is amended to read:

(9) “Prearranged ride” means the provision of transportation by a transportation network company driver to a transportation network company rider, beginning when a driver accepts a ride requested by a rider through a digital network controlled by a transportation network company, continuing while the driver transports a requesting rider, and ending when the last requesting rider departs from the personal vehicle. A prearranged ride does not include shared expense carpool or vanpool arrangements, or transportation provided using a taxi, limousine, or other for‑hire vehicle pursuant to a Class C certificate issued by the South Carolina Public Service Commission or pursuant to a license issued by the governing body of a county or city. A prearranged ride does not include services provided pursuant to Articles 1 through 15, Chapter 23, Title 58 or arranging nonemergency medical transportation for individuals qualifying for Medicaid or Medicare pursuant to a contract with the State or a managed care organization.

SECTION 3. This act takes effect upon approval by the Governor.

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