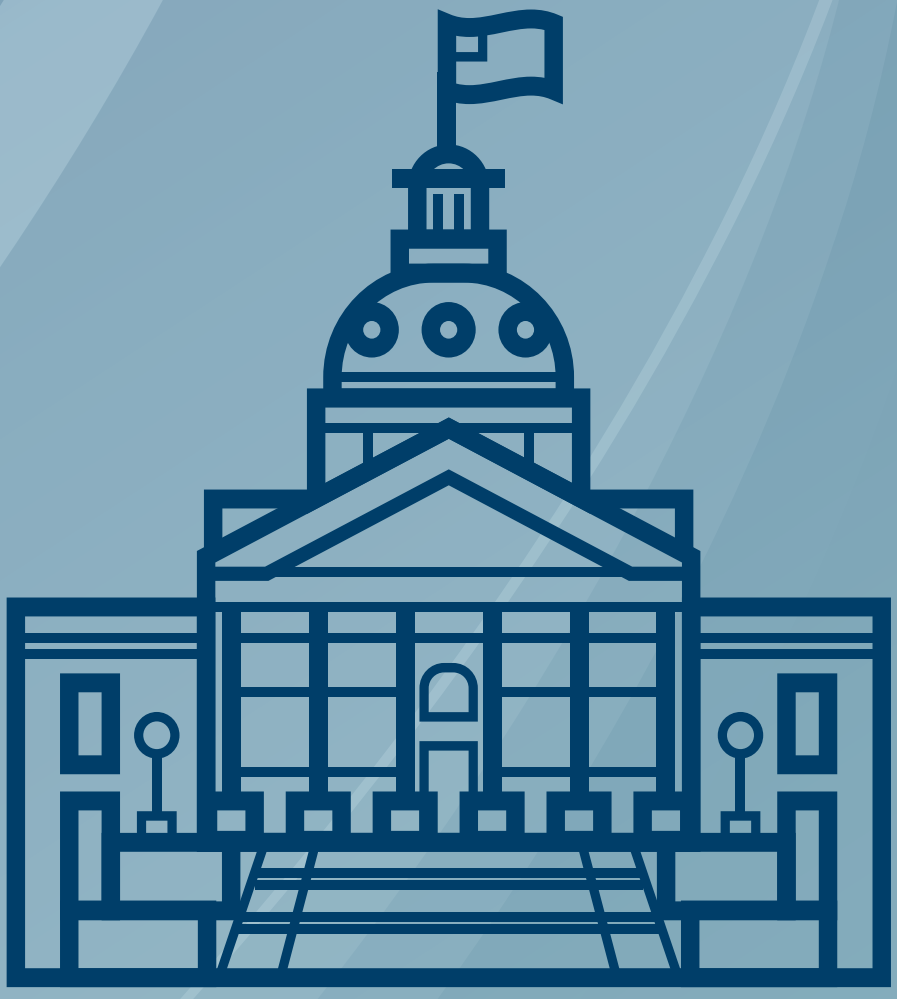
SCHA 2018 **LEGISLATIVE** WRAP UP



S.345

SCOPE OF PRACTICE FOR NURSE PRACTITIONERS

EFFECTIVE DATE: MAY 18, 2018

In February, Governor McMaster held a press conference to express his support for relaxing supervision requirements for advanced practice registered nurses (APRNs) in South Carolina to improve access to healthcare services, particularly in rural areas of the state. The Governor's support created momentum for the issue and pushed stakeholders from all sides to come together to propose a compromise. Physicians, nurse practitioners, and other groups negotiated diligently to arrive at the language signed into law this year.

The new law will be effective July 1, 2018 and changes several aspects of practice for APRNs.

SUPERVISION

The new law replaces the supervision agreement between a physician and an APRN with a 'practice agreement' which must outline all specific tasks the APRN can perform and must be written, signed, and agreed to by both the physician and nurse. The practice agreement cannot include any tasks or skills that the physician cannot legally perform and may include requirements to consult with the physician in certain circumstances or when performing certain skills.

PHYSICIAN-NURSE RATIO

Previously, physicians could have supervision agreements with up to three APRNs at a given time. New language increases the number of nurses a physician may collaborate with through practice agreements to six full-time equivalents.

MILEAGE RESTRICTION

Under the new law, a physician is not required to practice within a specified number of miles from the APRN but is required to have their primary practice location within the state of South Carolina. Formerly, a physician was required to be within 45 miles from the APRNs with whom they were practicing.

PRESCRIPTIVE AUTHORITY

The new language relaxes statutory restrictions on prescriptive authority for APRNs, allowing the prescription of schedule II non-narcotics up to a 30-day supply and schedule II narcotics up to a five-day supply, with exception for palliative care. Refills on schedule II narcotic prescriptions require written approval of the physician with whom the practitioner has entered into an agreement. The prescriptive authority or restrictions of an individual APRN must be included in the practice agreement and agreed to by the collaborating physician.

TELEMEDICINE

Language included in the new law allows APRNs and physician assistants to practice telemedicine in South Carolina. Telemedicine providers will be held to the same standard of care as expected for an in-person visit and are required to have a face-to-face meeting with patients when a diagnosis requires an evaluation unable to be performed via telecommunication.

H.4116

MAINTENANCE OF CERTIFICATION FOR PHYSICIANS

EFFECTIVE DATE: MAY 18, 2018

H.4116, introduced by Representative Ridgeway, prohibits the state department of labor, licensing and regulation from requiring a maintenance of certification as a condition of licensure for physicians in the state of South Carolina. There has been some concern amongst hospitals about this bill because it also prohibits requiring maintenance of certification for "employment" and "admitting privileges."

It is important to note that the legislation is limited by the phrase "no provision of this article." It goes on to say nothing in that article can be construed to require a physician to secure maintenance of certification as a condition of employment or privileging at a hospital. The article referenced in the bill is Article 1 in Title 40, Ch. 47 which deals primarily with physician licensure requirements from the Board of Medical Examiners. Nothing in that article discusses a hospital's ability to hire or privilege physicians. Language dealing with a hospital's right to grant privileges or credential is contained in a completely different title of the code of law (§ 44-7-260(D) for example) and those sections remain unaffected by this legislation.

As a result of the limiting language, all the legislation really does is prohibit the Board of Medical Examiners from making maintenance of certification a condition of state licensure for physicians, which it doesn't do now.

Although the language in the legislation indicates that it has a broader scope than it does, upon the advice of several hospital attorneys SCHA chose to remain uninvolved so there would not be an attempt to change the bill to impact hospital credentialing.

BEHAVIORAL HEALTH BILLS

In 2017, the General Assembly showed an intention to address the growing opioid crisis and passed legislation aimed at improving access to services for behavioral health. The focus on behavioral health and the opioid crisis continued this year beginning with a report from the House Opioid Abuse Prevention Study Committee with recommendations on appropriate ways to combat the crisis. Several bills looking to reduce the rate of opioid-related deaths and improve access to treatment passed, supported by SCHA. They include the following bills.

H.3819

PARENTAL CONSENT FOR PRESCRIBING OPIOIDS TO MINORS

EFFECTIVE DATE: MAY 17, 2018 • BEDINGFIELD

The law requires healthcare providers to discuss opioid-related complications and addiction with patients and a legal guardian when prescribing opioids to a minor. It also requires a provider to evaluate the patient's history of mental health diagnosis to determine if an opioid is appropriate and what, if any, contraindications may exist between the prescribed opioid and other medications the patient is taking.

H.3826

COUNTERFEIT-RESISTANT PRESCRIPTION BLANKS

EFFECTIVE DATE: MAY 17, 2018 • HUGGINS

All providers in South Carolina are now required to use counterfeit-resistant prescription blanks when prescribing controlled substances. This type of prescription pad is already required for use by providers accepting Medicare, and this law extends that requirement to include any providers not already required by federal payers to do so.

H.4117 & H.4488

ACCESS TO INFORMATION FROM THE PRESCRIPTION DRUG MONITORING PROGRAM

EFFECTIVE DATE: MAY 18, 2018 • HENDERSON

Two bills by Representative Henderson authorize certain individuals to have access to specific information from the prescription drug monitoring program, as necessary. H.4117 authorizes drug court judges to receive information while H.4488 allows coroners, deputy coroners, medical examiners, and deputy medical examiners access to data from the prescription drug monitoring program.

H.4600

COMMUNITY ORGANIZATIONS AS DISTRIBUTORS OF OPIOID ANTIDOTES

EFFECTIVE DATE: MAY 3, 2018 • HUGGINS

Certain community organizations that provide addiction-related services can now distribute opioid antidotes to individuals experiencing an opioid-related overdose. The organizations will be allowed to have a standing prescription for the antidote to maintain an adequate supply to meet the needs of the community they serve.

H.4601

LICENSURE OF ADDICTION COUNSELORS

EFFECTIVE DATE: MAY 18, 2018 • FRY

This law defines the criteria for licensure of an addiction counselor. Individuals who are not qualified and licensed as an addiction counselor by the state Department of Labor, Licensing, and Regulation, may not hold themselves out to be addiction counselors to the public.

S.302

OPIOID EDUCATION IN PUBLIC SCHOOLS

EFFECTIVE DATE: MAY 17, 2018 • SHEHEEN

State law currently defines what constitutes physical education credit in public schools. This year the law was amended to include a requirement for school boards throughout the state to adopt or develop instruction on opioid abuse and other drugs.

S.918

OPIOID PRESCRIPTION LIMITS

EFFECTIVE DATE: MAY 15, 2018 • PEELER

Initial opioid prescriptions for acute pain management and post-operative pain management are limited to a seven-day supply, with exceptions for cancer pain, palliative care, chronic illness, major trauma, major surgery, and neonatal abstinence programs. The law also requires the Department of Health and Environmental Control to develop a prescription report card for providers to benchmark their prescribing habits.

WORKFORCE BILLS

South Carolina joined two new licensure compacts this year.

H.4486

EMERGENCY MEDICAL SERVICES LICENSURE COMPACT

EFFECTIVE DATE: MAY 18, 2018 • HENDERSON

Like other compacts, this allows reciprocity of licensure across state lines for EMS personnel. This law also includes language to allow military spouses to more quickly become licensed as EMS to help meet the shortage of workers in South Carolina.

H.4799

PHYSICAL THERAPY LICENSURE COMPACT

EFFECTIVE DATE: MAY 18, 2018 • HOWARD

Physical Therapists will have reciprocity of licensure when moving from one compact state to another, improving access to services.

OTHER RELATED BILLS

South Carolina added two new licensure compacts to the more than thirty others the state is now a member of.

S.1014

REGIONAL HEALTH SERVICE DISTRICTS

EFFECTIVE DATE: APRIL 17, 2018 • REESE

Introduced by lawmakers from the Spartanburg area, this law outlines the powers and duties of a regional health service district's board of directors and declares a state interest in certain instances.

H.3622

PODIATRISTS

EFFECTIVE DATE: MAY 17, 2018 • RYHAL

This legislation allows qualified podiatrists to perform certain surgeries of the ankle. Qualifications for podiatrists to practice to this scope include board certification, completing an accredited three-year residency program, and any other requirements for credentials by a healthcare facility. This issue has been contentious and finally culminated in a satisfactory agreement this year after many years of disagreement between podiatrists and orthopedic surgeons.

S.891

SAFE SLEEP FOR INFANTS

EFFECTIVE DATE: NOVEMBER 15, 2018 • SHEALY

SCHA has long been a supporter of improving outcomes for infants and mothers in South Carolina. The Birth Outcomes Initiatives has many priorities that address infant mortality and outcomes in the state, including safe sleep and sudden unexpected infant death syndrome (SUIDS). This bill was introduced by Senator Shealy to add safe sleep to the topics required to be discussed with new parents in South Carolina. Information on safe sleep and SUIDS will be added to the shaken baby syndrome video created by DHEC and made available to hospitals to use in educating new parents.

H.4935

PALLIATIVE CARE STUDY COMMITTEE

EFFECTIVE DATE: MAY 3, 2018 • FELDER

This law creates a study committee to look at palliative care and quality of life for individuals in end-of-life care plans in South Carolina. The study committee is tasked with reviewing the status of palliative care and making recommendations to the legislature for any ways to improve it.

H.5038

PHARMACY BENEFIT MANAGERS

EFFECTIVE DATE: MAY 3, 2018 • ATWATER

This law prohibits pharmacy benefit managers from certain acts. Those prohibited acts include keeping a pharmacy or pharmacist from providing cost share information to a patient; charging a copay that exceeds the submitted charges; holding a pharmacy responsible for a fee related to the resolution of a disputed claim; or penalizing or retaliating against a pharmacy for exercising their rights.

S.1116

GREENVILLE HEALTH SYSTEM

EFFECTIVE DATE: MAY 18, 2018 • TIMMONS

After many amendments and negotiations, the Greenville delegation and the Greenville Health System came to a resolution on a dispute over the authority of the health system's board. The legislation enacted ratifies a contract between the county and the health system and outlines expectations of the Greenville Health System while it continues to lease the county-owned assets.

STATE BUDGET

The state spending plan for the fiscal year beginning July 1 was passed by both the House and Senate, but in different forms. A conference committee to sort out the differences was appointed, but the General Assembly did not reconvene until late June to approve the budget. Subject to change based on the Governor's vetoes, some of the important healthcare issues that are in the budget are the following.

- Opioid Abuse Prevention (Proviso 117.142): A new proviso this year, it directs appropriations to the Department of Health and Human Services (DHHS) and Department of Alcohol and Other Drug Abuse Services (DAODAS) to be spent on opioid abuse prevention and treatment. It also includes direction to include addiction services rendered at an Institute of Mental Disease (IMD) to be reimbursed through Medicaid. Removing the IMD exclusion for certain services has been top of mind for SCHA for many years and the environment was ready this year to make it a reality.

- Adult Protective Services (Proviso 117.143): $2.6 million is to be made available to Adult Protective Services, in part to cover emergency beds for vulnerable adults and more than thirty additional case workers. This funding would be a big step in the right direction toward lessening the burden on hospital emergency rooms holding vulnerable adults in beds.

- Rural Health Initiative (Proviso 33.22): An additional $4 million was added for the Rural Health Initiative through the University of South Carolina and other interested entities this year.

- Telehealth Services (Proviso 117.131): The South Carolina Telehealth Network received a $1 million increase in funds expected to be used for expanding and improving the telehealth network in this state.

UNFINISHED BUSINESS

HEALTHCARE WORKPLACE VIOLENCE

One of SCHA's top priorities, enhancing penalties for violence against healthcare workers faced fierce opposition in the Senate. The legislation introduced this year, S.1096, was able to pass a subcommittee of the Senate Judiciary committee with an amendment, but never made it up for debate in the full committee meetings. At least one senator expressed his opposition publicly and prepared several amendments to draw out debate and delay votes on the bill.

A successful amendment did create graduated enhanced penalties for committing violence against a healthcare worker or in a healthcare facility. The original bill enhanced all assaults of this kind to a felony.

We will continue to push to improve conditions and ensure appropriate penalties are enforced for healthcare workers next year.

INTERSTATE MEDICAL LICENSURE COMPACT

While other licensure compacts were successful in passing this year, the Interstate Medical Licensure Compact was introduced late in the session and did not have time to move. SCHA supports improving access to healthcare providers and increased portability of licenses across state lines, as long as the appropriate quality assurance measures are in place. We will continue to support passage of the Interstate Medical Licensure Compact in 2019.

DEFEATED LEGISLATION

Perhaps even more important than good bills that became law are the pieces of harmful legislation that did not. There were a few bills this year that would have negatively impacted hospitals and inhibited their ability to serve patients effectively.

COMMUNITY FEES FOR NONPROFIT ORGANIZATIONS

H.4800 would have codified the authorization for local governments to impose a fee on nonprofit hospitals and universities with more than $1 billion in gross proceeds annually. Representative Rutherford of Columbia introduced the legislation after city and county councils were unsuccessful in approving fees on such organizations.

Hospitals that qualify and choose to operate as nonprofit entities are exempt from property taxes but contribute to the community in many other ways. They contribute economically as a job creator and consumer of resources, as well as through serving uninsured patients and meeting many public health needs of a community. H.4800 was killed in a subcommittee of the House 3M committee this year. We anticipate the issue will continue to come up in future legislative sessions.

HOSPITAL CHARGES FOR UNINSURED PATIENTS

A bill that would have required hospitals to charge no more to an uninsured individual than they would charge an insured individual was also killed in a House 3M subcommittee. H.4495 aimed to lower the self-pay bill for individuals without insurance, hoping to lower the burden of healthcare on low-income individuals. SCHA and insurance providers worked to educate the legislators pushing this bill about its potential consequences. We also showed examples of hospital financial assistance policies that result in severely discounted prices for uninsured individuals intending to pay their bills, making this legislation unnecessary in nearly all situations. The House 3M subcommittee and the bill's sponsors understood the concerns presented and defeated it early in the process. We are hopeful that we have satisfied the concern which led to this bill and will not see it again in the next legislative session.

SCHA South Carolina Hospital Association