**South Carolina General Assembly**

119th Session, 2011-2012

**A94, R51, S590**

**STATUS INFORMATION**

Joint Resolution

Sponsors: Senators McGill and Ford

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Introduced in the Senate on February 17, 2011

Introduced in the House on March 30, 2011

Last Amended on March 24, 2011

Passed by the General Assembly on May 5, 2011

Governor's Action: May 23, 2011, Signed

Summary: Geropsychiatric Distinct Part Unit

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 2/17/2011 Senate Introduced and read first time ([Senate Journal‑page 6](file:///h%3A%5Csj%20archive%5C2011%5C02-17-11.docx))

 2/17/2011 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 6](file:///h%3A%5Csj%20archive%5C2011%5C02-17-11.docx))

 3/22/2011 Senate Committee report: Favorable with amendment **Medical Affairs** ([Senate Journal‑page 15](file:///h%3A%5Csj%20archive%5C2011%5C03-22-11.docx))

 3/23/2011 Scrivener's error corrected

 3/24/2011 Senate Committee Amendment Adopted ([Senate Journal‑page 22](file:///h%3A%5Csj%20archive%5C2011%5C03-24-11.docx))

 3/24/2011 Senate Read second time ([Senate Journal‑page 22](file:///h%3A%5Csj%20archive%5C2011%5C03-24-11.docx))

 3/24/2011 Senate Roll call Ayes‑41 Nays‑0 ([Senate Journal‑page 22](file:///h%3A%5Csj%20archive%5C2011%5C03-24-11.docx))

 3/28/2011 Scrivener's error corrected

 3/29/2011 Senate Read third time and sent to House ([Senate Journal‑page 7](file:///h%3A%5Csj%20archive%5C2011%5C03-29-11.docx))

 3/30/2011 House Introduced and read first time ([House Journal‑page 21](file:///h%3A%5Chj%20archive%5C2011%5C03-30-11.docx))

 3/30/2011 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 21](file:///h%3A%5Chj%20archive%5C2011%5C03-30-11.docx))

 4/26/2011 House Committee report: Favorable **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 71](file:///h%3A%5Chj%20archive%5C2011%5C04-26-11.docx))

 4/28/2011 House Debate adjourned until Tuesday, May 3, 2011 ([House Journal‑page 18](file:///h%3A%5Chj%20archive%5C2011%5C04-28-11.docx))

 5/3/2011 House Debate adjourned until Wednesday, May 4, 2011 ([House Journal‑page 21](file:///h%3A%5Chj%20archive%5C2011%5C05-03-11.docx))

 5/4/2011 House Read second time ([House Journal‑page 18](file:///h%3A%5Chj%20archive%5C2011%5C05-04-11.docx))

 5/4/2011 House Roll call Yeas‑88 Nays‑2 ([House Journal‑page 18](file:///h%3A%5Chj%20archive%5C2011%5C05-04-11.docx))

 5/5/2011 House Read third time and enrolled ([House Journal‑page 11](file:///h%3A%5Chj%20archive%5C2011%5C05-05-11.docx))

 5/17/2011 Ratified R 51

 5/23/2011 Signed By Governor

 5/25/2011 Effective date 05/23/11

 8/23/2011 Act No. 94

**VERSIONS OF THIS BILL**

[2/17/2011](file:///p%3A%5Cpprever%5C2011-12%5C590_20110217.docx)

[3/22/2011](file:///p%3A%5Cpprever%5C2011-12%5C590_20110322.docx)

[3/23/2011](file:///p%3A%5Cpprever%5C2011-12%5C590_20110323.docx)

[3/24/2011](file:///p%3A%5Cpprever%5C2011-12%5C590_20110324.docx)

[3/28/2011](file:///p%3A%5Cpprever%5C2011-12%5C590_20110328.docx)

[4/26/2011](file:///p%3A%5Cpprever%5C2011-12%5C590_20110426.docx)

(A94, R51, S590)

**A JOINT RESOLUTION TO ESTABLISH A PILOT PROJECT AT TWO CRITICAL ACCESS HOSPITALS TO ASSESS THE PROVISION OF CARE FOR A DEFINED POPULATION OF PATIENTS AT LEAST SIXTY‑FIVE YEARS OLD AND IN NEED OF PSYCHIATRIC CRISIS STABILIZATION SERVICES, TO PROVIDE THE PURPOSE OF THE STUDY, AND TO PROVIDE CERTAIN REQUIREMENTS.**

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

**Pilot project assessing crisis stabilization services to elderly**

SECTION 1. (A) Notwithstanding any other provision of law, there is established a pilot project to assess the provision of care for a defined population of patients at least sixty‑five years old and in need of psychiatric crisis stabilization services. The pilot project shall be conducted at two Critical Access Hospitals (CAHs) in the State and must be coordinated between the South Carolina Department of Health and Environmental Control (DHEC) and the South Carolina Department of Mental Health. To the extent practicable, the CAHs must be located in different regions of the State with differing racial and socioeconomic demographics.

 (B)(1) A CAH desiring to participate in this pilot project shall apply to DHEC by July 1, 2012. The Director of DHEC shall select the two CAHs that participate. In determining the location of the project, the director shall consider population trends, access to services for elderly patients in rural communities in a state of psychiatric crisis, the resources required to provide these services, the impact of increased accessibility on the target population, and the economics of the health care delivery system. The target population shall be patients at least sixty‑five years old who present to a study hospital in need of psychiatric crisis stabilization.

 (2) The ten beds designated to participate in the project shall be licensed by July 1, 2013. The project must conclude no later than July 1, 2016.

 (C) Upon completion of the projects, DHEC and the Department of Mental Health, in consultation with the participating CAHs, shall submit a report with its findings and recommendations to the State Health Planning Committee, established pursuant to Section 44‑7‑180. The results of the pilot project shall be utilized by the State Health Planning Committee to advise the Board of Health and Environmental Control whether new standards and criteria should be established in the South Carolina Health Plan to change the manner in which the accessibility of psychiatric services is determined for patients at least sixty‑five years old who are in a psychiatric crisis situation.

 (D) Prior to and throughout the project’s duration, if a participating CAH de‑licensed beds prior to the commencement of the project in order to qualify as a CAH, the CAH may re‑license up to ten of the original general bed complement in order to establish a Geropsychiatric Distinct Part Unit for Prospective Payment System Exclusion, as defined by the Federal Centers for Medicare and Medicaid Services for the purpose of conducting this project. The CAHs must request a written exemption from DHEC but a certificate of need is not required for participation in the study. The Geropsychiatric District Part Unit must meet all applicable state and federal laws and regulations, including all licensing and certification requirements, and the requirements pertaining to the Emergency Medical Treatment and Active Labor Act.

 (E) If the beds established by this pilot project are decertified or the pilot project is closed, the CAH must not operate the beds for any other use. The pilot project beds must not be interchanged or combined with beds of other units and must be physically located on the same site as the hospital.

**Time effective**

SECTION 2. This joint resolution takes effect upon approval by the Governor.

Ratified the 17th day of May, 2011.

Approved the 23rd day of May, 2011.

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