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Summary: Healthcare Market Reform Measures Study Committee

**HISTORY OF LEGISLATIVE ACTIONS**

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 12/12/2024 House Referred to Committee on **Labor, Commerce and Industry**

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**VERSIONS OF THIS BILL**

[12/12/2024](https://www.scstatehouse.gov/sess126_2025-2026/prever/3610_20241212.docx)

A joint Resolution

TO ESTABLISH THE HEALTHCARE MARKET REFORM MEASURES STUDY COMMITTEE; TO PROVIDE FOR THE STUDY COMMITTEE’S MEMBERSHIP AND NONVOTING ADVISORY BOARD; TO ESTABLISH THE DUTIES OF THE STUDY COMMITTEE; TO REQUIRE THE STUDY COMMITTEE TO ISSUE A REPORT WITH FINDINGS AND RECOMMENDATIONS; AND FOR OTHER PURPOSES.

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

SECTION 1. (A)(1) There is created the Healthcare Market Reform Measures Study Committee. The study committee is comprised of six members:

 (a) the Chair of the Healthcare Subcommittee of the House of Representatives Ways and Means Committee;

 (b) the Chair of the Health Subcommittee of the House of Representatives Medical, Military, Public and Municipal Affairs Committee;

 (c) a member of the House of Representatives, appointed by the Speaker of the House of Representatives;

 (d) the Chair of the Health Subcommittee of the Senate Finance Committee;

 (e) the Chair of a standing subcommittee of the Senate Medical Affairs Committee, appointed by the Chair of the Medical Affairs Committee; and

 (f) a member of the Senate, appointed by the President of the Senate.

 (2) The study committee shall meet as soon as practicable after the enactment of this joint resolution to organize and to elect one co‑chair from the Senate appointees and one co‑chair from the House of Representatives appointees. The co‑chairs shall be elected by a majority vote of the study committee members.

 (B) The study committee shall include a nonvoting advisory board. The advisory board is comprised of:

 (1) the Director of the Department of Health and Human Services or a successor department, or a designee;

 (2) the Director of the Department of Public Health, or a designee;

 (3) the Director of the Department of Mental Health or a successor department, or a designee;

 (4) the Director of the Department of Social Services, or a designee;

 (5) the Director of the Department of Alcohol and Other Drug Abuse Services or a successor department, or a designee;

 (6) the Director of the Department on Aging, or a designee;

 (7) the Director of the Department of Labor, Licensing and Regulation, or a designee;

 (8) the Executive Director of the South Carolina Revenue and Fiscal Affairs Office, or a designee;

 (9) the Executive Director of the South Carolina Area Health Education Consortium, or a designee;

 (10) the Chief Executive Officer of the South Carolina Hospital Association, or a designee;

 (11) the Chief Executive Officer of the South Carolina Medical Association, or a designee;

 (12) the Chief Executive Officer of the South Carolina Nurses Association, or a designee;

 (13) two representatives of healthcare consumers in South Carolina, appointed by the Speaker of the House of Representatives;

 (14) two representatives of healthcare consumers in South Carolina, appointed by the President of the Senate;

 (15) a representative of the South Carolina Telemedicine Association;

 (16) a small business owner, appointed by the Speaker of the House of Representatives upon the recommendation of the Small Business Chamber of Commerce;

 (17) a member of the South Carolina Chamber of Commerce, appointed by the President of the Senate upon the recommendation of the South Carolina Chamber of Commerce;

 (18) a representative of AARP South Carolina, appointed by the Speaker of the House of Representatives upon the recommendation of AARP South Carolina;

 (19) a representative of the South Carolina Chapter of the Alzheimer’s Association, appointed by the President of the Senate upon the recommendation of the South Carolina Chapter of the Alzheimer’s Association;

 (20) a representative of CoverSC, appointed by the Speaker of the House of Representatives upon the recommendation of CoverSC;

 (21) a representative of ABLESC, appointed by the President of the Senate upon recommendation of ABLESC;

 (22) an employee of a company of the South Carolina Manufacturers Alliance, appointed by the Speaker of the House of Representatives upon the recommendation of the South Carolina Manufacturers Alliance;

 (23) a representative of the Primary Health Care Association, appointed by the President of the Senate upon the recommendation of the Primary Health Care Association;

 (24) a representative of the South Carolina Office of Rural Health, appointed by the Speaker of the House of Representatives upon the recommendation of South Carolina Office of Rural Health;

 (25) a representative of South Carolina’s Rural Health Association, appointed by the President of the Senate upon the recommendation of South Carolina’s Rural Health Association;

 (26) a representative of the South Carolina Alliance of Health Plans, appointed by the Speaker of the House of Representatives upon the recommendation of the South Carolina Alliance of Health Plans;

 (27) a representative of the South Carolina Association of Health Underwriters, appointed by the President of the Senate upon the recommendation of the South Carolina Association of Health Underwriters;

 (28) a representative of the South Carolina Pharmacy Association, appointed by the Speaker of the House of Representatives upon the recommendation of the South Carolina Pharmacy Association; and

 (29) a representative of the South Carolina Dental Association, appointed by the President of the Senate upon the recommendation of the South Carolina Dental Association.

 (C) The nonvoting advisory board members shall be permitted to utilize for study committee‑related matters technical support staff, including outside consultants and counsel, from the entity that the member represents.

SECTION 2. (A) For purposes of this section, the study committee shall:

 (1) study whether to recommend any of a variety of healthcare market reform measures that may benefit South Carolina consumers including, but not limited to, the following:

 (a) creating more choice in health insurance markets and more competition among healthcare providers;

 (b) promoting consumer‑directed health plans;

 (c) encouraging innovation in insurance design by obtaining state innovation waivers under Section 1332 of the Patient Protection and Affordable Care Act;

 (d) giving consumers more control over their medical expenditures;

 (e) growing the supply of physicians in the State;

 (f) increasing the number of healthcare professionals practicing in the State;

 (g) establishing expanded roles for medical providers through increased scopes of practice acts;

 (h) evaluating emerging healthcare occupations to increase their access and thereby drive down healthcare costs;

 (i) eliminating requirements for rigid collaborative practices between different health professions;

 (j) evaluating market forces and how they are impacting the delivery of services and impacting rural hospitals;

 (k) facilitating the expansion of telemedicine;

 (l) lowering prescription drug prices and expanding access to more affordable healthcare options;

 (m) ensuring price transparency;

 (n) assessing the impacts on the healthcare market that would occur if the State expanded eligibility for Medicaid as provided for in the Patient Protection and Affordable Care Act;

 (o) eliminating healthcare regulations that increase price, limit choice, and stifle competition;

 (p) reviewing medical debt and its impact on consumers; and

 (q) reviewing state expenditures for healthcare services and alternative funding models for providing these services.

 (2) review the financial security of clinics and hospitals in rural areas of the State.

 (B) At a minimum, the study shall address the following issues:

 (1) the legal and procedural impediments to health professional practice areas and whether healthcare market reform measures, including identification of existing laws, regulations, and policies, may need to be amended in order to implement healthcare market reform measures that will increase access to healthcare services;

 (2) the potential costs and benefits to South Carolina health consumers and providers of each market reform measure studied based on factors including, but not limited to, access to quality affordable healthcare, whether in person or by telehealth, changes to provider practice acts, payment reforms, and the long‑term impact on consumer cost and service quality in the short‑ and long‑term; and

 (3) the experience of other states, with adopting of each healthcare market reform and payment structure measure studied.

 (C) By December 1, 2025, the study committee shall issue a report on its work to the General Assembly that shall include recommendations that the State act or not act on any or all of the market reform measures studied. A recommendation that the State act shall be based upon a finding by a majority of the voting members that one or more healthcare market reform measures are in the public interest, taking into consideration expected consumer costs and benefits of the healthcare market reform measures, and are otherwise consistent with the provision of reliable, safe, quality, and reasonably priced healthcare service to consumers in South Carolina.

 (D) If the study committee recommends that the State take action, then the report issued by the study committee shall include draft legislation and identify requirements that should be established, as applicable including, but not limited to, promoting:

 (1) the provision and access of quality, affordable healthcare by a variety of professional providers both in person and through telehealth;

 (2) the leveraging of funding sources to ensure providers are appropriately compensated without limiting access due to ability to pay or location in the State; and

 (3) policies for the pricing and access for service over such systems that are not unduly discriminatory and are consistent with the orderly development of competition in the State.

SECTION 3. The study committee shall retain the South Carolina Institute of Medicine and Public Health as an independent, expert consultant, and such other independent, expert consultants as the co‑chairs of the study committee may deem reasonably necessary and select, to advise the study committee and issue its own opinion regarding what healthcare market reform measures studied, if any, would benefit South Carolina consumers. The consultants must advise on the economic costs and benefits of each course of action and must make their recommendations to the study committee. The engagements procured under this provision are exempt from the South Carolina Procurement Code

SECTION 4. The Healthcare Market Reform Measures Study Committee shall dissolve and terminate upon its submission to the General Assembly of the committee’s final report.

SECTION 5. This joint resolution takes effect upon approval by the Governor.

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